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House of Representatives

The House met at 9 a.m. and was called to order by the Speaker.

PRAYER

Reverend James Stoeger, S.J., President, Jesuit Secondary Education Association, Washington, D.C., offered the following prayer:

God of love, bless the Members of this House. Please help those who labor here recognize how You are present in their service and leadership. Guide them as they seek to be effective for the good of all Your people.

Loving God, may our leaders be alert to the cares, hurts, and challenges of our citizens and our communities. Help those leaders choose well directions and actions that benefit those likely to be left out and all who express and strengthen our Nation's values, which are our greatest assets.

May we hear and pursue Your sacred message, merciful God, that we be women and men with the capacity of peacemakers, realistic and also deeply thoughtful and wise.

Finally, gentle God, bring to those who serve here a participation in Your own gifts, such as rich insight and also joy, in their care for the well-being of our country and the world.

Amen.

THE JOURNAL

The SPEAKER. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

Mr. BURGESS. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER. The question is on the Speaker's approval of the Journal.

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

Mr. BURGESS. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

PLEDGE OF ALLEGIANCE

The SPEAKER. Will the gentleman from Texas (SAM JOHNSON) come forward and lead the House in the Pledge of Allegiance.

Mr. SAM JOHNSON of Texas led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

ANNOUNCEMENT BY THE SPEAKER

The SPEAKER. The Chair will entertain up to five requests for 1-minute speeches on each side of the aisle.

NUCLEAR DEAL WITH IRAN

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

Mr. SAM JOHNSON of Texas. Mr. Speaker, by all accounts, President Obama seems hell-bent on striking a nuclear deal with Iran, a deal that would hurt our national security interests and sell out our proven ally and friend, Israel.

Let's be clear: Iran is a foe, not a friend. Just consider: last week, Iran's supreme leader said ''death to America''; the regime has blood of American soldiers on its hands; and Iran is working overtime to expand influence in the region.

Mr. Speaker, Iran is determined to be a nuclear power, period. Unfortunately, the President seems intent to ignore the majority of American people who believe this deal would not prevent Iran from gaining a nuclear weapon.

Mr. Speaker, the President is going rogue. That is wrong. He needs to stop. Nothing less than our national security is at stake.

HONORING THE CITY OF MIAMI BEACH

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

Ms. WASSERMAN SCHULTZ. Mr. Speaker, it is with great pride that I rise today to recognize the 100th anniversary of the city of Miami Beach in Florida's 23rd Congressional District.

Incorporated on March 26, 1915, Miami Beach took its place on the map with only a handful of residents. Now home to nearly 100,000 people, the city of Miami Beach has not only grown in population, but in reputation. This vacation paradise is an internationally recognized tourist destination visited by millions each year, a hub for business, and a trendsetter in the areas of arts, culture, fine dining, and entertainment.

This week, Miami Beach celebrated its centennial with 100 hours of showcasing its history and all that the city has to offer, culminating in an oceanfront concert by Miami Beach residents and cultural icons Gloria Estefan, Barry Gibb, and Andrea Bocelli.

It is a great honor for me to represent the city of Miami Beach in our Nation's Capitol. I thank Mayor Philip Levine, the members of the city commission, and the city's staff for their many accomplishments that have made the city of Miami Beach a wonderful place to work, live, visit, and raise a family.

☐ This symbol represents the time of day during the House proceedings, e.g., ☐ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.

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CONGRATULATING THE WICHITA STATE SHOCKERS

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

Ms. JENKINS of Kansas. Mr. Speaker, I rise today to congratulate the Wichita State Shockers on their victory against the Kansas Jayhawks this past weekend. Despite a valiant effort by the Jayhawks, the Shockers and Coach Gregg Marshall prevailed, just as my friend Congressman POMPEO predicted.

In Kansas, we are proud of our State's rich basketball tradition, from James Naismith to Dean Smith, to Adolph Rupp, to Gene Smithson, to Jack Gardner, to Wilt Chamberlain, to Xavier McDaniel, to Mitch Richmond. I could go on and on and on.

However, as two proud Kansas schools, the real victor here is the State of Kansas. We love the competition, but after the game is over, we are all one big family. My daughter currently attends Wichita State, I attended K-State, and I represent KU, so I know full well the pride we have in all our teams.

So as the Shockers move on to the Sweet 16 for the second time in 3 years, I wish them the best of luck tonight and beyond.

CLIMATE CHANGE IS KILLING HUMANITY

(Mr. TED LIEU of California asked and was given permission to address the House for 1 minute.)

Mr. TED LIEU of California. Mr. Speaker, I rise because the majority is making worse the one issue that can kill humanity as a species—climate change. The majority's budget exacerbates America's overdependence on foreign oil and reliance on the dirty and unsafe fuels of the 19th century.

But there is a better way. We need to produce more energy-saving appliances and machines that are designed, manufactured, and installed by American workers. It is time to invest in new and renewable energies that never go away, such as wind, solar, and biofuels. It is time to do what is best for America, not what is best for coal companies.

Mr. Speaker, let me end by saying: Go, UCLA.

WISHING SCOTT KELLY THE BEST AS HE EMBARKS ON AMERICA'S YEARLONG SPACE ADVENTURE

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

Mr. BABIN. Mr. Speaker, I rise today to draw the American people's attention to NASA Astronaut Scott Kelly as he prepares to make history tomorrow when he embarks on a yearlong mission to the International Space Station.

As the proud representative of the Johnson Space Center in Houston, Texas, I have had the pleasure of meeting Mr. Kelly several times to discuss his historic mission. This will mark the first time that an American has spent an entire year continuously in space.

On the eve of this important moment, I would like to thank Mr. Kelly for his heroic commitment, leadership, and dedication to advancing America's human spaceflight program.

Mr. Speaker, his mission to the International Space Station provides a tremendous boost to our human spaceflight program, while furthering our understanding of the effects that longer term exposure to weightlessness has on the body. This understanding will pave the way for crewed missions to Mars.

On behalf of a proud American public, Scott, we wish you all the best, and thank you.

CALIFORNIA AEROSPACE WEEK

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

Mr. KNIGHT. Mr. Speaker, this is California Aerospace Week.

California is rich in our history of flight. In my district alone, we have seen the sound barrier broken for the first time and the ultimate airspeed record set, and many other flights from the F–80 through our beloved F–22. We have also seen my district build all of the space shuttles, all of the B–1s, all of the B–2s, and most of the fighters that fly over our friendly skies.

Our State has had an over 100-year history in flight, and Aerospace Week culminates that production and that test. Our State and my district have continued to put America in the lead over the skies, and we will continue to do so in the future.

KEEPING OUR COMMITMENTS TO OUR RURAL COUNTIES

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

Mr. WALDEN. Mr. Speaker, we have a great opportunity before us today to not only provide certainty for healthcare providers and seniors by repealing the flawed SGR for Medicare, but also to fund rural schools and rural forested counties. So I commend my colleagues for their work on this with me.

Included in this legislation is 2 years' worth of funding for the Secure Rural Schools program. Now, this is like one of those cans of Fix-A-Flat, if you will. It is an emergency repair on the side of the road to solve a short-term problem, when what we really need is a permanent fix for our forested counties. But this is an emergency, and what we are doing here today is providing that lifeline to our schoolchildren in the classrooms in our rural counties that are forested under Federal land and making sure that our local law enforcement folks have the resources they need and, in my own State of Oregon, protecting some counties from actually going bankrupt because of lack of management and lack of activity on our Federal lands.

So I remain fully committed to working on forestry legislation that puts people back to work in the woods, reduces the threat of wildfire, and produces the revenue to allow for self-sustaining counties and the people in them. I just hope this time with a new Senate we will be able to move forward.

A BUDGET IS A VALUES STATEMENT

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

Mr. CARTWRIGHT. Mr. Speaker, I rise to comment on the budget that was passed yesterday out of this House by the Republicans.

I come from Scranton, Pennsylvania, the birthplace of our Vice President. Our Vice President is often heard to say that people talk about family values all the time, family values this, family values that. He says: Look, don't talk to me about your values. Show me your budget, and I will tell you what your values are.

This Republican budget was something that I could not support because it will have the effect of cutting over 1 million jobs over the next year. Even worse than that, it will turn Medicare into, effectively, a voucher program. If you are on Medicare and you need treatment and they give you a voucher, you had better hope that that voucher covers the services you need; otherwise, you are out of luck.

So if your values include increasing jobs and employment in this country and taking care of our seniors, that Republican budget was not the one to vote for.

PROVIDING FOR CONSIDERATION OF H.R. 2, MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015, AND PROVIDING FOR PROCEEDINGS DURING THE PERIOD FROM MARCH 27, 2015, THROUGH APRIL 10, 2015

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 173 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 173

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 2) to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes. All points of order against consideration of the bill are waived. The amendment printed in the report of the Committee

on Rules accompanying this resolution shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto, to final passage without intervening motion except: (1) one hour of debate equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit with or without instructions.

SEC. 2. On any legislative day during the period from March 27, 2015, through April 10, 2015—

(a) the Journal of the proceedings of the previous day shall be considered as approved; and

(b) the Chair may at any time declare the House adjourned to meet at a date and time, within the limits of clause 4, section 5, article I of the Constitution, to be announced by the Chair in declaring the adjournment.

SEC. 3. The Speaker may appoint Members to perform the duties of the Chair for the duration of the period addressed by section 2 of this resolution as though under clause 8(a) of rule I.

SEC. 4. Each day during the period addressed by section 2 of this resolution shall not constitute a calendar day for purposes of section 7 of the War Powers Resolution (50 U.S.C. 1546).

SEC. 5. The Committee on Financial Services and the Committee on Ways and Means each may, at any time before 5 p.m. on April 6, 2015, file reports to accompany measures.

The SPEAKER pro tempore (Mr. GRAVES of Louisiana). The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

□ 0915

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks.

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 173 provides for consideration of H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015, under a closed rule, reflecting the careful, intricate, bipartisan negotiations which brought this legislation to the floor.

The rule provides for 1 hour of debate, equally divided among the chairs and ranking members of the Committees on Energy and Commerce and Ways and Means.

As is customary, the rule allows the minority to offer a motion to recommit on the bill.

Finally, the rule provides for the customary district work period authority.

This bill, H.R. 2, resolves an issue that many of us have worked on for our entire congressional careers.

This bill reflects years of bipartisan work, work across committees, and even work across the Capitol with the other body. We brought together Members of all ideological groups, as well as diverse outside groups. We coalesced around a policy that will help patients, help doctors, help providers to get out from under the constant threat of payment cuts under the Medicare sustainable growth rate formula.

Everyone agrees that Medicare's sustainable growth formula has got to go. Today, we are considering a bill to realistically accomplish that goal.

The SGR formula was enacted as part of the Balanced Budget Act of 1997 in an attempt to restrain Federal spending in Medicare part B. We now know that that is not working.

The SGR consists of expenditure targets which apply a growth rate designed to bring spending in line.

Since 2002, the SGR formula has resulted in a reduction in physician reimbursement rates. However, even though Congress has consistently passed legislation to override the formula, these patches have resulted in hundreds of billions of spent funds that could have gone to improving the Medicare system.

If Congress were to let the formula continue, physicians would face a 21 percent reduction in reimbursement rates on April 1. The sustainable growth rate's unrealistic assumptions of spending inefficiency have plagued the healthcare profession and our Medicare beneficiaries for over 13 years.

The bill before us repeals the sustainable growth rate formula, avoiding potentially devastating across-the-board cuts slated to go into effect next week. We do so at a cost lower than what Congress has already spent or is likely to spend over the next 10 years. The Congressional Budget Office has found that enacting H.R. 2 will cost less than if we patched this formula over the next 10 years.

The bill before us today provides 5 years of payment transition. It allows improved beneficiary access and allows medicine to concentrate on moving to broad adoption of quality reporting and, most importantly, allows Congress to move past the distraction of the SGR formula and to begin identifying Medicare reforms that can further benefit our citizens. This will also allow providers the time to develop and test quality measures and clinical practice improvement activities, which will be used for performance assessment during phase II.

During the stability period, physicians will receive annual increases of one half of 1 percent. It seems small, but it is above what has been provided over the past several years.

The quality measures are implemented in what is called the Merit-Based Incentive Payment System. That will be evidence-based and developed through a transparent process that values input from provider groups. Quality reporting will measure providers against their peers rather than a one-size-fits-all generic standard. Providers will also self-determine their measures.

The bill consolidates three reporting programs into this incentive payment system, easing administrative burdens and furthering the congressionally established goals of quality, resource use, and meaningful use.

This new reimbursement structure ensures continued access to high-quality care while providing physicians with certainty and security in their reimbursements. They will be aware of the benchmark they are competing against and, unlike current law, all penalties assessed on those not meeting the benchmark will go to those who do, keeping the dollars in the Medicare system.

Provider standards will be developed by professional organizations in conjunction with existing programs and will incorporate ongoing feedback to physicians, further ensuring that optimal care is provided to the patient.

Realtime feedback will be gained through registries and performance data. Physicians will be encouraged to participate in the process through data reporting. For eligible professionals who choose to opt out of the fee-for-service program, alternative payment models will be available.

These alternative payment models may include a patient-centered medical home, whether they are in primary or specialty care, bundled care, or episodes of care. Qualifying practices that move a significant amount of their patients into these alternative payment models could see a 5 percent quality bonus. By encouraging alternative payment models and care coordination, this legislation will foster and facilitate innovation.

It is important to note that while taking these important steps toward ensuring quality care, the bill specifically states that these quality measures are not creating a Federal right of action or a legal standard of care.

Mr. Speaker, from beginning to end, this bill is about access: access for our seniors, access for those who utilize the Nation's 9,000 community health centers, and, very importantly, the over 8 million children who receive their care at some point during the year through the Children's Health Insurance Program.

The bill also addresses health programs that have become known as ''extenders.'' Most are extended for 2 years under the bill. By resolving the SGR, Congress will have the ability to commit itself to working through these policies in the future.

The bill also puts into place important structural reforms to Medicare that are the first steps toward starting the Medicare program on a really long-term trajectory towards fiscal stability.

The bill is consistent in its themes throughout: payment stability; reduce

and streamline the administrative burden; increase predictability and provider's interactions with the Centers for Medicare and Medicaid Services; build transparency into systems; encourage innovation of delivery of services; and keep providers in the driver's seat.

Most importantly, we provide access to care for our Nation's patients.

America's providers agree:

''The American Osteopathic Association views this bipartisan legislation as a clear and definitive approach toward comprehensive reforms in our health care system for children, seniors, and our Nation's physicians.''

Here is one from the American Academy of Family Physicians:

''This legislation is the result of bipartisan negotiations that have produced legislative responses to some of our Nation's most pressing health care issues.''

America's Essential Hospitals praised this bill, stating:

''This legislation represents the first truly bipartisan major health care legislation in years. Please do not let this opportunity pass you by—approve H.R. 2 as swiftly as possible.''

This is just a small sampling of the close to 800 organizations spanning the political spectrum who have come together to endorse this bill. From primary care, to specialists, to surgeons, to organized nursing, our Nation's hospitals, and everyone in between, they have supported this policy.

For that reason, I encourage my colleagues to vote ''yes'' on the rule and ''yes'' on the underlying bills.

I reserve the balance of my time.

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

(Mr. MCGOVERN asked and was given permission to revise and extend his remarks.)

Mr. MCGOVERN. Mr. Speaker, I want to thank the gentleman from Texas (Mr. BURGESS) for the customary 30 minutes. I also want to thank him for his work on this legislation.

Mr. Speaker, for far too long, Congress has shirked its responsibility when it came to permanently fixing the sustainable growth rate formula. Since its inception, our Nation's doctors and hospitals were held hostage to a misguided funding formula that was included as part of the Balanced Budget Act of 1997.

I voted against the Balanced Budget Act back then when I was a new Member of Congress. It was plain to me that the Medicare cuts and proposed financing included in that bill were simply impossible to sustain. I am glad that 18 years later Congress is finally doing the right thing and repealing the sustainable growth rate formula and replacing it with a payment system based on value.

It is past time that we repeal this misguided formula that has wreaked havoc throughout our healthcare system. Year after year after year, Congress, whether controlled by Democrats or Republicans, was forced to temporarily patch this formula. And year after year after year, Congress did the bare minimum, providing a temporary fix without actually addressing the real problem and permanently repealing the formula.

Today, Congress is finally doing the right thing. That alone is worth supporting. But this bill does more than just repeal the sustainable growth rate formula. Instead, it provides a clearly defined schedule of payment adjustments that will give physicians and healthcare providers the stability they need while ensuring quality and value in the services patients require.

In addition, H.R. 2 also provides critical funding through September 2017 for our Nation's community health centers, funding that was initially provided under the Affordable Care Act, and it also provides support for the Children's Health Insurance Program, or CHIP.

I have already started to hear from hospitals in my district about why this bill is good for them and good for their patients. UMass Memorial Medical Center, in my hometown of Worcester, is one of the Nation's most distinguished academic healthcare systems and is the safety net hospital for all of central Massachusetts. The folks there are pleased to see the delay in additional cuts to safety net hospitals and the delay in the implementation of the two-midnight rule.

Now, this bill is not perfect—nothing around here is ever perfect—but this is the result of long and careful bipartisan negotiation. Even though there are many very positive aspects of this bill, there are some provisions that are more problematic, and I would be remiss if I didn't at least mention some of them.

Most troubling is the inclusion of the Hyde amendment and its application to the funding for the community health centers. It is important to clarify that this language is not a permanent extension or codification of the Hyde amendment. It only applies to the funding for community health centers and expires when that funding expires. It does not affect non-Federal funds. In fact, it is the same language that has been included in annual appropriations bills for nearly three decades.

Let me be clear: I do not support the Hyde amendment. However, the language in this bill mirrors both President Obama's executive order and the language included in the annual appropriations bills.

And I wish the CHIP extension was for 4 years rather than 2. But in this environment, I think that having a 2-year extension is a good thing, is an accomplishment, is a step in the right direction.

Mr. Speaker, this is an important accomplishment, and I want to thank both Speaker BOEHNER and Leader PELOSI for their work in reaching this compromise, a deal that will finally enable this House to move away from annual doc-fix patches and toward providing stability and certainty for Medicare physicians and patients.

I am encouraged by the process taken to reach this agreement. For a Congress that I might say accurately has been called ''broken,'' ''hopeless,'' ''helpless''—a Congress plagued by gridlock and extreme partisanship—this bill represents what I hope will be a renewed commitment by my friends in the majority to work across the aisle with Democrats to address some of our country's most pressing issues. It is, and has always been, the way Congress passes important, substantive, and even historic legislation.

This place can work when we work together. Just look at what this House has done over the past few weeks. We responsibly kept the Department of Homeland Security open, and now we are on the verge of passing an incredibly vital bipartisan bill to repeal the sustainable growth rate, fund community health centers, and reauthorize CHIP.

I hope this bipartisan approach is contagious. I hope this is not the exception but becomes the rule. Every Member represents the same number of constituents, and every voice in this House needs and deserves to be heard.

Today—thanks to the leadership of Leader PELOSI and Speaker BOEHNER and so many others—we are doing something that we can feel good about, something more than a campaign slogan, something that is more than red meat for the political base.

□ 0930

This is something that will help seniors, kids, and low-income families. It deserves our support.

Before I reserve my time, Mr. Speaker, I include for the RECORD the Statement of Administration Policy, which begins with the following:

''The Administration supports House passage of H.R. 2 because it would reform the flawed Medicare physician payment system to incentivize quality and value'' and ''would make reforms that could help slow health care cost growth, and would extend other important programs such as health care coverage for children.''

STATEMENT OF ADMINISTRATION POLICY

H.R. 2—MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT

(Rep. Burgess, R-Texas, and 10 cosponsors)

The Administration supports House passage of H.R. 2 because it would reform the flawed Medicare physician payment system to incentivize quality and value (a proposal called for in the President's Fiscal Year 2016 Budget), would make reforms that could help slow health care cost growth, and would extend other important programs such as health care coverage for children.

Medicare payments to physicians are determined under a formula, commonly referred to as the ''sustainable growth rate'' (SGR). This formula has called for reductions in physician payment rates since 2002, which the Congress has overridden 17 times. Under the SGR, physician payment rates would be reduced by about 21 percent on April 1, 2015. A cut of this magnitude could

reduce access to physicians for Medicare beneficiaries throughout the country. H.R. 2 would replace this system with one that offers predictability and accelerates participation in alternative payment models that encourage quality and efficiency. The proposal would advance the Administration's goal of moving the Nation's health care delivery system toward one that achieves better care, smarter spending, and healthier people through the expansion of new health care payment models, which could contribute to slowing long-term health care cost growth.

The Administration also supports the legislation's inclusion of a continuation of policies and funding for the Children's Health Insurance Program (CHIP). The President's Budget includes a four-year extension of this program, which has provided meaningful health coverage to over eight million children; extending CHIP would ensure continued, comprehensive, affordable coverage for these children. H.R. 2 also includes other important proposals in the President's Budget, such as an extension of the Home Visiting Program and additional funding for the Community Health Center (CHC) Fund, although the legislation includes restrictions on the use of the CHC Fund which would be unnecessary given Executive Order 13535. The Administration supports the legislation's provision to make permanent the Qualifying Individual program, which pays the Medicare Part B premiums for certain low-income Medicare beneficiaries.

The legislation would pay for costs above what is needed to hold Medicare payments to physicians fixed at their current level. The savings would come from sensible reforms, which are expected to cover a larger share of the bill's costs over the long run. These include cost-saving changes to Medicare provider payments as well as increases in the income-related premium for certain high-income Medicare beneficiaries, who represent about five percent of those covered by Medicare. A similar proposal was included in the President's Budget to help improve the financial stability of the Medicare program by reducing the Federal subsidy of Medicare costs for those who need the subsidy the least. The bill also would, starting in 2020, prohibit Medicare Supplemental Insurance (Medigap) policies from covering the Part B deductible (currently $147) for new beneficiaries. This would encourage more efficient health care choices, lowering Medicare costs and Medigap premiums.

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. FLEMING).

Mr. FLEMING. I would like to thank my good friend, Dr. BURGESS.

Mr. Speaker, I rise in support of H.R. 2. As a family physician who has been in private practice since 1982, I have seen a lot of things happen with Medicare, and this idea of sustainable growth rate, SGR, which came up in 1997—a Republican idea—is not only flawed, it is idiotic.

It requires physicians to control throughout the country the entire volume of services provided, something that is absolutely impossible to do. It actually has had the opposite effect that was desired, and it has actually increased the amount of activity because of the loss of the valuable economic foundations that are necessary to make this system work.

What this repeal of SGR will do is, number one, actually show what the cost of this is. We have been hiding it, like a shell game, for years with temporary patches that last, oh, maybe a year and sometimes less.

Not only will this pay for itself in the second decade, but it actually begins to lower that cost even in the first decade, and it does so by using several mechanisms but with two important reforms that my colleagues need to know about.

One, it reforms Medigap policies, which gives patients skin in the game. It makes patients, once again, a part of the decision team so that they, by having some element of price sensitivity, can work with the doctors to decide what is necessary and what is not, what is affordable and what is not; also, it asks higher-income seniors to do their share.

Remember that the current Medicare system is a highly subsidized system for everybody, including for Warren Buffett, a $40 billion billionaire who gets his health care subsidized.

I urge my colleagues to support this. This will increase patient care.

Mr. MCGOVERN. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. BERA).

Mr. BERA. I want to thank my colleague from Massachusetts for yielding me this time.

Mr. Speaker, as a doctor who has cared for hundreds of seniors on Medicare, this is an important step forward because, for over a decade, we have had this flawed formula that has put the security of seniors' health care access at risk.

I want to applaud Dr. BURGESS, and I want to applaud the bipartisan Doctors Caucus. You will hear from a lot of doctors here in Congress that this is a step forward because, when we took our oath to practice medicine, we took an oath to put our patients first.

This is a good bill that puts our patients first: our seniors, folks who have worked their whole lives and who now, in retirement, need that security of being able to see their doctors. This bill repeals a flawed formula that has been patched 17 times over the years, and it replaces it with a better formula, a formula that moves us away from this fee-for-service model and that moves us toward practicing higher quality care and putting our patients first.

It is not a perfect bill. Like many, I am disappointed to see the Hyde amendment included in this bill. I have always stood against the Hyde amendment and against other attempts to restrict a woman's right to make her own reproductive health decisions.

The Hyde amendment is a temporary rider that expires every year; and we, along with many women across this country, look forward to the day when it will end. I came to Congress to put people first. I came to Congress to work across the aisle in a bipartisan way and to put our country first, and this is a great attempt.

Again, I applaud the doctors in Congress. I applaud the members of the Energy and Commerce Committee, the members of the Ways and Means Committee, the Speaker, and the leader of the Democratic Party here in the House for working together to put people first.

This is a good bill as 7.4 million patients will still have access to care at community health centers, 8 million low-income children and pregnant women will still have access to care through the CHIP program, 49 million patients are enrolled in Medicare, and another 10,000 baby boomers enroll every day. This is a good thing.

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

Mr. MCGOVERN. I yield the gentleman an additional 1 minute.

Mr. BERA. Mr. Speaker, we have got to honor the promises that we have made to our constituents and to the people of America. We have got to honor the promises that we have made to our patients and doctors. This is a good bill.

I look forward to voting for and passing this bill today and to continuing to move America forward.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. BENISHEK).

Mr. BENISHEK. Thank you, Mr. Chairman. Thank you for all of your good work on this piece of legislation.

Mr. Speaker, I rise in support of the rule for H.R. 2.

Since the current flawed Medicare payment rate was enacted in 1997, Congress has kicked the can down the road and has passed 17 different patches to avoid devastating cuts to Medicare. These patches have cost the taxpayers almost $170 billion, more money than it will cost to permanently fix this problem right now.

Today, we have the opportunity to actually fix a major problem and pass meaningful legislation that will help keep Medicare solvent and ensure that seniors are able to get the medical care they deserve.

As a doctor who has taken care of patients in northern Michigan for over 30 years, I know how terrible it would be if we failed to act today and how seniors would bear the brunt of that failure. Today's legislation may not be perfect; it is a bipartisan compromise that will ensure that Medicare continues to provide necessary health care for my constituents in northern Michigan.

I urge all of my colleagues to support this commonsense and long overdue fix.

Mr. MCGOVERN. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. AGUILAR).

Mr. AGUILAR. I want to thank the gentleman from Massachusetts.

Mr. Speaker, this bipartisan compromise that we will address this afternoon over SGR will strengthen Medicare by lowering costs and by ensuring that seniors have the doctors of their choice. While this agreement has important provisions, including critical

programs to help low-income seniors, families, and children, it does fall short in a few ways.

As a member of the Pro-Choice Caucus, I am disappointed that this deal both ignores the need for women to have access to their healthcare providers and that it includes an antichoice provision. Today's bill falls short of measures to increase women's access to necessary health measures, such as annual exams or prescription medications.

The other troubling aspect of today's bill is the inclusion of the Hyde amendment, as the gentleman from Massachusetts mentioned. This is clearly another attack to block access to reproductive care. The inclusion of this language is disappointing because it permits antichoice language in an otherwise pragmatic, bipartisan compromise in exchange for community health center funding.

I plan to support this bipartisan compromise because it solves longstanding problems and is a step in the right direction.

Mr. BURGESS. Mr. Speaker, may I inquire as to the time remaining?

The SPEAKER pro tempore. The gentleman from Texas has 18½ minutes remaining, and the gentleman from Massachusetts has 21 minutes remaining.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Mrs. MIMI WALTERS).

Mrs. MIMI WALTERS of California. Mr. Speaker, I rise today in support of H.R. 2, the Medicare Access and CHIP Reauthorization Act, which is a bill to repeal and replace the sustainable growth rate.

This bill presents an historic opportunity for Congress to end the doc fix and comprehensively reform the Medicare physician payment system once and for all. SGR has been broken for over a decade, and Congress has passed a temporary patch for this law 17 times. The price of putting off a permanent fix has cost the taxpayers almost $170 billion and has masked the insolvency of Medicare.

According to the nonpartisan Congressional Budget Office, Mr. BURGESS' legislation to repeal SGR would save $900 million over the next decade, compared to freezing payment rates for physician services.

After a decade of Congress patching the flawed SGR formula, it is finally time to permanently repeal and replace the system once and for all. I urge my colleagues in the House and in the Senate to pass this bill and finally fix the doc fix.

Mr. MCGOVERN. Mr. Speaker, I include the following statements for the RECORD in support of H.R. 2: the statement by the Massachusetts Hospital Association, a statement by the Massachusetts Medical Society, a list of a number of groups in support of H.R. 2, statements by the American Hospital Association, SEIU, and others. They are all in support of this bill.

MASSACHUSETTS HOSPITAL ASSOCIATION (MHA) STATEMENT ON H.R. 2

March 25, 2015

The Massachusetts Hospital Association gives its full support to H.R. 2, the U.S. House bipartisan package to permanently repeal the Medicare physician Sustainable Growth Rate (SGR).

We are especially relieved because there have been 17 short-term SGR fixes over the past few years, nearly all of which included significant reimbursement cuts to hospitals and other providers for nothing more than a couple-month band aid. This bill draws these short term patches to an end. We are relieved that Children's Health Insurance Program (CHIP) funding, community health center funding, and a continued delay to enforcement of the two-midnight rule are included.

We support the bill not only for what it does, but also for what it does not do; it rejects cuts to graduate medical education, Medicare bad debt, site neutral cuts to hospital outpatient departments and inpatient rehabilitation facilities, and it does not include unsound and inequitable area wage index and rural floor policies.

Obviously, we would prefer not to be part of the offsets to help pay for the package, but we are realistic and especially so because we realize that if this deal falls through and Congress must consider another one-year SGR delay, then these cuts to providers will still be in play to pay for a meaningless, additional one-year delay. We strongly prefer a permanent SGR fix and therefore give our full support to this bill.

Most importantly, we thank our congressional delegation for their efforts on behalf of hospitals. Given the political environment that has been a barrier to collaboration on major legislation, this bill represents an exceptional accomplishment that benefits hospitals, physicians, other providers, and most notably, the long term health of the Medicare program.

MASSACHUSETTS MEDICAL SOCIETY,
Waltham, MA, March 25, 2015.

Hon. JAMES P. MCGOVERN,
Cannon House Office Building,
Washington, DC.

DEAR REPRESENTATIVE MCGOVERN: I am writing you as President of the Massachusetts Medical Society to urge you to vote in support of HR 2, the Medicare Access and CHIP Reauthorization Act. Your support for this legislation will be critical to its success and our members' ability to continue to treat Medicare and Tricare patients who need and deserve quality health care. Moreover this bill will continue funding for the CHIP program at increased levels for two years and provide necessary funds for our Community Health Centers, a vital component of our health care system.

We have been extremely grateful for your ongoing support for SGR reforms in the past. As you are well aware, Congress has passed 17 temporary measures which ultimately have cost the government more money than a permanent solution. We believe the time has finally come to pass permanent Medicare physician payment reform.

The importance of the SGR reforms extends well beyond the 26,000 members of the Massachusetts Medical Society. It will impact the nearly 71,597 military families who receive their health insurance through Tricare, the 74,525 people employed by physicians and the over 1,104,483 Medicare beneficiaries who live in the Commonwealth. This bill will also impact every hospital in the state that employs physicians, every medical device manufacturer who sells products to physicians' offices and the myriad of organizations that rely on Medicare dollars. This bill is about ensuring seniors and military families' access to care. It is about sustaining physician practices. Of equal importance, this legislation will significantly foster and reward changes in the health care delivery system that we all hope to achieve.

We also strongly support provisions reauthorizing the CHIP program. The MMS has been a strong supporter of this program since its inception. This legislation provides an opportunity for Congress to address the health care needs of children and low-income Americans by extending funding for the Children's Health Insurance Program and providing critical support for Community Health Centers. We believe a straightforward 2 year reauthorization of the CHIP program at the 23% increased rates set by the ACA would be critically important to the patients served by this program. Should the program not be reauthorized at these levels it is estimated that Massachusetts could lose millions of dollars—funds that this state desperately needs.

We knew that passage of final SGR repeal would never be easy. But we are truly at that point where we believe the leadership has developed a SGR strategy that is achievable.

As President of the Massachusetts Medical Society I want to thank you for your ongoing support for Medicare payment reform and urge you to continue your support by voting for HR 2 when it comes to the House floor.

Sincerely,

RICHARD S. PIETERS, M.D.

SOME OF THE GROUPS SUPPORTING H.R. 2, MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015

Center for American Progress, Families USA, Center on Budget and Policy Priorities, Center for Law and Social Policy (CLASP), National Coalition on Health Care (coalition of over 80 groups), Healthcare Leadership Council, March of Dimes, JDRF (Juvenile Diabetes), Georgetown Center for Children and Families, National Association of Community Health Centers, Third Way, Bipartisan Policy Center, American Medical Association, American College of Physicians, American College of Surgeons, American College of Cardiology, American Congress of Obstetricians and Gynecologists, American Academy of Pediatrics, American Osteopathic Association, American Academy of Family Physicians.

American College of Allergy, Asthma and Immunology, American Association of Medical Colleges, Digestive Health Physicians Association, American College of Radiology, Council of Academic Family Medicine, American Society of Cataract and Refractive Surgery, American Hospital Association, Federation of American Hospitals, America's Essential Hospitals, Children's Hospital Association, Catholic Health Association of the United States, American Health Care Association, National Center for Assisted Living.

American Nurses Association, American Association of Colleges of Nursing, American Association of Nurse Practitioners, American Association of Nurse Anesthetists, American College of Nurse-Midwives, Gerontological Advance Practice Nurses Association, National Association of Clinical Nurse Specialists, National Association of Nurse Practitioners in Women's Health, Medical Group Management Association, Premier healthcare alliance, VHA Inc., LUGPA (Large Urology Group Practice Association), National Association of Psychiatric Health Systems, National Retail Federation.

AMERICAN HOSPITAL ASSOCIATION,
Washington, DC, March 24, 2015.

U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR MEMBER OF CONGRESS: On behalf of the nearly 5,000 members of the American Hospital Association, I am writing to express our support for H.R. 2, bipartisan legislation to repeal the flawed Sustainable Growth Rate (SGR) formula for physician payments under the Medicare program. We believe Congress should move forward and address this issue on a permanent basis.

While we are disappointed that hospitals would be looked to as an offset given that Medicare already pays less than the cost of delivering services to beneficiaries, the package strikes a careful balance in the way it funds the SGR repeal and embraces a number of structural reforms to the Medicare program. Equally important, the legislation rejects a number of flawed policy options, including reductions to outpatient hospital services (so-called ''site-neutral'' cuts), Medicare bad debt payments, graduate medical education, critical access hospitals and certain services provided in rehabilitative hospitals. Moreover, the bill rejects a further delay in the ICD–10 program, and prevents a potential 0.55 percent coding offset previously proposed by the Centers for Medicare & Medicaid Services. The legislation also eliminates cuts to the Medicaid Disproportionate Share Hospital program in fiscal year 2017. Finally, the bill includes a needed extension of a number of expiring provision (so-called extenders), including the Medicare Dependent Hospital program, the rural low-volume adjustment, the rural ambulance add-on, the partial enforcement delay on Medicare's ''two-midnight'' policy, and the Children's Health Insurance Program.

We commend the House Republican and Democratic leadership in their design of this package, and urge the House to pass it.

Sincerely,

RICH UMBDENSTOCK,
President and CEO.

SEIU,
March 25, 2015.

DEAR REPRESENTATIVE, The Service Employees International Union (SEIU) expresses its support for H.R. 2, legislation that would permanently replace the Sustainable Growth Rate (SGR) formula used to determine Medicare payments to doctors. We appreciate the bipartisan negotiations that led to this compromise, and, at this point in the process, urge House members to vote yes to move the process forward.

Tens of millions of Americans, and approximately one million of SEIU members, have jobs that depend on a strong health care economy, and many work in environments that face considerable strains as a result of the uncertainty created by the SGR. For example, due to short-term SGR patches, hospitals face the threat of problematic payment changes every several months, creating an unpredictable landscape that adversely affects the ability of hospitals to provide care as well as their ability to support the health care workforce. Long-term, the pressure that the SGR creates will continue to grow because the cost of replacing the policy, in both patches and in its entirety, only increases radically over time. H.R. 2 permanently replaces the SGR formula, offsetting $70 billion in costs, preventing significantly higher and potentially more harmful cuts to Medicare and other health care programs now and in the future.

In addition to relieving the burden that the costs of SGR patches and replacement place on the health care system, this legislation extends, and in some case makes permanent, programs that are essential to low- and moderate-income families. H.R. 2 extends full funding under current law for the Children's Health Insurance Program (CHIP) for an additional two years. CHIP funding is set to expire in September 2015. Millions of families, including those of our members, depend on CHIP to provide health care coverage for their children. Though we support extending CHIP funding under current law for four years, extending CHIP funding under current law for two years does provide predictability that states need to appropriately administer the program and prevents problematic changes in eligibility and coverage that would limit access to care or increase costs for the CHIP population. In addition, this legislation provides an additional funding for Community Health Centers, a critically important source of health care for millions of families. Finally, the legislation makes permanent the Qualifying Individual (QI) program, which covers the cost of Medicare Part B premiums for low-income people with Medicare, and the Transitional Medicaid Assistance (TMA) program, which supports families losing coverage. These important programs that protect low-income populations are set to expire and, without passage of this legislation, face an uncertain future, as historically they have been extended only on a temporary basis.

Like any compromise, this package has serious flaws. As previously stated, House Republican leaders should have agreed to fund CHIP under current law for an additional four years and should not have required changes to Medicare benefits in order to reach an agreement. While some of the changes to Medicare are mitigated because they only apply to consumers with truly higher incomes, we have concerns about the precedents set by these changes and changes to Medigap coverage policies. In addition, we continue to oppose any language that expands policies that deny millions of women the right to access the full range of reproductive health care services. Lastly, in order to avoid policy changes that put additional financial burdens on beneficiaries and providers—who have already faced significant SGR-related cuts—other stakeholders should have been required to contribute more in terms of offsets. However, despite these concerns, when considering the potential impact of this package versus the adverse consequences that non-resolution of both the SGR and CHIP funding may have on all health programs and the populations they serve, we believe that this is an acceptable solution that House members should support.

For these reasons, we urge you to vote yes on this compromise legislation. If you have any questions, please call Ilene Stein, SEIU Assistant Legislative Director.

Sincerely,

MARY KAY HENRY,
International President.

STATEMENT BY SENIOR FELLOW ALLYSON SCHWARTZ, SENIOR FELLOW DR. ZEKE EMANUEL, AND VICE PRESIDENT FOR HEALTH POLICY TOPHER SPIRO

The Center for American Progress supports the Medicare Access and CHIP Reauthorization Act, or MACRA. This bipartisan legislation represents a significant achievement because it reforms Medicare's payment system and maintains critical funding for health care for millions of low-income children, families, and seniors. While we urge Congress to offer amendments that would improve the bill, enactment of this legislation would be far better than resorting to another short-term fix that could put these programs in jeopardy. The addition of the Hyde language restricting abortions is unnecessary and frankly offensive, but we believe the deal is an important step forward.

Unless Congress extends funding for these programs now, they will face tremendous uncertainty and risk and could be held hostage in partisan legislation later in the year. MACRA addresses this serious risk by including the following:

The bill extends the Children's Health Insurance Program, or CHIP, for two years. Without this extension, about 2 million children would become uninsured, while millions more would lose their current coverage and face higher costs. Importantly, this is a ''clean'' extension that maintains policies and funding included in the Affordable Care Act—and that does not include detrimental policies or cuts proposed by the Republican leadership in Congress. This clean extension would be a significant feat given the political realities of this Congress and should not be discounted. Even so, we strongly urge Congress to amend MACRA to extend CHIP for at least four years.

The bill extends funding for community health centers included in the Affordable Care Act. Without this funding, 7.4 million low-income patients—including 4.3 million women—would lose access to health care. While not a change to current policy, the bill applies the Hyde Amendment, which restricts funding for abortions, to this funding. CAP opposes the Hyde Amendment, which harms low-income women, and ultimately wants this temporary restriction to expire for good. The application of the Hyde Amendment is, at best, unnecessary and, at worst, an indication that Republican leadership in Congress will attempt to use every bill to restrict access to abortion, which is unacceptable. In this case, the offensive language does not change policy and—similar to the Hyde Amendment that has always applied to funding for community health centers—is temporary and expires along with the funding to which it applies. Even so, we strongly urge Congress to amend MACRA to remove this language.

The bill extends the Maternal, Infant, and Early Childhood Home Visiting program for two years. This funding supports evidence-based programs that have been proven to reduce health care costs, improve school readiness, and increase family self-sufficiency and economic security. We strongly urge Congress to amend MACRA to extend this program for at least four years.

The bill extends the Qualifying Individual Program—which subsidizes Medicare premiums for low-income beneficiaries—permanently.

By permanently correcting Medicare payments to physicians, MACRA at long last provides much-needed certainty and stability to the Medicare program. Importantly, the bill provides financial incentives to reinforce the country's path toward a health care system that rewards value and quality of care.

We recognize that any bipartisan compromise that could be enacted by Congress would need to pay for at least a portion of the additional spending that would result—and that the pay-fors would need to include a roughly equal mixture of cuts to providers and cuts to beneficiaries. We also recognize that the alternative—a never-ending series of short-term patches that are fully paid for—would likely result in deeper and more painful cuts to the Medicare program over time.

On the beneficiary side, MACRA increases Medicare premiums by $82.50 per month for couples with incomes from $267,000 to $428,000 and singles with incomes from $133,500 to $214,000. Because this premium increase is targeted to the top 2 percent of beneficiaries, it is the least objectionable beneficiary cut

that could have been included in such a package. The bill does not otherwise increase premiums across the board by $58 billion, as some have asserted, compared to premium levels under current policy.

MACRA's other beneficiary cut causes us more concern. Currently, about 12 percent of beneficiaries purchase Medigap supplemental policies to cover their out-of-pocket costs. The bill prohibits these policies from covering the deductible for physician services, which is $147 in 2015. The effect of this change is limited because it goes into effect in 2020 and applies only to new beneficiaries. In addition, because Medigap policies would no longer cover the deductible, premiums for these policies would go down. For most affected beneficiaries, the savings from lower Medigap premiums would actually exceed the costs from deductibles. However, it is possible that hundreds of thousands of beneficiaries with incomes below 300 percent of the federal poverty line would face net costs of less than $100 per year. We strongly urge Congress to amend MACRA to protect low-income beneficiaries from this change—either by exempting primary care from their deductibles or by expanding cost-sharing subsidies for this targeted group.

While we would like to see this legislation strengthened, as we have recommended above, this compromise legislation takes an important step in Medicare payment reform and ensures continued funding that improves the health and welfare of millions of children, families, and seniors. We urge Congress to enact it.

BPC URGES CONGRESS TO PASS LEGISLATION TO REFORM MEDICARE AND EXTEND CHILDREN'S HEALTH INSURANCE

[Press Release, March 25, 2015]

WASHINGTON, DC.—The Bipartisan Policy Center (BPC) issued the following statement by BPC President Jason Grumet; Senior Vice President Bill Hoagland; and Health Policy Director Katherine Hayes regarding the Medicare Access and CHIP Reauthorization Act of 2015:

''We urge Congress to act swiftly to pass H.R. 2, the Medicare Access and CHIP Reauthorization Act introduced this week by chairmen and ranking members of the House Energy & Commerce and Ways & Means Committees. This bill would permanently replace Medicare's sustainable growth rate (SGR) physician payment system, extend funding for the State Children's Health Insurance Program (CHIP), and implement structural reforms in Medicare to improve care delivery and slow rising costs.

''Like any good bipartisan compromise, this legislation strikes a careful balance that will draw both praise and criticism. By reconciling these competing views, the proposed legislation offers a set of politically viable solutions that deserve broad bipartisan support.

''A permanent SGR repeal—coupled with new incentives to improve quality and value in Medicare—would end the senseless perennial series of temporary patches to prevent payment cuts to physicians; it would also enable Congress to move forward on a broader set of reforms.

''A two-year extension of full CHIP funding with no programmatic changes, would provide near-term certainty to states and low-income families who rely upon this essential program.

''A balanced package of policy 'offsets'—including cuts from providers and 2% of high-income seniors—would pay for a significant portion of the legislation. Additional savings from improved Medicare payment incentives may accrue over the long term.

''A provision to make permanent the Medicare Qualifying Individual program would provide extra help to lower income seniors in paying their Medicare Part B premiums.

''We urge U.S. Senators and House members to act now to extend and improve these critical programs for our nation's seniors, children, and health care providers.''

Mr. MCGOVERN. Mr. Speaker, as I said, it is not a perfect bill, but it represents, I think, a major accomplishment.

If I could inquire of the gentleman as to how many additional speakers he has.

Mr. BURGESS. Mr. Speaker, we have no additional speakers at this time. I am prepared to close after the gentleman closes.

Mr. MCGOVERN. I yield myself the balance of my time, and I will take this opportunity to close my side of the debate, Mr. Speaker.

Mr. Speaker, let me begin by thanking all of those who have been involved in this compromise, especially Speaker BOEHNER and Leader PELOSI. I want to thank Mr. BURGESS. I want to thank all of the members of the Energy and Commerce Committee. I am grateful to the staffs of all of the relevant committees for all of the work that they have put into this.

I especially want to acknowledge the incredible work of the staff who works in the Office of Legislative Counsel. They don't always get thanked, but they do so much of the work around here, not only on important and complicated legislation like what we are debating here today, but on all legislation, so we are grateful to them.

I don't really know what else to say here except that I am happy we are doing something, and I am happy that we are actually putting forward a bill, a bipartisan bill, that will help a lot of the people who most need help.

As Mr. BURGESS said, in reality, this bill is about access, making sure our senior citizens have the access to the doctors and to the health care that they want. We are making that possible through this bill, as well as helping countless children and low-income families and supporting our community health centers.

This has been kind of an incredible week. It is hard to believe. First, we read that TED CRUZ signs up for ObamaCare, and now, we have this bipartisan compromise on the doc fix, and it reauthorizes CHIP and provides money to our community health centers.

Who knows. I mean, if this is contagious, maybe next week, we will deal with climate change, so I am feeling good as we close this week. Again, I hope this is a coming attraction of what we can see in the future: more bipartisan cooperation, more give and take.

If we follow what we did here, we actually can accomplish a lot more for the American people, and I think that would be a good thing.

Let's get this done.

I yield back the balance of my time.

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

Today's rule provides for the consideration of legislation addressing the pernicious sustainable growth rate formula, the most threatening issue in Medicare, risking patient access to care for our seniors.

As I close, I would like to note that each committee's work is represented in H.R. 2. The base policy of H.R. 2 has the backing of the House and Senate negotiators and of all three committees of jurisdiction.

I certainly want to thank the Speaker and the minority leader and their staffs for building off of the policy work accomplished by the committees to present a political pathway forward for this bipartisan bill.

I thank the chairmen and ranking members of the House Committees on Energy and Commerce and Ways and Means, as well as of the Senate Finance Committee, for coming together for our Nation's doctors and seniors.

I must note Chairman UPTON, Chairman PITTS, Chairman RYAN, Chairman BRADY, and former Chairman Camp, as well as Ranking Members PALLONE, GENE GREEN, SANDER LEVIN, JIM MCDERMOTT, and former Ranking Member Henry Waxman.

I would also like to thank all of the staffs who have worked on this issue—who have labored on this issue—for years. I know I will miss some people, but I do want to mention a few at the committee level who have dedicated themselves to getting us here today.

□ 0945

Some have left or switched their roles, but their work from the beginning deserves recognition. Certainly I want to thank Clay Alspach, Robert Horne, Ryan Long, Dr. John O'Shea, Dr. Steve Ferrara, Amy Hall, Eddie Garcia, Tiffany Guarascio, Arielle Woronoff, Brett Baker, Brian Sutter, Matt Hoffmann, Erin Richardson, and J. P. Paluskiewicz on my staff.

I also want to thank the unsung heroes at the House Legislative Counsel, namely, Jessica Shapiro, Ed Grossman, and Jesse Cross.

Every success we have had at each point in this process was further than we had ever come before, and that involved a lot of work, a lot of negotiation, and a lot of overwhelming desire to see the process through to the end.

Ultimately, if this is a package that can go to the White House, all of this will be worth it. I certainly do look forward to passage and hope that, given the positive signs evidenced over the past several days, the other Chamber will quickly embrace this package and ultimately get this badly needed policy into law.

I certainly want my colleagues to support both the rule and the underlying bill.

Ms. SLAUGHTER. Mr. Speaker, I rise today in support of H.R. 2, the Medicare Access and CHIP Reauthorization Act. This bill funds Community Health Centers for two years at $7.2 billion dollars. These community health centers serve many of the newly insured people in my district. Thanks to the Affordable

Care Act, they have health insurance, but thanks to community health centers, they have health care.

H.R. 2 also extends the CHIP program and keeps over 8 million low-income children and pregnant women in families from losing their health insurance.

Lastly, H.R. 2 finally fixes the SGR, the Medicare Sustainable Growth Rate. The SGR was an ill-conceived plan to control the growth in health care costs by slashing doctor pay. We were in danger of doctors dropping Medicare patients, putting seniors' access to critical medical care at risk. The yearly short-term fixes have cost us more over the years than it would have to get rid of it, so I am pleased we are finally doing the right thing today in a way that moves us toward quality health care for Americans.

Mr. Speaker, I'd like to take this opportunity to clarify a provision in H.R. 2 and how it differs from S. 178—the Senate Justice for Victims of Trafficking Act of 2015 (JVTA).

As you know, the Senate is having a debate about a provision to make the Hyde Amendment part of permanent law and to apply it to non-taxpayer funds. As co-chair of the Pro Choice Caucus, I want to make this clear: the Senate bill creates a new Domestic Trafficking Victims' Fund that would be funded—not by taxpayer dollars—but through fines imposed on defendants convicted of human trafficking, sexual exploitation and human smuggling crimes. The Hyde Amendment only applies to taxpayer dollars. Hyde Amendment restrictions have never been applied on a federal fund containing zero taxpayer dollars. This new fund is not federal dollars and therefore not eligible for Hyde. The pro-choice senators who are fighting against this expansion have my full support.

Mr. BURGESS. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

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

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

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

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 402, nays 12, answered ''present'' 5, not voting 13, as follows:

[Roll No. 143]

YEAS—402

Abraham
Adams
Aderholt
Aguilar
Allen
Amodei
Ashford
Babin
Barletta
Barr
Barton
Bass
Beatty
Becerra
Benishek
Bera
Beyer
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blum
Blumenauer
Bonamici
Bost
Boustany
Boyle, Brendan F.
Brady (PA)
Brady (TX)
Brat
Bridenstine
Brooks (IN)
Brown (FL)
Brownley (CA)
Buchanan
Buck
Bucshon
Burgess
Bustos
Butterfield
Byrne
Calvert
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Carter (GA)
Carter (TX)
Cartwright
Castor (FL)
Castro (TX)
Chabot
Chaffetz
Chu, Judy
Clark (MA)
Clarke (NY)
Clawson (FL)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Comstock
Conaway
Connolly
Cook
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Curbelo (FL)
Davis (CA)
Davis, Danny
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Denham
Dent
DeSantis
DeSaulnier
DesJarlais
Deutch
Diaz-Balart
Dingell
Doggett
Dold
Doyle, Michael F.
Duckworth
Duffy
Duncan (SC)
Duncan (TN)
Edwards
Ellison
Ellmers (NC)
Emmer (MN)
Engel
Eshoo
Esty
Farenthold
Farr
Fattah
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foster
Foxx
Frankel (FL)
Frelinghuysen
Fudge
Gabbard
Garamendi
Garrett
Gibbs
Gibson
Gohmert
Goodlatte
Gowdy
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Grayson
Green, Al
Green, Gene
Grijalva
Grothman
Guinta
Guthrie
Gutiérrez
Hahn
Hanna
Hardy
Harper
Harris
Hartzler
Hastings
Heck (NV)
Heck (WA)
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins
Hill
Himes
Holding
Honda
Hoyer
Hudson
Huffman
Huizenga (MI)
Hultgren
Hunter
Hurd (TX)
Hurt (VA)
Israel
Issa
Jackson Lee
Jenkins (KS)
Jenkins (WV)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jolly
Jordan
Joyce
Kaptur
Katko
Keating
Kelly (IL)
Kelly (PA)
Kennedy
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kinzinger (IL)
Kirkpatrick
Kline
Knight
Kuster
LaMalfa
Lamborn
Lance
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Loudermilk
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lummis
Lynch
MacArthur
Maloney, Carolyn
Maloney, Sean
Marchant
Marino
Matsui
McCarthy
McCaul
McClintock
McCollum
McDermott
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meadows
Meehan
Meng
Messer
Mica
Miller (FL)
Miller (MI)
Moolenaar
Mooney (WV)
Moore
Moulton
Mullin
Murphy (FL)
Murphy (PA)
Nadler
Napolitano
Neal
Neugebauer
Newhouse
Noem
Nolan
Norcross
Nugent
Nunes
O'Rourke
Olson
Pallone
Palmer
Pascrell
Paulsen
Pearce
Pelosi
Perlmutter
Perry
Peters
Peterson
Pingree
Pittenger
Pitts
Pocan
Poe (TX)
Poliquin
Polis
Pompeo
Posey
Price (NC)
Price, Tom
Quigley
Ratcliffe
Reed
Reichert
Renacci
Ribble
Rice (NY)
Rice (SC)
Richmond
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard
Royce
Ruppersberger
Rush
Russell
Ryan (OH)
Ryan (WI)
Salmon
Sánchez, Linda T.
Sanchez, Loretta
Sanford
Sarbanes
Scalise
Schakowsky
Schiff
Schock
Schrader
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sessions
Sewell (AL)
Sherman
Shimkus
Shuster
Simpson
Sinema
Sires
Slaughter
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Speier
Stefanik
Stewart
Stivers
Swalwell (CA)
Takai
Takano
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tipton
Titus
Torres
Trott
Turner
Upton
Valadao
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westerman
Westmoreland
Whitfield
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (IA)
Young (IN)
Zeldin
Zinke

NAYS—12

Amash
Brooks (AL)
Cicilline
Cooper
Gallego
Graham
Huelskamp
Jones
Massie
Rangel
Tonko
Tsongas

ANSWERED ''PRESENT''—5

Gosar
Griffith
Labrador
Mulvaney
Stutzman

NOT VOTING—13

Conyers
Franks (AZ)
Hinojosa
Jeffries
Johnson (GA)
Langevin
Meeks
Palazzo
Payne
Ruiz
Schweikert
Smith (WA)
Young (AK)

□ 1011

Mr. AMASH changed his vote from ''yea'' to ''nay.''

Messrs. BISHOP of Georgia, WALZ, LOEBSACK, MCNERNEY, CAPUANO, O'ROURKE, HANNA, and SEAN PATRICK MALONEY of New York changed their vote from ''nay'' to ''yea.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mr. CONYERS. Mr. Speaker, I was not present for rollcall vote No. 143. Had I been present, I would have voted "aye."

Ms. TSONGAS. Mr. Speaker, on rollcall vote No. 143, I voted "no" and I intended to vote "yes."

MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT OF 2015

Mr. PITTS. Mr. Speaker, pursuant to House Resolution 173, I call up the bill (H.R. 2) to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and strengthen Medicare access by improving physician payments and making other improvements, to reauthorize the Children's Health Insurance Program, and for other purposes, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. POE of Texas). Pursuant to House Resolution 173, the amendment printed in House Report 114–50 is considered adopted. The bill, as amended, is considered read.

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

H.R. 2

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Medicare Access and CHIP Reauthorization Act of 2015''.

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

Sec. 1. Short title; table of contents.

TITLE I—SGR REPEAL AND MEDICARE PROVIDER PAYMENT MODERNIZATION

Sec. 101. Repealing the sustainable growth rate (SGR) and improving Medicare payment for physicians' services.
Sec. 102. Priorities and funding for measure development.
Sec. 103. Encouraging care management for individuals with chronic care needs.
Sec. 104. Empowering beneficiary choices through continued access to information on physicians' services.
Sec. 105. Expanding availability of Medicare data.
Sec. 106. Reducing administrative burden and other provisions.

TITLE II—MEDICARE AND OTHER HEALTH EXTENDERS

Subtitle A—Medicare Extenders

Sec. 201. Extension of work GPCI floor.
Sec. 202. Extension of therapy cap exceptions process.
Sec. 203. Extension of ambulance add-ons.
Sec. 204. Extension of increased inpatient hospital payment adjustment for certain low-volume hospitals.
Sec. 205. Extension of the Medicare-dependent hospital (MDH) program.
Sec. 206. Extension for specialized Medicare Advantage plans for special needs individuals.
Sec. 207. Extension of funding for quality measure endorsement, input, and selection.
Sec. 208. Extension of funding outreach and assistance for low-income programs.
Sec. 209. Extension and transition of reasonable cost reimbursement contracts.
Sec. 210. Extension of home health rural add-on.

Subtitle B—Other Health Extenders

Sec. 211. Permanent extension of the qualifying individual (QI) program.
Sec. 212. Permanent extension of transitional medical assistance (TMA).
Sec. 213. Extension of special diabetes program for type I diabetes and for Indians.
Sec. 214. Extension of abstinence education.
Sec. 215. Extension of personal responsibility education program (PREP).
Sec. 216. Extension of funding for family-to-family health information centers.
Sec. 217. Extension of health workforce demonstration project for low-income individuals.
Sec. 218. Extension of maternal, infant, and early childhood home visiting programs.
Sec. 219. Tennessee DSH allotment for fiscal years 2015 through 2025.
Sec. 220. Delay in effective date for Medicaid amendments relating to beneficiary liability settlements.
Sec. 221. Extension of funding for community health centers, the National Health Service Corps, and teaching health centers.

TITLE III—CHIP

Sec. 301. 2-year extension of the Children's Health Insurance Program.
Sec. 302. Extension of express lane eligibility.
Sec. 303. Extension of outreach and enrollment program.
Sec. 304. Extension of certain programs and demonstration projects.
Sec. 305. Report of Inspector General of HHS on use of express lane option under Medicaid and CHIP.

TITLE IV—OFFSETS

Subtitle A—Medicare Beneficiary Reforms

Sec. 401. Limitation on certain medigap policies for newly eligible Medicare beneficiaries.
Sec. 402. Income-related premium adjustment for parts B and D.

Subtitle B—Other Offsets

Sec. 411. Medicare payment updates for post-acute providers.
Sec. 412. Delay of reduction to Medicaid DSH allotments.
Sec. 413. Levy on delinquent providers.
Sec. 414. Adjustments to inpatient hospital payment rates.

TITLE V—MISCELLANEOUS

Subtitle A—Protecting the Integrity of Medicare

Sec. 501. Prohibition of inclusion of Social Security account numbers on Medicare cards.
Sec. 502. Preventing wrongful Medicare payments for items and services furnished to incarcerated individuals, individuals not lawfully present, and deceased individuals.
Sec. 503. Consideration of measures regarding Medicare beneficiary smart cards.
Sec. 504. Modifying Medicare durable medical equipment face-to-face encounter documentation requirement.
Sec. 505. Reducing improper Medicare payments.
Sec. 506. Improving senior Medicare patrol and fraud reporting rewards.
Sec. 507. Requiring valid prescriber National Provider Identifiers on pharmacy claims.
Sec. 508. Option to receive Medicare Summary Notice electronically.
Sec. 509. Renewal of MAC contracts.
Sec. 510. Study on pathway for incentives to States for State participation in medicaid data match program.
Sec. 511. Guidance on application of Common Rule to clinical data registries.
Sec. 512. Eliminating certain civil money penalties; gainsharing study and report.
Sec. 513. Modification of Medicare home health surety bond condition of participation requirement.
Sec. 514. Oversight of Medicare coverage of manual manipulation of the spine to correct subluxation.
Sec. 515. National expansion of prior authorization model for repetitive scheduled non-emergent ambulance transport.
Sec. 516. Repealing duplicative Medicare secondary payor provision.
Sec. 517. Plan for expanding data in annual CERT report.
Sec. 518. Removing funds for Medicare Improvement Fund added by IMPACT Act of 2014.
Sec. 519. Rule of construction.

Subtitle B—Other Provisions

Sec. 521. Extension of two-midnight PAMA rules on certain medical review activities.
Sec. 522. Requiring bid surety bonds and State licensure for entities submitting bids under the Medicare DMEPOS competitive acquisition program.
Sec. 523. Payment for global surgical packages.
Sec. 524. Extension of Secure Rural Schools and Community Self-Determination Act of 2000.
Sec. 525. Exclusion from PAYGO scorecards.

TITLE I—SGR REPEAL AND MEDICARE PROVIDER PAYMENT MODERNIZATION

SEC. 101. REPEALING THE SUSTAINABLE GROWTH RATE (SGR) AND IMPROVING MEDICARE PAYMENT FOR PHYSICIANS' SERVICES.

(a) STABILIZING FEE UPDATES.—

(1) REPEAL OF SGR PAYMENT METHODOLOGY.—Section 1848 of the Social Security Act (42 U.S.C. 1395w–4) is amended—

(A) in subsection (d)—

(i) in paragraph (1)(A)—

(I) by inserting ''and ending with 2025'' after ''beginning with 2001''; and

(II) by inserting ''or a subsequent paragraph'' after ''paragraph (4)''; and

(ii) in paragraph (4)—

(I) in the heading, by inserting ''AND ENDING WITH 2014'' after ''YEARS BEGINNING WITH 2001''; and

(II) in subparagraph (A), by inserting ''and ending with 2014'' after ''a year beginning with 2001''; and

(B) in subsection (f)—

(i) in paragraph (1)(B), by inserting ''through 2014'' after ''of each succeeding year''; and

(ii) in paragraph (2), in the matter preceding subparagraph (A), by inserting ''and ending with 2014'' after ''beginning with 2000''.

(2) UPDATE OF RATES FOR 2015 AND SUBSEQUENT YEARS.—Subsection (d) of section 1848 of the Social Security Act (42 U.S.C. 1395w–4) is amended—

(A) in paragraph (1)(A), by adding at the end the following: ''There shall be two separate conversion factors for each year beginning with 2026, one for items and services furnished by a qualifying APM participant (as defined in section 1833(z)(2)) (referred to in this subsection as the 'qualifying APM conversion factor') and the other for other items and services (referred to in this subsection as the 'nonqualifying APM conversion factor'), equal to the respective conversion factor for the previous year (or, in the case of 2026, equal to the single conversion factor for 2025) multiplied by the update established under paragraph (20) for such respective conversion factor for such year.'';

(B) in paragraph (1)(D), by inserting ''(or, beginning with 2026, applicable conversion factor)'' after ''single conversion factor''; and

(C) by striking paragraph (16) and inserting the following new paragraphs:

''(16) UPDATE FOR JANUARY THROUGH JUNE OF 2015.—Subject to paragraphs (7)(B), (8)(B), (9)(B), (10)(B), (11)(B), (12)(B), (13)(B), (14)(B), and (15)(B), in lieu of the update to the single conversion factor established in paragraph (1)(C) that would otherwise apply for 2015 for the period beginning on January 1, 2015, and ending on June 30, 2015, the update to the single conversion factor shall be 0.0 percent.

''(17) UPDATE FOR JULY THROUGH DECEMBER OF 2015.—The update to the single conversion factor established in paragraph (1)(C) for the period beginning on July 1, 2015, and ending on December 31, 2015, shall be 0.5 percent.

''(18) UPDATE FOR 2016 THROUGH 2019.—The update to the single conversion factor established in paragraph (1)(C) for 2016 and each subsequent year through 2019 shall be 0.5 percent.

''(19) UPDATE FOR 2020 THROUGH 2025.—The update to the single conversion factor established in paragraph (1)(C) for 2020 and each subsequent year through 2025 shall be 0.0 percent.

''(20) UPDATE FOR 2026 AND SUBSEQUENT YEARS.—For 2026 and each subsequent year, the update to the qualifying APM conversion factor established under paragraph (1)(A) is 0.75 percent, and the update to the nonqualifying APM conversion factor established under such paragraph is 0.25 percent.''.

(3) MEDPAC REPORTS.—

(A) INITIAL REPORT.—Not later than July 1, 2017, the Medicare Payment Advisory Commission shall submit to Congress a report on the relationship between—

(i) physician and other health professional utilization and expenditures (and the rate of increase of such utilization and expenditures) of items and services for which payment is made under section 1848 of the Social Security Act (42 U.S.C. 1395w–4); and

(ii) total utilization and expenditures (and the rate of increase of such utilization and expenditures) under parts A, B, and D of title XVIII of such Act.

Such report shall include a methodology to describe such relationship and the impact of changes in such physician and other health professional practice and service ordering patterns on total utilization and expenditures under parts A, B, and D of such title.

(B) FINAL REPORT.—Not later than July 1, 2021, the Medicare Payment Advisory Commission shall submit to Congress a report on the relationship described in subparagraph (A), including the results determined from applying the methodology included in the report submitted under such subparagraph.

(C) REPORT ON UPDATE TO PHYSICIANS' SERVICES UNDER MEDICARE.—Not later than July 1, 2019, the Medicare Payment Advisory Commission shall submit to Congress a report on—

(i) the payment update for professional services applied under the Medicare program under title XVIII of the Social Security Act for the period of years 2015 through 2019;

(ii) the effect of such update on the efficiency, economy, and quality of care provided under such program;

(iii) the effect of such update on ensuring a sufficient number of providers to maintain access to care by Medicare beneficiaries; and

(iv) recommendations for any future payment updates for professional services under such program to ensure adequate access to care is maintained for Medicare beneficiaries.

(b) CONSOLIDATION OF CERTAIN CURRENT LAW PERFORMANCE PROGRAMS WITH NEW MERIT-BASED INCENTIVE PAYMENT SYSTEM.—

(1) EHR MEANINGFUL USE INCENTIVE PROGRAM.—

(A) SUNSETTING SEPARATE MEANINGFUL USE PAYMENT ADJUSTMENTS.—Section 1848(a)(7)(A) of the Social Security Act (42 U.S.C. 1395w–4(a)(7)(A)) is amended—

(i) in clause (i), by striking ''2015 or any subsequent payment year'' and inserting ''each of 2015 through 2018'';

(ii) in clause (ii)(III), by striking ''each subsequent year'' and inserting ''2018''; and

(iii) in clause (iii)—

(I) in the heading, by striking ''AND SUBSEQUENT YEARS'';

(II) by striking ''and each subsequent year''; and

(III) by striking '', but in no case shall the applicable percent be less than 95 percent''.

(B) CONTINUATION OF MEANINGFUL USE DETERMINATIONS FOR MIPS.—Section 1848(o)(2) of the Social Security Act (42 U.S.C. 1395w–4(o)(2)) is amended—

(i) in subparagraph (A), in the matter preceding clause (i)—

(I) by striking ''For purposes of paragraph (1), an'' and inserting ''An''; and

(II) by inserting '', or pursuant to subparagraph (D) for purposes of subsection (q), for a performance period under such subsection for a year'' after ''under such subsection for a year''; and

(ii) by adding at the end the following new subparagraph:

''(D) CONTINUED APPLICATION FOR PURPOSES OF MIPS.—With respect to 2019 and each subsequent payment year, the Secretary shall, for purposes of subsection (q) and in accordance with paragraph (1)(F) of such subsection, determine whether an eligible professional who is a MIPS eligible professional (as defined in subsection (q)(1)(C)) for such year is a meaningful EHR user under this paragraph for the performance period under subsection (q) for such year.''.

(2) QUALITY REPORTING.—

(A) SUNSETTING SEPARATE QUALITY REPORTING INCENTIVES.—Section 1848(a)(8)(A) of the Social Security Act (42 U.S.C. 1395w–4(a)(8)(A)) is amended—

(i) in clause (i), by striking ''2015 or any subsequent year'' and inserting ''each of 2015 through 2018''; and

(ii) in clause (ii)(II), by striking ''and each subsequent year'' and inserting '', 2017, and 2018''.

(B) CONTINUATION OF QUALITY MEASURES AND PROCESSES FOR MIPS.—Section 1848 of the Social Security Act (42 U.S.C. 1395w–4) is amended—

(i) in subsection (k), by adding at the end the following new paragraph:

''(9) CONTINUED APPLICATION FOR PURPOSES OF MIPS AND FOR CERTAIN PROFESSIONALS VOLUNTEERING TO REPORT.—The Secretary shall, in accordance with subsection (q)(1)(F), carry out the provisions of this subsection—

''(A) for purposes of subsection (q); and

''(B) for eligible professionals who are not MIPS eligible professionals (as defined in subsection (q)(1)(C)) for the year involved.''; and

(ii) in subsection (m)—

(I) by redesignating paragraph (7) added by section 10327(a) of Public Law 111–148 as paragraph (8); and

(II) by adding at the end the following new paragraph:

''(9) CONTINUED APPLICATION FOR PURPOSES OF MIPS AND FOR CERTAIN PROFESSIONALS VOLUNTEERING TO REPORT.—The Secretary shall, in accordance with subsection (q)(1)(F), carry out the processes under this subsection—

''(A) for purposes of subsection (q); and

''(B) for eligible professionals who are not MIPS eligible professionals (as defined in subsection (q)(1)(C)) for the year involved.''.

(3) VALUE-BASED PAYMENTS.—

(A) SUNSETTING SEPARATE VALUE-BASED PAYMENTS.—Clause (iii) of section 1848(p)(4)(B) of the Social Security Act (42 U.S.C. 1395w–4(p)(4)(B)) is amended to read as follows:

''(iii) APPLICATION.—The Secretary shall apply the payment modifier established under this subsection for items and services furnished on or after January 1, 2015, with respect to specific physicians and groups of physicians the Secretary determines appropriate, and for services furnished on or after January 1, 2017, with respect to all physicians and groups of physicians. Such payment modifier shall not be applied for items and services furnished on or after January 1, 2019.''.

(B) CONTINUATION OF VALUE-BASED PAYMENT MODIFIER MEASURES FOR MIPS.—Section 1848(p) of the Social Security Act (42 U.S.C. 1395w–4(p)) is amended—

(i) in paragraph (2), by adding at the end the following new subparagraph:

''(C) CONTINUED APPLICATION FOR PURPOSES OF MIPS.—The Secretary shall, in accordance with subsection (q)(1)(F), carry out subparagraph (B) for purposes of subsection (q).''; and

(ii) in paragraph (3), by adding at the end the following: ''With respect to 2019 and each subsequent year, the Secretary shall, in accordance with subsection (q)(1)(F), carry out this paragraph for purposes of subsection (q).''.

(c) MERIT-BASED INCENTIVE PAYMENT SYSTEM.—

(1) IN GENERAL.—Section 1848 of the Social Security Act (42 U.S.C. 1395w–4) is amended by adding at the end the following new subsection:

''(q) MERIT-BASED INCENTIVE PAYMENT SYSTEM.—

''(1) ESTABLISHMENT.—

''(A) IN GENERAL.—Subject to the succeeding provisions of this subsection, the Secretary shall establish an eligible professional Merit-based Incentive Payment System (in this subsection referred to as the 'MIPS') under which the Secretary shall—

''(i) develop a methodology for assessing the total performance of each MIPS eligible professional according to performance standards under paragraph (3) for a performance period (as established under paragraph (4)) for a year;

''(ii) using such methodology, provide for a composite performance score in accordance with paragraph (5) for each such professional for each performance period; and

''(iii) use such composite performance score of the MIPS eligible professional for a performance period for a year to determine and apply a MIPS adjustment factor (and, as applicable, an additional MIPS adjustment factor) under paragraph (6) to the professional for the year.

Notwithstanding subparagraph (C)(ii), under the MIPS, the Secretary shall permit any eligible professional (as defined in subsection (k)(3)(B)) to report on applicable measures and activities described in paragraph (2)(B).

''(B) PROGRAM IMPLEMENTATION.—The MIPS shall apply to payments for items and services furnished on or after January 1, 2019.

''(C) MIPS ELIGIBLE PROFESSIONAL DEFINED.—

''(i) IN GENERAL.—For purposes of this subsection, subject to clauses (ii) and (iv), the term 'MIPS eligible professional' means—

''(I) for the first and second years for which the MIPS applies to payments (and for the performance period for such first and second year), a physician (as defined in section 1861(r)), a physician assistant, nurse practitioner, and clinical nurse specialist (as such terms are defined in section 1861(aa)(5)), a certified registered nurse anesthetist (as defined in section 1861(bb)(2)), and a group that includes such professionals; and

''(II) for the third year for which the MIPS applies to payments (and for the performance period for such third year) and for each succeeding year (and for the performance period for each such year), the professionals described in subclause (I), such other eligible professionals (as defined in subsection (k)(3)(B)) as specified by the Secretary, and a group that includes such professionals.

''(ii) EXCLUSIONS.—For purposes of clause (i), the term 'MIPS eligible professional' does not include, with respect to a year, an eligible professional (as defined in subsection (k)(3)(B)) who—

''(I) is a qualifying APM participant (as defined in section 1833(z)(2));

''(II) subject to clause (vii), is a partial qualifying APM participant (as defined in clause (iii)) for the most recent period for which data are available and who, for the performance period with respect to such year, does not report on applicable measures and activities described in paragraph (2)(B) that are required to be reported by such a professional under the MIPS; or

''(III) for the performance period with respect to such year, does not exceed the low-

volume threshold measurement selected under clause (iv).

''(iii) PARTIAL QUALIFYING APM PARTICIPANT.—For purposes of this subparagraph, the term 'partial qualifying APM participant' means, with respect to a year, an eligible professional for whom the Secretary determines the minimum payment percentage (or percentages), as applicable, described in paragraph (2) of section 1833(z) for such year have not been satisfied, but who would be considered a qualifying APM participant (as defined in such paragraph) for such year if—

''(I) with respect to 2019 and 2020, the reference in subparagraph (A) of such paragraph to 25 percent was instead a reference to 20 percent;

''(II) with respect to 2021 and 2022—

''(aa) the reference in subparagraph (B)(i) of such paragraph to 50 percent was instead a reference to 40 percent; and

''(bb) the references in subparagraph (B)(ii) of such paragraph to 50 percent and 25 percent of such paragraph were instead references to 40 percent and 20 percent, respectively; and

''(III) with respect to 2023 and subsequent years—

''(aa) the reference in subparagraph (C)(i) of such paragraph to 75 percent was instead a reference to 50 percent; and

''(bb) the references in subparagraph (C)(ii) of such paragraph to 75 percent and 25 percent of such paragraph were instead references to 50 percent and 20 percent, respectively.

''(iv) SELECTION OF LOW-VOLUME THRESHOLD MEASUREMENT.—The Secretary shall select a low-volume threshold to apply for purposes of clause (ii)(III), which may include one or more or a combination of the following:

''(I) The minimum number (as determined by the Secretary) of individuals enrolled under this part who are treated by the eligible professional for the performance period involved.

''(II) The minimum number (as determined by the Secretary) of items and services furnished to individuals enrolled under this part by such professional for such performance period.

''(III) The minimum amount (as determined by the Secretary) of allowed charges billed by such professional under this part for such performance period.

''(v) TREATMENT OF NEW MEDICARE ENROLLED ELIGIBLE PROFESSIONALS.—In the case of a professional who first becomes a Medicare enrolled eligible professional during the performance period for a year (and had not previously submitted claims under this title such as a person, an entity, or a part of a physician group or under a different billing number or tax identifier), such professional shall not be treated under this subsection as a MIPS eligible professional until the subsequent year and performance period for such subsequent year.

''(vi) CLARIFICATION.—In the case of items and services furnished during a year by an individual who is not a MIPS eligible professional (including pursuant to clauses (ii) and (v)) with respect to a year, in no case shall a MIPS adjustment factor (or additional MIPS adjustment factor) under paragraph (6) apply to such individual for such year.

''(vii) PARTIAL QUALIFYING APM PARTICIPANT CLARIFICATIONS.—

''(I) TREATMENT AS MIPS ELIGIBLE PROFESSIONAL.—In the case of an eligible professional who is a partial qualifying APM participant, with respect to a year, and who, for the performance period for such year, reports on applicable measures and activities described in paragraph (2)(B) that are required to be reported by such a professional under the MIPS, such eligible professional is considered to be a MIPS eligible professional with respect to such year.

''(II) NOT ELIGIBLE FOR QUALIFYING APM PARTICIPANT PAYMENTS.—In no case shall an eligible professional who is a partial qualifying APM participant, with respect to a year, be considered a qualifying APM participant (as defined in paragraph (2) of section 1833(z)) for such year or be eligible for the additional payment under paragraph (1) of such section for such year.

''(D) APPLICATION TO GROUP PRACTICES.—

''(i) IN GENERAL.—Under the MIPS:

''(I) QUALITY PERFORMANCE CATEGORY.—The Secretary shall establish and apply a process that includes features of the provisions of subsection (m)(3)(C) for MIPS eligible professionals in a group practice with respect to assessing performance of such group with respect to the performance category described in clause (i) of paragraph (2)(A).

''(II) OTHER PERFORMANCE CATEGORIES.—The Secretary may establish and apply a process that includes features of the provisions of subsection (m)(3)(C) for MIPS eligible professionals in a group practice with respect to assessing the performance of such group with respect to the performance categories described in clauses (ii) through (iv) of such paragraph.

''(ii) ENSURING COMPREHENSIVENESS OF GROUP PRACTICE ASSESSMENT.—The process established under clause (i) shall to the extent practicable reflect the range of items and services furnished by the MIPS eligible professionals in the group practice involved.

''(E) USE OF REGISTRIES.—Under the MIPS, the Secretary shall encourage the use of qualified clinical data registries pursuant to subsection (m)(3)(E) in carrying out this subsection.

''(F) APPLICATION OF CERTAIN PROVISIONS.—In applying a provision of subsection (k), (m), (o), or (p) for purposes of this subsection, the Secretary shall—

''(i) adjust the application of such provision to ensure the provision is consistent with the provisions of this subsection; and

''(ii) not apply such provision to the extent that the provision is duplicative with a provision of this subsection.

''(G) ACCOUNTING FOR RISK FACTORS.—

''(i) RISK FACTORS.—Taking into account the relevant studies conducted and recommendations made in reports under section 2(d) of the Improving Medicare Post-Acute Care Transformation Act of 2014, and, as appropriate, other information, including information collected before completion of such studies and recommendations, the Secretary, on an ongoing basis, shall, as the Secretary determines appropriate and based on an individual's health status and other risk factors—

''(I) assess appropriate adjustments to quality measures, resource use measures, and other measures used under the MIPS; and

''(II) assess and implement appropriate adjustments to payment adjustments, composite performance scores, scores for performance categories, or scores for measures or activities under the MIPS.

''(2) MEASURES AND ACTIVITIES UNDER PERFORMANCE CATEGORIES.—

''(A) PERFORMANCE CATEGORIES.—Under the MIPS, the Secretary shall use the following performance categories (each of which is referred to in this subsection as a performance category) in determining the composite performance score under paragraph (5):

''(i) Quality.

''(ii) Resource use.

''(iii) Clinical practice improvement activities.

''(iv) Meaningful use of certified EHR technology.

''(B) MEASURES AND ACTIVITIES SPECIFIED FOR EACH CATEGORY.—For purposes of paragraph (3)(A) and subject to subparagraph (C), measures and activities specified for a performance period (as established under paragraph (4)) for a year are as follows:

''(i) QUALITY.—For the performance category described in subparagraph (A)(i), the quality measures included in the final measures list published under subparagraph (D)(i) for such year and the list of quality measures described in subparagraph (D)(vi) used by qualified clinical data registries under subsection (m)(3)(E).

''(ii) RESOURCE USE.—For the performance category described in subparagraph (A)(ii), the measurement of resource use for such period under subsection (p)(3), using the methodology under subsection (r) as appropriate, and, as feasible and applicable, accounting for the cost of drugs under part D.

''(iii) CLINICAL PRACTICE IMPROVEMENT ACTIVITIES.—For the performance category described in subparagraph (A)(iii), clinical practice improvement activities (as defined in subparagraph (C)(v)(III)) under subcategories specified by the Secretary for such period, which shall include at least the following:

''(I) The subcategory of expanded practice access, such as same day appointments for urgent needs and after hours access to clinician advice.

''(II) The subcategory of population management, such as monitoring health conditions of individuals to provide timely health care interventions or participation in a qualified clinical data registry.

''(III) The subcategory of care coordination, such as timely communication of test results, timely exchange of clinical information to patients and other providers, and use of remote monitoring or telehealth.

''(IV) The subcategory of beneficiary engagement, such as the establishment of care plans for individuals with complex care needs, beneficiary self-management assessment and training, and using shared decision-making mechanisms.

''(V) The subcategory of patient safety and practice assessment, such as through use of clinical or surgical checklists and practice assessments related to maintaining certification.

''(VI) The subcategory of participation in an alternative payment model (as defined in section 1833(z)(3)(C)).

In establishing activities under this clause, the Secretary shall give consideration to the circumstances of small practices (consisting of 15 or fewer professionals) and practices located in rural areas and in health professional shortage areas (as designated under section 332(a)(1)(A) of the Public Health Service Act).

''(iv) MEANINGFUL EHR USE.—For the performance category described in subparagraph (A)(iv), the requirements established for such period under subsection (o)(2) for determining whether an eligible professional is a meaningful EHR user.

''(C) ADDITIONAL PROVISIONS.—

''(i) EMPHASIZING OUTCOME MEASURES UNDER THE QUALITY PERFORMANCE CATEGORY.—In applying subparagraph (B)(i), the Secretary shall, as feasible, emphasize the application of outcome measures.

''(ii) APPLICATION OF ADDITIONAL SYSTEM MEASURES.—The Secretary may use measures used for a payment system other than for physicians, such as measures for inpatient hospitals, for purposes of the performance categories described in clauses (i) and (ii) of subparagraph (A). For purposes of the previous sentence, the Secretary may not

use measures for hospital outpatient departments, except in the case of items and services furnished by emergency physicians, radiologists, and anesthesiologists.

''(iii) GLOBAL AND POPULATION-BASED MEASURES.—The Secretary may use global measures, such as global outcome measures, and population-based measures for purposes of the performance category described in subparagraph (A)(i).

''(iv) APPLICATION OF MEASURES AND ACTIVITIES TO NON-PATIENT-FACING PROFESSIONALS.—In carrying out this paragraph, with respect to measures and activities specified in subparagraph (B) for performance categories described in subparagraph (A), the Secretary—

''(I) shall give consideration to the circumstances of professional types (or subcategories of those types determined by practice characteristics) who typically furnish services that do not involve face-to-face interaction with a patient; and

''(II) may, to the extent feasible and appropriate, take into account such circumstances and apply under this subsection with respect to MIPS eligible professionals of such professional types or subcategories, alternative measures or activities that fulfill the goals of the applicable performance category.

In carrying out the previous sentence, the Secretary shall consult with professionals of such professional types or subcategories.

''(v) CLINICAL PRACTICE IMPROVEMENT ACTIVITIES.—

''(I) REQUEST FOR INFORMATION.—In initially applying subparagraph (B)(iii), the Secretary shall use a request for information to solicit recommendations from stakeholders to identify activities described in such subparagraph and specifying criteria for such activities.

''(II) CONTRACT AUTHORITY FOR CLINICAL PRACTICE IMPROVEMENT ACTIVITIES PERFORMANCE CATEGORY.—In applying subparagraph (B)(iii), the Secretary may contract with entities to assist the Secretary in—

''(aa) identifying activities described in subparagraph (B)(iii);

''(bb) specifying criteria for such activities; and

''(cc) determining whether a MIPS eligible professional meets such criteria.

''(III) CLINICAL PRACTICE IMPROVEMENT ACTIVITIES DEFINED.—For purposes of this subsection, the term 'clinical practice improvement activity' means an activity that relevant eligible professional organizations and other relevant stakeholders identify as improving clinical practice or care delivery and that the Secretary determines, when effectively executed, is likely to result in improved outcomes.

''(D) ANNUAL LIST OF QUALITY MEASURES AVAILABLE FOR MIPS ASSESSMENT.—

''(i) IN GENERAL.—Under the MIPS, the Secretary, through notice and comment rulemaking and subject to the succeeding clauses of this subparagraph, shall, with respect to the performance period for a year, establish an annual final list of quality measures from which MIPS eligible professionals may choose for purposes of assessment under this subsection for such performance period. Pursuant to the previous sentence, the Secretary shall—

''(I) not later than November 1 of the year prior to the first day of the first performance period under the MIPS, establish and publish in the Federal Register a final list of quality measures; and

''(II) not later than November 1 of the year prior to the first day of each subsequent performance period, update the final list of quality measures from the previous year (and publish such updated final list in the Federal Register), by—

''(aa) removing from such list, as appropriate, quality measures, which may include the removal of measures that are no longer meaningful (such as measures that are topped out);

''(bb) adding to such list, as appropriate, new quality measures; and

''(cc) determining whether or not quality measures on such list that have undergone substantive changes should be included in the updated list.

''(ii) CALL FOR QUALITY MEASURES.—

''(I) IN GENERAL.—Eligible professional organizations and other relevant stakeholders shall be requested to identify and submit quality measures to be considered for selection under this subparagraph in the annual list of quality measures published under clause (i) and to identify and submit updates to the measures on such list. For purposes of the previous sentence, measures may be submitted regardless of whether such measures were previously published in a proposed rule or endorsed by an entity with a contract under section 1890(a).

''(II) ELIGIBLE PROFESSIONAL ORGANIZATION DEFINED.—In this subparagraph, the term 'eligible professional organization' means a professional organization as defined by nationally recognized specialty boards of certification or equivalent certification boards.

''(iii) REQUIREMENTS.—In selecting quality measures for inclusion in the annual final list under clause (i), the Secretary shall—

''(I) provide that, to the extent practicable, all quality domains (as defined in subsection (s)(1)(B)) are addressed by such measures; and

''(II) ensure that such selection is consistent with the process for selection of measures under subsections (k), (m), and (p)(2).

''(iv) PEER REVIEW.—Before including a new measure in the final list of measures published under clause (i) for a year, the Secretary shall submit for publication in applicable specialty-appropriate, peer-reviewed journals such measure and the method for developing and selecting such measure, including clinical and other data supporting such measure.

''(v) MEASURES FOR INCLUSION.—The final list of quality measures published under clause (i) shall include, as applicable, measures under subsections (k), (m), and (p)(2), including quality measures from among—

''(I) measures endorsed by a consensus-based entity;

''(II) measures developed under subsection (s); and

''(III) measures submitted under clause (ii)(I).

Any measure selected for inclusion in such list that is not endorsed by a consensus-based entity shall have a focus that is evidence-based.

''(vi) EXCEPTION FOR QUALIFIED CLINICAL DATA REGISTRY MEASURES.—Measures used by a qualified clinical data registry under subsection (m)(3)(E) shall not be subject to the requirements under clauses (i), (iv), and (v). The Secretary shall publish the list of measures used by such qualified clinical data registries on the Internet website of the Centers for Medicare & Medicaid Services.

''(vii) EXCEPTION FOR EXISTING QUALITY MEASURES.—Any quality measure specified by the Secretary under subsection (k) or (m), including under subsection (m)(3)(E), and any measure of quality of care established under subsection (p)(2) for the reporting period or performance period under the respective subsection beginning before the first performance period under the MIPS—

''(I) shall not be subject to the requirements under clause (i) (except under items (aa) and (cc) of subclause (II) of such clause) or to the requirement under clause (iv); and

''(II) shall be included in the final list of quality measures published under clause (i) unless removed under clause (i)(II)(aa).

''(viii) CONSULTATION WITH RELEVANT ELIGIBLE PROFESSIONAL ORGANIZATIONS AND OTHER RELEVANT STAKEHOLDERS.—Relevant eligible professional organizations and other relevant stakeholders, including State and national medical societies, shall be consulted in carrying out this subparagraph.

''(ix) OPTIONAL APPLICATION.—The process under section 1890A is not required to apply to the selection of measures under this subparagraph.

''(3) PERFORMANCE STANDARDS.—

''(A) ESTABLISHMENT.—Under the MIPS, the Secretary shall establish performance standards with respect to measures and activities specified under paragraph (2)(B) for a performance period (as established under paragraph (4)) for a year.

''(B) CONSIDERATIONS IN ESTABLISHING STANDARDS.—In establishing such performance standards with respect to measures and activities specified under paragraph (2)(B), the Secretary shall consider the following:

''(i) Historical performance standards.

''(ii) Improvement.

''(iii) The opportunity for continued improvement.

''(4) PERFORMANCE PERIOD.—The Secretary shall establish a performance period (or periods) for a year (beginning with 2019). Such performance period (or periods) shall begin and end prior to the beginning of such year and be as close as possible to such year. In this subsection, such performance period (or periods) for a year shall be referred to as the performance period for the year.

''(5) COMPOSITE PERFORMANCE SCORE.—

''(A) IN GENERAL.—Subject to the succeeding provisions of this paragraph and taking into account, as available and applicable, paragraph (1)(G), the Secretary shall develop a methodology for assessing the total performance of each MIPS eligible professional according to performance standards under paragraph (3) with respect to applicable measures and activities specified in paragraph (2)(B) with respect to each performance category applicable to such professional for a performance period (as established under paragraph (4)) for a year. Using such methodology, the Secretary shall provide for a composite assessment (using a scoring scale of 0 to 100) for each such professional for the performance period for such year. In this subsection such a composite assessment for such a professional with respect to a performance period shall be referred to as the 'composite performance score' for such professional for such performance period.

''(B) INCENTIVE TO REPORT; ENCOURAGING USE OF CERTIFIED EHR TECHNOLOGY FOR REPORTING QUALITY MEASURES.—

''(i) INCENTIVE TO REPORT.—Under the methodology established under subparagraph (A), the Secretary shall provide that in the case of a MIPS eligible professional who fails to report on an applicable measure or activity that is required to be reported by the professional, the professional shall be treated as achieving the lowest potential score applicable to such measure or activity.

''(ii) ENCOURAGING USE OF CERTIFIED EHR TECHNOLOGY AND QUALIFIED CLINICAL DATA REGISTRIES FOR REPORTING QUALITY MEASURES.—Under the methodology established under subparagraph (A), the Secretary shall—

''(I) encourage MIPS eligible professionals to report on applicable measures with respect to the performance category described in paragraph (2)(A)(i) through the use of certified EHR technology and qualified clinical data registries; and

''(II) with respect to a performance period, with respect to a year, for which a MIPS eligible professional reports such measures through the use of such EHR technology, treat such professional as satisfying the clinical quality measures reporting requirement described in subsection (o)(2)(A)(iii) for such year.

''(C) CLINICAL PRACTICE IMPROVEMENT ACTIVITIES PERFORMANCE SCORE.—

''(i) RULE FOR CERTIFICATION.—A MIPS eligible professional who is in a practice that is certified as a patient-centered medical home or comparable specialty practice, as determined by the Secretary, with respect to a performance period shall be given the highest potential score for the performance category described in paragraph (2)(A)(iii) for such period.

''(ii) APM PARTICIPATION.—Participation by a MIPS eligible professional in an alternative payment model (as defined in section 1833(z)(3)(C)) with respect to a performance period shall earn such eligible professional a minimum score of one-half of the highest potential score for the performance category described in paragraph (2)(A)(iii) for such performance period.

''(iii) SUBCATEGORIES.—A MIPS eligible professional shall not be required to perform activities in each subcategory under paragraph (2)(B)(iii) or participate in an alternative payment model in order to achieve the highest potential score for the performance category described in paragraph (2)(A)(iii).

''(D) ACHIEVEMENT AND IMPROVEMENT.—

''(i) TAKING INTO ACCOUNT IMPROVEMENT.—Beginning with the second year to which the MIPS applies, in addition to the achievement of a MIPS eligible professional, if data sufficient to measure improvement is available, the methodology developed under subparagraph (A)—

''(I) in the case of the performance score for the performance category described in clauses (i) and (ii) of paragraph (2)(A), shall take into account the improvement of the professional; and

''(II) in the case of performance scores for other performance categories, may take into account the improvement of the professional.

''(ii) ASSIGNING HIGHER WEIGHT FOR ACHIEVEMENT.—Subject to clause (i), under the methodology developed under subparagraph (A), the Secretary may assign a higher scoring weight under subparagraph (F) with respect to the achievement of a MIPS eligible professional than with respect to any improvement of such professional applied under clause (i) with respect to a measure, activity, or category described in paragraph (2).

''(E) WEIGHTS FOR THE PERFORMANCE CATEGORIES.—

''(i) IN GENERAL.—Under the methodology developed under subparagraph (A), subject to subparagraph (F)(i) and clause (ii), the composite performance score shall be determined as follows:

''(I) QUALITY.—

''(aa) IN GENERAL.—Subject to item (bb), thirty percent of such score shall be based on performance with respect to the category described in clause (i) of paragraph (2)(A). In applying the previous sentence, the Secretary shall, as feasible, encourage the application of outcome measures within such category.

''(bb) FIRST 2 YEARS.—For the first and second years for which the MIPS applies to payments, the percentage applicable under item (aa) shall be increased in a manner such that the total percentage points of the increase under this item for the respective year equals the total number of percentage points by which the percentage applied under subclause (II)(bb) for the respective year is less than 30 percent.

''(II) RESOURCE USE.—

''(aa) IN GENERAL.—Subject to item (bb), thirty percent of such score shall be based on performance with respect to the category described in clause (ii) of paragraph (2)(A).

''(bb) FIRST 2 YEARS.—For the first year for which the MIPS applies to payments, not more than 10 percent of such score shall be based on performance with respect to the category described in clause (ii) of paragraph (2)(A). For the second year for which the MIPS applies to payments, not more than 15 percent of such score shall be based on performance with respect to the category described in clause (ii) of paragraph (2)(A).

''(III) CLINICAL PRACTICE IMPROVEMENT ACTIVITIES.—Fifteen percent of such score shall be based on performance with respect to the category described in clause (iii) of paragraph (2)(A).

''(IV) MEANINGFUL USE OF CERTIFIED EHR TECHNOLOGY.—Twenty-five percent of such score shall be based on performance with respect to the category described in clause (iv) of paragraph (2)(A).

''(ii) AUTHORITY TO ADJUST PERCENTAGES IN CASE OF HIGH EHR MEANINGFUL USE ADOPTION.—In any year in which the Secretary estimates that the proportion of eligible professionals (as defined in subsection (o)(5)) who are meaningful EHR users (as determined under subsection (o)(2)) is 75 percent or greater, the Secretary may reduce the percent applicable under clause (i)(IV), but not below 15 percent. If the Secretary makes such reduction for a year, subject to subclauses (I)(bb) and (II)(bb) of clause (i), the percentages applicable under one or more of subclauses (I), (II), and (III) of clause (i) for such year shall be increased in a manner such that the total percentage points of the increase under this clause for such year equals the total number of percentage points reduced under the preceding sentence for such year.

''(F) CERTAIN FLEXIBILITY FOR WEIGHTING PERFORMANCE CATEGORIES, MEASURES, AND ACTIVITIES.—Under the methodology under subparagraph (A), if there are not sufficient measures and activities (described in paragraph (2)(B)) applicable and available to each type of eligible professional involved, the Secretary shall assign different scoring weights (including a weight of 0)—

''(i) which may vary from the scoring weights specified in subparagraph (E), for each performance category based on the extent to which the category is applicable to the type of eligible professional involved; and

''(ii) for each measure and activity specified under paragraph (2)(B) with respect to each such category based on the extent to which the measure or activity is applicable and available to the type of eligible professional involved.

''(G) RESOURCE USE.—Analysis of the performance category described in paragraph (2)(A)(ii) shall include results from the methodology described in subsection (r)(5), as appropriate.

''(H) INCLUSION OF QUALITY MEASURE DATA FROM OTHER PAYERS.—In applying subsections (k), (m), and (p) with respect to measures described in paragraph (2)(B)(i), analysis of the performance category described in paragraph (2)(A)(i) may include data submitted by MIPS eligible professionals with respect to items and services furnished to individuals who are not individuals entitled to benefits under part A or enrolled under part B.

''(I) USE OF VOLUNTARY VIRTUAL GROUPS FOR CERTAIN ASSESSMENT PURPOSES.—

''(i) IN GENERAL.—In the case of MIPS eligible professionals electing to be a virtual group under clause (ii) with respect to a performance period for a year, for purposes of applying the methodology under subparagraph (A) with respect to the performance categories described in clauses (i) and (ii) of paragraph (2)(A)—

''(I) the assessment of performance provided under such methodology with respect to such performance categories that is to be applied to each such professional in such group for such performance period shall be with respect to the combined performance of all such professionals in such group for such period; and

''(II) with respect to the composite performance score provided under this paragraph for such performance period for each such MIPS eligible professional in such virtual group, the components of the composite performance score that assess performance with respect to such performance categories shall be based on the assessment of the combined performance under subclause (I) for such performance categories and performance period.

''(ii) ELECTION OF PRACTICES TO BE A VIRTUAL GROUP.—The Secretary shall, in accordance with the requirements under clause (iii), establish and have in place a process to allow an individual MIPS eligible professional or a group practice consisting of not more than 10 MIPS eligible professionals to elect, with respect to a performance period for a year to be a virtual group under this subparagraph with at least one other such individual MIPS eligible professional or group practice. Such a virtual group may be based on appropriate classifications of providers, such as by geographic areas or by provider specialties defined by nationally recognized specialty boards of certification or equivalent certification boards.

''(iii) REQUIREMENTS.—The requirements for the process under clause (ii) shall—

''(I) provide that an election under such clause, with respect to a performance period, shall be made before the beginning of such performance period and may not be changed during such performance period;

''(II) provide that an individual MIPS eligible professional and a group practice described in clause (ii) may elect to be in no more than one virtual group for a performance period and that, in the case of such a group practice that elects to be in such virtual group for such performance period, such election applies to all MIPS eligible professionals in such group practice;

''(III) provide that a virtual group be a combination of tax identification numbers;

''(IV) provide for formal written agreements among MIPS eligible professionals electing to be a virtual group under this subparagraph; and

''(V) include such other requirements as the Secretary determines appropriate.

''(6) MIPS PAYMENTS.—

''(A) MIPS ADJUSTMENT FACTOR.—Taking into account paragraph (1)(G), the Secretary shall specify a MIPS adjustment factor for each MIPS eligible professional for a year. Such MIPS adjustment factor for a MIPS eligible professional for a year shall be in the form of a percent and shall be determined—

''(i) by comparing the composite performance score of the eligible professional for such year to the performance threshold established under subparagraph (D)(i) for such year;

''(ii) in a manner such that the adjustment factors specified under this subparagraph for a year result in differential payments under this paragraph reflecting that—

''(I) MIPS eligible professionals with composite performance scores for such year at or above such performance threshold for such year receive zero or positive payment adjustment factors for such year in accordance

with clause (iii), with such professionals having higher composite performance scores receiving higher adjustment factors; and

''(II) MIPS eligible professionals with composite performance scores for such year below such performance threshold for such year receive negative payment adjustment factors for such year in accordance with clause (iv), with such professionals having lower composite performance scores receiving lower adjustment factors;

''(iii) in a manner such that MIPS eligible professionals with composite scores described in clause (ii)(I) for such year, subject to clauses (i) and (ii) of subparagraph (F), receive a zero or positive adjustment factor on a linear sliding scale such that an adjustment factor of 0 percent is assigned for a score at the performance threshold and an adjustment factor of the applicable percent specified in subparagraph (B) is assigned for a score of 100; and

''(iv) in a manner such that—

''(I) subject to subclause (II), MIPS eligible professionals with composite performance scores described in clause (ii)(II) for such year receive a negative payment adjustment factor on a linear sliding scale such that an adjustment factor of 0 percent is assigned for a score at the performance threshold and an adjustment factor of the negative of the applicable percent specified in subparagraph (B) is assigned for a score of 0; and

''(II) MIPS eligible professionals with composite performance scores that are equal to or greater than 0, but not greater than ¼ of the performance threshold specified under subparagraph (D)(i) for such year, receive a negative payment adjustment factor that is equal to the negative of the applicable percent specified in subparagraph (B) for such year.

''(B) APPLICABLE PERCENT DEFINED.—For purposes of this paragraph, the term 'applicable percent' means—

''(i) for 2019, 4 percent;

''(ii) for 2020, 5 percent;

''(iii) for 2021, 7 percent; and

''(iv) for 2022 and subsequent years, 9 percent.

''(C) ADDITIONAL MIPS ADJUSTMENT FACTORS FOR EXCEPTIONAL PERFORMANCE.—For 2019 and each subsequent year through 2024, in the case of a MIPS eligible professional with a composite performance score for a year at or above the additional performance threshold under subparagraph (D)(ii) for such year, in addition to the MIPS adjustment factor under subparagraph (A) for the eligible professional for such year, subject to subparagraph (F)(iv), the Secretary shall specify an additional positive MIPS adjustment factor for such professional and year. Such additional MIPS adjustment factors shall be in the form of a percent and determined by the Secretary in a manner such that professionals having higher composite performance scores above the additional performance threshold receive higher additional MIPS adjustment factors.

''(D) ESTABLISHMENT OF PERFORMANCE THRESHOLDS.—

''(i) PERFORMANCE THRESHOLD.—For each year of the MIPS, the Secretary shall compute a performance threshold with respect to which the composite performance score of MIPS eligible professionals shall be compared for purposes of determining adjustment factors under subparagraph (A) that are positive, negative, and zero. Such performance threshold for a year shall be the mean or median (as selected by the Secretary) of the composite performance scores for all MIPS eligible professionals with respect to a prior period specified by the Secretary. The Secretary may reassess the selection of the mean or median under the previous sentence every 3 years.

''(ii) ADDITIONAL PERFORMANCE THRESHOLD FOR EXCEPTIONAL PERFORMANCE.—In addition to the performance threshold under clause (i), for each year of the MIPS, the Secretary shall compute an additional performance threshold for purposes of determining the additional MIPS adjustment factors under subparagraph (C). For each such year, the Secretary shall apply either of the following methods for computing such additional performance threshold for such a year:

''(I) The threshold shall be the score that is equal to the 25th percentile of the range of possible composite performance scores above the performance threshold determined under clause (i).

''(II) The threshold shall be the score that is equal to the 25th percentile of the actual composite performance scores for MIPS eligible professionals with composite performance scores at or above the performance threshold with respect to the prior period described in clause (i).

''(iii) SPECIAL RULE FOR INITIAL 2 YEARS.—With respect to each of the first two years to which the MIPS applies, the Secretary shall, prior to the performance period for such years, establish a performance threshold for purposes of determining MIPS adjustment factors under subparagraph (A) and a threshold for purposes of determining additional MIPS adjustment factors under subparagraph (C). Each such performance threshold shall—

''(I) be based on a period prior to such performance periods; and

''(II) take into account—

''(aa) data available with respect to performance on measures and activities that may be used under the performance categories under subparagraph (2)(B); and

''(bb) other factors determined appropriate by the Secretary.

''(E) APPLICATION OF MIPS ADJUSTMENT FACTORS.—In the case of items and services furnished by a MIPS eligible professional during a year (beginning with 2019), the amount otherwise paid under this part with respect to such items and services and MIPS eligible professional for such year, shall be multiplied by—

''(i) 1, plus

''(ii) the sum of—

''(I) the MIPS adjustment factor determined under subparagraph (A) divided by 100, and

''(II) as applicable, the additional MIPS adjustment factor determined under subparagraph (C) divided by 100.

''(F) AGGREGATE APPLICATION OF MIPS ADJUSTMENT FACTORS.—

''(i) APPLICATION OF SCALING FACTOR.—

''(I) IN GENERAL.—With respect to positive MIPS adjustment factors under subparagraph (A)(ii)(I) for eligible professionals whose composite performance score is above the performance threshold under subparagraph (D)(i) for such year, subject to subclause (II), the Secretary shall increase or decrease such adjustment factors by a scaling factor in order to ensure that the budget neutrality requirement of clause (ii) is met.

''(II) SCALING FACTOR LIMIT.—In no case may the scaling factor applied under this clause exceed 3.0.

''(ii) BUDGET NEUTRALITY REQUIREMENT.—

''(I) IN GENERAL.—Subject to clause (iii), the Secretary shall ensure that the estimated amount described in subclause (II) for a year is equal to the estimated amount described in subclause (III) for such year.

''(II) AGGREGATE INCREASES.—The amount described in this subclause is the estimated increase in the aggregate allowed charges resulting from the application of positive MIPS adjustment factors under subparagraph (A) (after application of the scaling factor described in clause (i)) to MIPS eligible professionals whose composite performance score for a year is above the performance threshold under subparagraph (D)(i) for such year.

''(III) AGGREGATE DECREASES.—The amount described in this subclause is the estimated decrease in the aggregate allowed charges resulting from the application of negative MIPS adjustment factors under subparagraph (A) to MIPS eligible professionals whose composite performance score for a year is below the performance threshold under subparagraph (D)(i) for such year.

''(iii) EXCEPTIONS.—

''(I) In the case that all MIPS eligible professionals receive composite performance scores for a year that are below the performance threshold under subparagraph (D)(i) for such year, the negative MIPS adjustment factors under subparagraph (A) shall apply with respect to such MIPS eligible professionals and the budget neutrality requirement of clause (ii) and the additional adjustment factors under clause (iv) shall not apply for such year.

''(II) In the case that, with respect to a year, the application of clause (i) results in a scaling factor equal to the maximum scaling factor specified in clause (i)(II), such scaling factor shall apply and the budget neutrality requirement of clause (ii) shall not apply for such year.

''(iv) ADDITIONAL INCENTIVE PAYMENT ADJUSTMENTS.—

''(I) IN GENERAL.—Subject to subclause (II), in specifying the MIPS additional adjustment factors under subparagraph (C) for each applicable MIPS eligible professional for a year, the Secretary shall ensure that the estimated aggregate increase in payments under this part resulting from the application of such additional adjustment factors for MIPS eligible professionals in a year shall be equal (as estimated by the Secretary) to $500,000,000 for each year beginning with 2019 and ending with 2024.

''(II) LIMITATION ON ADDITIONAL INCENTIVE PAYMENT ADJUSTMENTS.—The MIPS additional adjustment factor under subparagraph (C) for a year for an applicable MIPS eligible professional whose composite performance score is above the additional performance threshold under subparagraph (D)(ii) for such year shall not exceed 10 percent. The application of the previous sentence may result in an aggregate amount of additional incentive payments that are less than the amount specified in subclause (I).

''(7) ANNOUNCEMENT OF RESULT OF ADJUSTMENTS.—Under the MIPS, the Secretary shall, not later than 30 days prior to January 1 of the year involved, make available to MIPS eligible professionals the MIPS adjustment factor (and, as applicable, the additional MIPS adjustment factor) under paragraph (6) applicable to the eligible professional for items and services furnished by the professional for such year. The Secretary may include such information in the confidential feedback under paragraph (12).

''(8) NO EFFECT IN SUBSEQUENT YEARS.—The MIPS adjustment factors and additional MIPS adjustment factors under paragraph (6) shall apply only with respect to the year involved, and the Secretary shall not take into account such adjustment factors in making payments to a MIPS eligible professional under this part in a subsequent year.

''(9) PUBLIC REPORTING.—

''(A) IN GENERAL.—The Secretary shall, in an easily understandable format, make available on the Physician Compare Internet website of the Centers for Medicare & Medicaid Services the following:

''(i) Information regarding the performance of MIPS eligible professionals under the MIPS, which—

''(I) shall include the composite score for each such MIPS eligible professional and the performance of each such MIPS eligible professional with respect to each performance category; and

''(II) may include the performance of each such MIPS eligible professional with respect to each measure or activity specified in paragraph (2)(B).

''(ii) The names of eligible professionals in eligible alternative payment models (as defined in section 1833(z)(3)(D)) and, to the extent feasible, the names of such eligible alternative payment models and performance of such models.

''(B) DISCLOSURE.—The information made available under this paragraph shall indicate, where appropriate, that publicized information may not be representative of the eligible professional's entire patient population, the variety of services furnished by the eligible professional, or the health conditions of individuals treated.

''(C) OPPORTUNITY TO REVIEW AND SUBMIT CORRECTIONS.—The Secretary shall provide for an opportunity for a professional described in subparagraph (A) to review, and submit corrections for, the information to be made public with respect to the professional under such subparagraph prior to such information being made public.

''(D) AGGREGATE INFORMATION.—The Secretary shall periodically post on the Physician Compare Internet website aggregate information on the MIPS, including the range of composite scores for all MIPS eligible professionals and the range of the performance of all MIPS eligible professionals with respect to each performance category.

''(10) CONSULTATION.—The Secretary shall consult with stakeholders in carrying out the MIPS, including for the identification of measures and activities under paragraph (2)(B) and the methodologies developed under paragraphs (5)(A) and (6) and regarding the use of qualified clinical data registries. Such consultation shall include the use of a request for information or other mechanisms determined appropriate.

''(11) TECHNICAL ASSISTANCE TO SMALL PRACTICES AND PRACTICES IN HEALTH PROFESSIONAL SHORTAGE AREAS.—

''(A) IN GENERAL.—The Secretary shall enter into contracts or agreements with appropriate entities (such as quality improvement organizations, regional extension centers (as described in section 3012(c) of the Public Health Service Act), or regional health collaboratives) to offer guidance and assistance to MIPS eligible professionals in practices of 15 or fewer professionals (with priority given to such practices located in rural areas, health professional shortage areas (as designated under in section 332(a)(1)(A) of such Act), and medically underserved areas, and practices with low composite scores) with respect to—

''(i) the performance categories described in clauses (i) through (iv) of paragraph (2)(A); or

''(ii) how to transition to the implementation of and participation in an alternative payment model as described in section 1833(z)(3)(C).

''(B) FUNDING FOR TECHNICAL ASSISTANCE.—For purposes of implementing subparagraph (A), the Secretary shall provide for the transfer from the Federal Supplementary Medical Insurance Trust Fund established under section 1841 to the Centers for Medicare & Medicaid Services Program Management Account of $20,000,000 for each of fiscal years 2016 through 2020. Amounts transferred under this subparagraph for a fiscal year shall be available until expended.

''(12) FEEDBACK AND INFORMATION TO IMPROVE PERFORMANCE.—

''(A) PERFORMANCE FEEDBACK.—

''(i) IN GENERAL.—Beginning July 1, 2017, the Secretary—

''(I) shall make available timely (such as quarterly) confidential feedback to MIPS eligible professionals on the performance of such professionals with respect to the performance categories under clauses (i) and (ii) of paragraph (2)(A); and

''(II) may make available confidential feedback to such professionals on the performance of such professionals with respect to the performance categories under clauses (iii) and (iv) of such paragraph.

''(ii) MECHANISMS.—The Secretary may use one or more mechanisms to make feedback available under clause (i), which may include use of a web-based portal or other mechanisms determined appropriate by the Secretary. With respect to the performance category described in paragraph (2)(A)(i), feedback under this subparagraph shall, to the extent an eligible professional chooses to participate in a data registry for purposes of this subsection (including registries under subsections (k) and (m)), be provided based on performance on quality measures reported through the use of such registries. With respect to any other performance category described in paragraph (2)(A), the Secretary shall encourage provision of feedback through qualified clinical data registries as described in subsection (m)(3)(E)).

''(iii) USE OF DATA.—For purposes of clause (i), the Secretary may use data, with respect to a MIPS eligible professional, from periods prior to the current performance period and may use rolling periods in order to make illustrative calculations about the performance of such professional.

''(iv) DISCLOSURE EXEMPTION.—Feedback made available under this subparagraph shall be exempt from disclosure under section 552 of title 5, United States Code.

''(v) RECEIPT OF INFORMATION.—The Secretary may use the mechanisms established under clause (ii) to receive information from professionals, such as information with respect to this subsection.

''(B) ADDITIONAL INFORMATION.—

''(i) IN GENERAL.—Beginning July 1, 2018, the Secretary shall make available to MIPS eligible professionals information, with respect to individuals who are patients of such MIPS eligible professionals, about items and services for which payment is made under this title that are furnished to such individuals by other suppliers and providers of services, which may include information described in clause (ii). Such information may be made available under the previous sentence to such MIPS eligible professionals by mechanisms determined appropriate by the Secretary, which may include use of a web-based portal. Such information may be made available in accordance with the same or similar terms as data are made available to accountable care organizations participating in the shared savings program under section 1899.

''(ii) TYPE OF INFORMATION.—For purposes of clause (i), the information described in this clause, is the following:

''(I) With respect to selected items and services (as determined appropriate by the Secretary) for which payment is made under this title and that are furnished to individuals, who are patients of a MIPS eligible professional, by another supplier or provider of services during the most recent period for which data are available (such as the most recent three-month period), such as the name of such providers furnishing such items and services to such patients during such period, the types of such items and services so furnished, and the dates such items and services were so furnished.

''(II) Historical data, such as averages and other measures of the distribution if appropriate, of the total, and components of, allowed charges (and other figures as determined appropriate by the Secretary).

''(13) REVIEW.—

''(A) TARGETED REVIEW.—The Secretary shall establish a process under which a MIPS eligible professional may seek an informal review of the calculation of the MIPS adjustment factor (or factors) applicable to such eligible professional under this subsection for a year. The results of a review conducted pursuant to the previous sentence shall not be taken into account for purposes of paragraph (6) with respect to a year (other than with respect to the calculation of such eligible professional's MIPS adjustment factor for such year or additional MIPS adjustment factor for such year) after the factors determined in subparagraph (A) and subparagraph (C) of such paragraph have been determined for such year.

''(B) LIMITATION.—Except as provided for in subparagraph (A), there shall be no administrative or judicial review under section 1869, section 1878, or otherwise of the following:

''(i) The methodology used to determine the amount of the MIPS adjustment factor under paragraph (6)(A) and the amount of the additional MIPS adjustment factor under paragraph (6)(C) and the determination of such amounts.

''(ii) The establishment of the performance standards under paragraph (3) and the performance period under paragraph (4).

''(iii) The identification of measures and activities specified under paragraph (2)(B) and information made public or posted on the Physician Compare Internet website of the Centers for Medicare & Medicaid Services under paragraph (9).

''(iv) The methodology developed under paragraph (5) that is used to calculate performance scores and the calculation of such scores, including the weighting of measures and activities under such methodology.''.

(2) GAO REPORTS.—

(A) EVALUATION OF ELIGIBLE PROFESSIONAL MIPS.—Not later than October 1, 2021, the Comptroller General of the United States shall submit to Congress a report evaluating the eligible professional Merit-based Incentive Payment System under subsection (q) of section 1848 of the Social Security Act (42 U.S.C. 1395w–4), as added by paragraph (1). Such report shall—

(i) examine the distribution of the composite performance scores and MIPS adjustment factors (and additional MIPS adjustment factors) for MIPS eligible professionals (as defined in subsection (q)(1)(c) of such section) under such program, and patterns relating to such scores and adjustment factors, including based on type of provider, practice size, geographic location, and patient mix;

(ii) provide recommendations for improving such program;

(iii) evaluate the impact of technical assistance funding under section 1848(q)(11) of the Social Security Act, as added by paragraph (1), on the ability of professionals to improve within such program or successfully transition to an alternative payment model (as defined in section 1833(z)(3) of the Social Security Act, as added by subsection (e)), with priority for such evaluation given to practices located in rural areas, health professional shortage areas (as designated in section 332(a)(1)(A) of the Public Health Service Act), and medically underserved areas; and

(iv) provide recommendations for optimizing the use of such technical assistance funds.

(B) STUDY TO EXAMINE ALIGNMENT OF QUALITY MEASURES USED IN PUBLIC AND PRIVATE PROGRAMS.—

(i) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act,

the Comptroller General of the United States shall submit to Congress a report that—

(I) compares the similarities and differences in the use of quality measures under the original Medicare fee-for-service program under parts A and B of title XVIII of the Social Security Act, the Medicare Advantage program under part C of such title, selected State Medicaid programs under title XIX of such Act, and private payer arrangements; and

(II) makes recommendations on how to reduce the administrative burden involved in applying such quality measures.

(ii) REQUIREMENTS.—The report under clause (i) shall—

(I) consider those measures applicable to individuals entitled to, or enrolled for, benefits under such part A, or enrolled under such part B and individuals under the age of 65; and

(II) focus on those measures that comprise the most significant component of the quality performance category of the eligible professional MIPS incentive program under subsection (q) of section 1848 of the Social Security Act (42 U.S.C. 1395w–4), as added by paragraph (1).

(C) STUDY ON ROLE OF INDEPENDENT RISK MANAGERS.—Not later than January 1, 2017, the Comptroller General of the United States shall submit to Congress a report examining whether entities that pool financial risk for physician practices, such as independent risk managers, can play a role in supporting physician practices, particularly small physician practices, in assuming financial risk for the treatment of patients. Such report shall examine barriers that small physician practices currently face in assuming financial risk for treating patients, the types of risk management entities that could assist physician practices in participating in two-sided risk payment models, and how such entities could assist with risk management and with quality improvement activities. Such report shall also include an analysis of any existing legal barriers to such arrangements.

(D) STUDY TO EXAMINE RURAL AND HEALTH PROFESSIONAL SHORTAGE AREA ALTERNATIVE PAYMENT MODELS.—Not later than October 1, 2021, the Comptroller General of the United States shall submit to Congress a report that examines the transition of professionals in rural areas, health professional shortage areas (as designated in section 332(a)(1)(A) of the Public Health Service Act), or medically underserved areas to an alternative payment model (as defined in section 1833(z)(3) of the Social Security Act, as added by subsection (e)). Such report shall make recommendations for removing administrative barriers to practices, including small practices consisting of 15 or fewer professionals, in rural areas, health professional shortage areas, and medically underserved areas to participation in such models.

(3) FUNDING FOR IMPLEMENTATION.—For purposes of implementing the provisions of and the amendments made by this section, the Secretary of Health and Human Services shall provide for the transfer of $80,000,000 from the Supplementary Medical Insurance Trust Fund established under section 1841 of the Social Security Act (42 U.S.C. 1395t) to the Centers for Medicare & Medicaid Program Management Account for each of the fiscal years 2015 through 2019. Amounts transferred under this paragraph shall be available until expended.

(d) IMPROVING QUALITY REPORTING FOR COMPOSITE SCORES.—

(1) CHANGES FOR GROUP REPORTING OPTION.—

(A) IN GENERAL.—Section 1848(m)(3)(C)(ii) of the Social Security Act (42 U.S.C. 1395w–4(m)(3)(C)(ii)) is amended by inserting ''and, for 2016 and subsequent years, may provide'' after ''shall provide''.

(B) CLARIFICATION OF QUALIFIED CLINICAL DATA REGISTRY REPORTING TO GROUP PRACTICES.—Section 1848(m)(3)(D) of the Social Security Act (42 U.S.C. 1395w–4(m)(3)(D)) is amended by inserting ''and, for 2016 and subsequent years, subparagraph (A) or (C)'' after ''subparagraph (A)''.

(2) CHANGES FOR MULTIPLE REPORTING PERIODS AND ALTERNATIVE CRITERIA FOR SATISFACTORY REPORTING.—Section 1848(m)(5)(F) of the Social Security Act (42 U.S.C. 1395w–4(m)(5)(F)) is amended—

(A) by striking ''and subsequent years'' and inserting ''through reporting periods occurring in 2015''; and

(B) by inserting ''and, for reporting periods occurring in 2016 and subsequent years, the Secretary may establish'' after ''shall establish''.

(3) PHYSICIAN FEEDBACK PROGRAM REPORTS SUCCEEDED BY REPORTS UNDER MIPS.—Section 1848(n) of the Social Security Act (42 U.S.C. 1395w–4(n)) is amended by adding at the end the following new paragraph:

''(11) REPORTS ENDING WITH 2017.—Reports under the Program shall not be provided after December 31, 2017. See subsection (q)(12) for reports under the eligible professionals Merit-based Incentive Payment System.''.

(4) COORDINATION WITH SATISFYING MEANINGFUL EHR USE CLINICAL QUALITY MEASURE REPORTING REQUIREMENT.—Section 1848(o)(2)(A)(iii) of the Social Security Act (42 U.S.C. 1395w–4(o)(2)(A)(iii)) is amended by inserting ''and subsection (q)(5)(B)(ii)(II)'' after ''Subject to subparagraph (B)(ii)''.

(e) PROMOTING ALTERNATIVE PAYMENT MODELS.—

(1) INCREASING TRANSPARENCY OF PHYSICIAN-FOCUSED PAYMENT MODELS.—Section 1868 of the Social Security Act (42 U.S.C. 1395ee) is amended by adding at the end the following new subsection:

''(c) PHYSICIAN-FOCUSED PAYMENT MODELS.—

''(1) TECHNICAL ADVISORY COMMITTEE.—

''(A) ESTABLISHMENT.—There is established an ad hoc committee to be known as the 'Physician-Focused Payment Model Technical Advisory Committee' (referred to in this subsection as the 'Committee').

''(B) MEMBERSHIP.—

''(i) NUMBER AND APPOINTMENT.—The Committee shall be composed of 11 members appointed by the Comptroller General of the United States.

''(ii) QUALIFICATIONS.—The membership of the Committee shall include individuals with national recognition for their expertise in physician-focused payment models and related delivery of care. No more than 5 members of the Committee shall be providers of services or suppliers, or representatives of providers of services or suppliers.

''(iii) PROHIBITION ON FEDERAL EMPLOYMENT.—A member of the Committee shall not be an employee of the Federal Government.

''(iv) ETHICS DISCLOSURE.—The Comptroller General shall establish a system for public disclosure by members of the Committee of financial and other potential conflicts of interest relating to such members. Members of the Committee shall be treated as employees of Congress for purposes of applying title I of the Ethics in Government Act of 1978 (Public Law 95–521).

''(v) DATE OF INITIAL APPOINTMENTS.—The initial appointments of members of the Committee shall be made by not later than 180 days after the date of enactment of this subsection.

''(C) TERM; VACANCIES.—

''(i) TERM.—The terms of members of the Committee shall be for 3 years except that the Comptroller General shall designate staggered terms for the members first appointed.

''(ii) VACANCIES.—Any member appointed to fill a vacancy occurring before the expiration of the term for which the member's predecessor was appointed shall be appointed only for the remainder of that term. A member may serve after the expiration of that member's term until a successor has taken office. A vacancy in the Committee shall be filled in the manner in which the original appointment was made.

''(D) DUTIES.—The Committee shall meet, as needed, to provide comments and recommendations to the Secretary, as described in paragraph (2)(C), on physician-focused payment models.

''(E) COMPENSATION OF MEMBERS.—

''(i) IN GENERAL.—Except as provided in clause (ii), a member of the Committee shall serve without compensation.

''(ii) TRAVEL EXPENSES.—A member of the Committee shall be allowed travel expenses, including per diem in lieu of subsistence, at rates authorized for an employee of an agency under subchapter I of chapter 57 of title 5, United States Code, while away from the home or regular place of business of the member in the performance of the duties of the Committee.

''(F) OPERATIONAL AND TECHNICAL SUPPORT.—

''(i) IN GENERAL.—The Assistant Secretary for Planning and Evaluation shall provide technical and operational support for the Committee, which may be by use of a contractor. The Office of the Actuary of the Centers for Medicare & Medicaid Services shall provide to the Committee actuarial assistance as needed.

''(ii) FUNDING.—The Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, such amounts as are necessary to carry out this paragraph (not to exceed $5,000,000) for fiscal year 2015 and each subsequent fiscal year. Any amounts transferred under the preceding sentence for a fiscal year shall remain available until expended.

''(G) APPLICATION.—Section 14 of the Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Committee.

''(2) CRITERIA AND PROCESS FOR SUBMISSION AND REVIEW OF PHYSICIAN-FOCUSED PAYMENT MODELS.—

''(A) CRITERIA FOR ASSESSING PHYSICIAN-FOCUSED PAYMENT MODELS.—

''(i) RULEMAKING.—Not later than November 1, 2016, the Secretary shall, through notice and comment rulemaking, following a request for information, establish criteria for physician-focused payment models, including models for specialist physicians, that could be used by the Committee for making comments and recommendations pursuant to paragraph (1)(D).

''(ii) MEDPAC SUBMISSION OF COMMENTS.—During the comment period for the proposed rule described in clause (i), the Medicare Payment Advisory Commission may submit comments to the Secretary on the proposed criteria under such clause.

''(iii) UPDATING.—The Secretary may update the criteria established under this subparagraph through rulemaking.

''(B) STAKEHOLDER SUBMISSION OF PHYSICIAN-FOCUSED PAYMENT MODELS.—On an ongoing basis, individuals and stakeholder entities may submit to the Committee proposals for physician-focused payment models that such individuals and entities believe meet the criteria described in subparagraph (A).

''(C) COMMITTEE REVIEW OF MODELS SUBMITTED.—The Committee shall, on a periodic

basis, review models submitted under subparagraph (B), prepare comments and recommendations regarding whether such models meet the criteria described in subparagraph (A), and submit such comments and recommendations to the Secretary.

''(D) SECRETARY REVIEW AND RESPONSE.—The Secretary shall review the comments and recommendations submitted by the Committee under subparagraph (C) and post a detailed response to such comments and recommendations on the Internet website of the Centers for Medicare & Medicaid Services.

''(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to impact the development or testing of models under this title or titles XI, XIX, or XXI.''.

(2) INCENTIVE PAYMENTS FOR PARTICIPATION IN ELIGIBLE ALTERNATIVE PAYMENT MODELS.—Section 1833 of the Social Security Act (42 U.S.C. 13951) is amended by adding at the end the following new subsection:

''(z) INCENTIVE PAYMENTS FOR PARTICIPATION IN ELIGIBLE ALTERNATIVE PAYMENT MODELS.—

''(1) PAYMENT INCENTIVE.—

''(A) IN GENERAL.—In the case of covered professional services furnished by an eligible professional during a year that is in the period beginning with 2019 and ending with 2024 and for which the professional is a qualifying APM participant with respect to such year, in addition to the amount of payment that would otherwise be made for such covered professional services under this part for such year, there also shall be paid to such professional an amount equal to 5 percent of the estimated aggregate payment amounts for such covered professional services under this part for the preceding year. For purposes of the previous sentence, the payment amount for the preceding year may be an estimation for the full preceding year based on a period of such preceding year that is less than the full year. The Secretary shall establish policies to implement this subparagraph in cases in which payment for covered professional services furnished by a qualifying APM participant in an alternative payment model—

''(i) is made to an eligible alternative payment entity rather than directly to the qualifying APM participant; or

''(ii) is made on a basis other than a fee-for-service basis (such as payment on a capitated basis).

''(B) FORM OF PAYMENT.—Payments under this subsection shall be made in a lump sum, on an annual basis, as soon as practicable.

''(C) TREATMENT OF PAYMENT INCENTIVE.—Payments under this subsection shall not be taken into account for purposes of determining actual expenditures under an alternative payment model and for purposes of determining or rebasing any benchmarks used under the alternative payment model.

''(D) COORDINATION.—The amount of the additional payment under this subsection or subsection (m) shall be determined without regard to any additional payment under subsection (m) and this subsection, respectively. The amount of the additional payment under this subsection or subsection (x) shall be determined without regard to any additional payment under subsection (x) and this subsection, respectively. The amount of the additional payment under this subsection or subsection (y) shall be determined without regard to any additional payment under subsection (y) and this subsection, respectively.

''(2) QUALIFYING APM PARTICIPANT.—For purposes of this subsection, the term 'qualifying APM participant' means the following:

''(A) 2019 AND 2020.—With respect to 2019 and 2020, an eligible professional for whom the Secretary determines that at least 25 percent of payments under this part for covered professional services furnished by such professional during the most recent period for which data are available (which may be less than a year) were attributable to such services furnished under this part through an eligible alternative payment entity.

''(B) 2021 AND 2022.—With respect to 2021 and 2022, an eligible professional described in either of the following clauses:

''(i) MEDICARE PAYMENT THRESHOLD OPTION.—An eligible professional for whom the Secretary determines that at least 50 percent of payments under this part for covered professional services furnished by such professional during the most recent period for which data are available (which may be less than a year) were attributable to such services furnished under this part through an eligible alternative payment entity.

''(ii) COMBINATION ALL-PAYER AND MEDICARE PAYMENT THRESHOLD OPTION.—An eligible professional—

''(I) for whom the Secretary determines, with respect to items and services furnished by such professional during the most recent period for which data are available (which may be less than a year), that at least 50 percent of the sum of—

''(aa) payments described in clause (i); and

''(bb) all other payments, regardless of payer (other than payments made by the Secretary of Defense or the Secretary of Veterans Affairs and other than payments made under title XIX in a State in which no medical home or alternative payment model is available under the State program under that title),

meet the requirement described in clause (iii)(I) with respect to payments described in item (aa) and meet the requirement described in clause (iii)(II) with respect to payments described in item (bb);

''(II) for whom the Secretary determines at least 25 percent of payments under this part for covered professional services furnished by such professional during the most recent period for which data are available (which may be less than a year) were attributable to such services furnished under this part through an eligible alternative payment entity; and

''(III) who provides to the Secretary such information as is necessary for the Secretary to make a determination under subclause (I), with respect to such professional.

''(iii) REQUIREMENT.—For purposes of clause (ii)(I)—

''(I) the requirement described in this subclause, with respect to payments described in item (aa) of such clause, is that such payments are made to an eligible alternative payment entity; and

''(II) the requirement described in this subclause, with respect to payments described in item (bb) of such clause, is that such payments are made under arrangements in which—

''(aa) quality measures comparable to measures under the performance category described in section 1848(q)(2)(B)(i) apply;

''(bb) certified EHR technology is used; and

''(cc) the eligible professional participates in an entity that—

''(AA) bears more than nominal financial risk if actual aggregate expenditures exceeds expected aggregate expenditures; or

''(BB) with respect to beneficiaries under title XIX, is a medical home that meets criteria comparable to medical homes expanded under section 1115A(c).

''(C) BEGINNING IN 2023.—With respect to 2023 and each subsequent year, an eligible professional described in either of the following clauses:

''(i) MEDICARE PAYMENT THRESHOLD OPTION.—An eligible professional for whom the Secretary determines that at least 75 percent of payments under this part for covered professional services furnished by such professional during the most recent period for which data are available (which may be less than a year) were attributable to such services furnished under this part through an eligible alternative payment entity.

''(ii) COMBINATION ALL-PAYER AND MEDICARE PAYMENT THRESHOLD OPTION.—An eligible professional—

''(I) for whom the Secretary determines, with respect to items and services furnished by such professional during the most recent period for which data are available (which may be less than a year), that at least 75 percent of the sum of—

''(aa) payments described in clause (i); and

''(bb) all other payments, regardless of payer (other than payments made by the Secretary of Defense or the Secretary of Veterans Affairs and other than payments made under title XIX in a State in which no medical home or alternative payment model is available under the State program under that title),

meet the requirement described in clause (iii)(I) with respect to payments described in item (aa) and meet the requirement described in clause (iii)(II) with respect to payments described in item (bb);

''(II) for whom the Secretary determines at least 25 percent of payments under this part for covered professional services furnished by such professional during the most recent period for which data are available (which may be less than a year) were attributable to such services furnished under this part through an eligible alternative payment entity; and

''(III) who provides to the Secretary such information as is necessary for the Secretary to make a determination under subclause (I), with respect to such professional.

''(iii) REQUIREMENT.—For purposes of clause (ii)(I)—

''(I) the requirement described in this subclause, with respect to payments described in item (aa) of such clause, is that such payments are made to an eligible alternative payment entity; and

''(II) the requirement described in this subclause, with respect to payments described in item (bb) of such clause, is that such payments are made under arrangements in which—

''(aa) quality measures comparable to measures under the performance category described in section 1848(q)(2)(B)(i) apply;

''(bb) certified EHR technology is used; and

''(cc) the eligible professional participates in an entity that—

''(AA) bears more than nominal financial risk if actual aggregate expenditures exceeds expected aggregate expenditures; or

''(BB) with respect to beneficiaries under title XIX, is a medical home that meets criteria comparable to medical homes expanded under section 1115A(c).

''(D) USE OF PATIENT APPROACH.—The Secretary may base the determination of whether an eligible professional is a qualifying APM participant under this subsection and the determination of whether an eligible professional is a partial qualifying APM participant under section 1848(q)(1)(C)(iii) by using counts of patients in lieu of using payments and using the same or similar percentage criteria (as specified in this subsection and such section, respectively), as the Secretary determines appropriate.

''(3) ADDITIONAL DEFINITIONS.—In this subsection:

''(A) COVERED PROFESSIONAL SERVICES.—The term 'covered professional services' has the meaning given that term in section 1848(k)(3)(A).

''(B) ELIGIBLE PROFESSIONAL.—The term 'eligible professional' has the meaning given

that term in section 1848(k)(3)(B) and includes a group that includes such professionals.

''(C) ALTERNATIVE PAYMENT MODEL (APM).—The term 'alternative payment model' means, other than for purposes of subparagraphs (B)(ii)(I)(bb) and (C)(ii)(I)(bb) of paragraph (2), any of the following:

''(i) A model under section 1115A (other than a health care innovation award).

''(ii) The shared savings program under section 1899.

''(iii) A demonstration under section 1866C.

''(iv) A demonstration required by Federal law.

''(D) ELIGIBLE ALTERNATIVE PAYMENT ENTITY.—The term 'eligible alternative payment entity' means, with respect to a year, an entity that—

''(i) participates in an alternative payment model that—

''(I) requires participants in such model to use certified EHR technology (as defined in subsection (o)(4)); and

''(II) provides for payment for covered professional services based on quality measures comparable to measures under the performance category described in section 1848(q)(2)(B)(i); and

''(ii)(I) bears financial risk for monetary losses under such alternative payment model that are in excess of a nominal amount; or

''(II) is a medical home expanded under section 1115A(c).

''(4) LIMITATION.—There shall be no administrative or judicial review under section 1869, 1878, or otherwise, of the following:

''(A) The determination that an eligible professional is a qualifying APM participant under paragraph (2) and the determination that an entity is an eligible alternative payment entity under paragraph (3)(D).

''(B) The determination of the amount of the 5 percent payment incentive under paragraph (1)(A), including any estimation as part of such determination.''.

(3) COORDINATION CONFORMING AMENDMENTS.—Section 1833 of the Social Security Act (42 U.S.C. 13951) is further amended—

(A) in subsection (x)(3), by adding at the end the following new sentence: ''The amount of the additional payment for a service under this subsection and subsection (z) shall be determined without regard to any additional payment for the service under subsection (z) and this subsection, respectively.''; and

(B) in subsection (y)(3), by adding at the end the following new sentence: ''The amount of the additional payment for a service under this subsection and subsection (z) shall be determined without regard to any additional payment for the service under subsection (z) and this subsection, respectively.''.

(4) ENCOURAGING DEVELOPMENT AND TESTING OF CERTAIN MODELS.—Section 1115A(b)(2) of the Social Security Act (42 U.S.C. 1315a(b)(2)) is amended—

(A) in subparagraph (B), by adding at the end the following new clauses:

''(xxi) Focusing primarily on physicians' services (as defined in section 1848(j)(3)) furnished by physicians who are not primary care practitioners.

''(xxii) Focusing on practices of 15 or fewer professionals.

''(xxiii) Focusing on risk-based models for small physician practices which may involve two-sided risk and prospective patient assignment, and which examine risk-adjusted decreases in mortality rates, hospital readmissions rates, and other relevant and appropriate clinical measures.

''(xxiv) Focusing primarily on title XIX, working in conjunction with the Center for Medicaid and CHIP Services.''; and

(B) in subparagraph (C)(viii), by striking ''other public sector or private sector payers'' and inserting ''other public sector payers, private sector payers, or statewide payment models''.

(5) CONSTRUCTION REGARDING TELEHEALTH SERVICES.—Nothing in the provisions of, or amendments made by, this title shall be construed as precluding an alternative payment model or a qualifying APM participant (as those terms are defined in section 1833(z) of the Social Security Act, as added by paragraph (1)) from furnishing a telehealth service for which payment is not made under section 1834(m) of the Social Security Act (42 U.S.C. 1395m(m)).

(6) INTEGRATING MEDICARE ADVANTAGE ALTERNATIVE PAYMENT MODELS.—Not later than July 1, 2016, the Secretary of Health and Human Services shall submit to Congress a study that examines the feasibility of integrating alternative payment models in the Medicare Advantage payment system. The study shall include the feasibility of including a value-based modifier and whether such modifier should be budget neutral.

(7) STUDY AND REPORT ON FRAUD RELATED TO ALTERNATIVE PAYMENT MODELS UNDER THE MEDICARE PROGRAM.—

(A) STUDY.—The Secretary of Health and Human Services, in consultation with the Inspector General of the Department of Health and Human Services, shall conduct a study that—

(i) examines the applicability of the Federal fraud prevention laws to items and services furnished under title XVIII of the Social Security Act for which payment is made under an alternative payment model (as defined in section 1833(z)(3)(C) of such Act (42 U.S.C. 13951(z)(3)(C)));

(ii) identifies aspects of such alternative payment models that are vulnerable to fraudulent activity; and

(iii) examines the implications of waivers to such laws granted in support of such alternative payment models, including under any potential expansion of such models.

(B) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Secretary shall submit to Congress a report containing the results of the study conducted under subparagraph (A). Such report shall include recommendations for actions to be taken to reduce the vulnerability of such alternative payment models to fraudulent activity. Such report also shall include, as appropriate, recommendations of the Inspector General for changes in Federal fraud prevention laws to reduce such vulnerability.

(f) COLLABORATING WITH THE PHYSICIAN, PRACTITIONER, AND OTHER STAKEHOLDER COMMUNITIES TO IMPROVE RESOURCE USE MEASUREMENT.—Section 1848 of the Social Security Act (42 U.S.C. 1395w–4), as amended by subsection (c), is further amended by adding at the end the following new subsection:

''(r) COLLABORATING WITH THE PHYSICIAN, PRACTITIONER, AND OTHER STAKEHOLDER COMMUNITIES TO IMPROVE RESOURCE USE MEASUREMENT.—

''(1) IN GENERAL.—In order to involve the physician, practitioner, and other stakeholder communities in enhancing the infrastructure for resource use measurement, including for purposes of the Merit-based Incentive Payment System under subsection (q) and alternative payment models under section 1833(z), the Secretary shall undertake the steps described in the succeeding provisions of this subsection.

''(2) DEVELOPMENT OF CARE EPISODE AND PATIENT CONDITION GROUPS AND CLASSIFICATION CODES.—

''(A) IN GENERAL.—In order to classify similar patients into care episode groups and patient condition groups, the Secretary shall undertake the steps described in the succeeding provisions of this paragraph.

''(B) PUBLIC AVAILABILITY OF EXISTING EFFORTS TO DESIGN AN EPISODE GROUPER.—Not later than 180 days after the date of the enactment of this subsection, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a list of the episode groups developed pursuant to subsection (n)(9)(A) and related descriptive information.

''(C) STAKEHOLDER INPUT.—The Secretary shall accept, through the date that is 120 days after the day the Secretary posts the list pursuant to subparagraph (B), suggestions from physician specialty societies, applicable practitioner organizations, and other stakeholders for episode groups in addition to those posted pursuant to such subparagraph, and specific clinical criteria and patient characteristics to classify patients into—

''(i) care episode groups; and

''(ii) patient condition groups.

''(D) DEVELOPMENT OF PROPOSED CLASSIFICATION CODES.—

''(i) IN GENERAL.—Taking into account the information described in subparagraph (B) and the information received under subparagraph (C), the Secretary shall—

''(I) establish care episode groups and patient condition groups, which account for a target of an estimated ½ of expenditures under parts A and B (with such target increasing over time as appropriate); and

''(II) assign codes to such groups.

''(ii) CARE EPISODE GROUPS.—In establishing the care episode groups under clause (i), the Secretary shall take into account—

''(I) the patient's clinical problems at the time items and services are furnished during an episode of care, such as the clinical conditions or diagnoses, whether or not inpatient hospitalization occurs, and the principal procedures or services furnished; and

''(II) other factors determined appropriate by the Secretary.

''(iii) PATIENT CONDITION GROUPS.—In establishing the patient condition groups under clause (i), the Secretary shall take into account—

''(I) the patient's clinical history at the time of a medical visit, such as the patient's combination of chronic conditions, current health status, and recent significant history (such as hospitalization and major surgery during a previous period, such as 3 months); and

''(II) other factors determined appropriate by the Secretary, such as eligibility status under this title (including eligibility under section 226(a), 226(b), or 226A, and dual eligibility under this title and title XIX).

''(E) DRAFT CARE EPISODE AND PATIENT CONDITION GROUPS AND CLASSIFICATION CODES.—Not later than 270 days after the end of the comment period described in subparagraph (C), the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a draft list of the care episode and patient condition codes established under subparagraph (D) (and the criteria and characteristics assigned to such code).

''(F) SOLICITATION OF INPUT.—The Secretary shall seek, through the date that is 120 days after the Secretary posts the list pursuant to subparagraph (E), comments from physician specialty societies, applicable practitioner organizations, and other stakeholders, including representatives of individuals entitled to benefits under part A or enrolled under this part, regarding the care episode and patient condition groups (and codes) posted under subparagraph (E). In seeking such comments, the Secretary shall use one or more mechanisms (other than notice and comment rulemaking) that may include use of open door forums, town

hall meetings, or other appropriate mechanisms.

''(G) OPERATIONAL LIST OF CARE EPISODE AND PATIENT CONDITION GROUPS AND CODES.—Not later than 270 days after the end of the comment period described in subparagraph (F), taking into account the comments received under such subparagraph, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services an operational list of care episode and patient condition codes (and the criteria and characteristics assigned to such code).

''(H) SUBSEQUENT REVISIONS.—Not later than November 1 of each year (beginning with 2018), the Secretary shall, through rulemaking, make revisions to the operational lists of care episode and patient condition codes as the Secretary determines may be appropriate. Such revisions may be based on experience, new information developed pursuant to subsection (n)(9)(A), and input from the physician specialty societies, applicable practitioner organizations, and other stakeholders, including representatives of individuals entitled to benefits under part A or enrolled under this part.

''(3) ATTRIBUTION OF PATIENTS TO PHYSICIANS OR PRACTITIONERS.—

''(A) IN GENERAL.—In order to facilitate the attribution of patients and episodes (in whole or in part) to one or more physicians or applicable practitioners furnishing items and services, the Secretary shall undertake the steps described in the succeeding provisions of this paragraph.

''(B) DEVELOPMENT OF PATIENT RELATIONSHIP CATEGORIES AND CODES.—The Secretary shall develop patient relationship categories and codes that define and distinguish the relationship and responsibility of a physician or applicable practitioner with a patient at the time of furnishing an item or service. Such patient relationship categories shall include different relationships of the physician or applicable practitioner to the patient (and the codes may reflect combinations of such categories), such as a physician or applicable practitioner who—

''(i) considers themself to have the primary responsibility for the general and ongoing care for the patient over extended periods of time;

''(ii) considers themself to be the lead physician or practitioner and who furnishes items and services and coordinates care furnished by other physicians or practitioners for the patient during an acute episode;

''(iii) furnishes items and services to the patient on a continuing basis during an acute episode of care, but in a supportive rather than a lead role;

''(iv) furnishes items and services to the patient on an occasional basis, usually at the request of another physician or practitioner; or

''(v) furnishes items and services only as ordered by another physician or practitioner.

''(C) DRAFT LIST OF PATIENT RELATIONSHIP CATEGORIES AND CODES.—Not later than one year after the date of the enactment of this subsection, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a draft list of the patient relationship categories and codes developed under subparagraph (B).

''(D) STAKEHOLDER INPUT.—The Secretary shall seek, through the date that is 120 days after the Secretary posts the list pursuant to subparagraph (C), comments from physician specialty societies, applicable practitioner organizations, and other stakeholders, including representatives of individuals entitled to benefits under part A or enrolled under this part, regarding the patient relationship categories and codes posted under subparagraph (C). In seeking such comments, the Secretary shall use one or more mechanisms (other than notice and comment rulemaking) that may include open door forums, town hall meetings, web-based forums, or other appropriate mechanisms.

''(E) OPERATIONAL LIST OF PATIENT RELATIONSHIP CATEGORIES AND CODES.—Not later than 240 days after the end of the comment period described in subparagraph (D), taking into account the comments received under such subparagraph, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services an operational list of patient relationship categories and codes.

''(F) SUBSEQUENT REVISIONS.—Not later than November 1 of each year (beginning with 2018), the Secretary shall, through rulemaking, make revisions to the operational list of patient relationship categories and codes as the Secretary determines appropriate. Such revisions may be based on experience, new information developed pursuant to subsection (n)(9)(A), and input from the physician specialty societies, applicable practitioner organizations, and other stakeholders, including representatives of individuals entitled to benefits under part A or enrolled under this part.

''(4) REPORTING OF INFORMATION FOR RESOURCE USE MEASUREMENT.—Claims submitted for items and services furnished by a physician or applicable practitioner on or after January 1, 2018, shall, as determined appropriate by the Secretary, include—

''(A) applicable codes established under paragraphs (2) and (3); and

''(B) the national provider identifier of the ordering physician or applicable practitioner (if different from the billing physician or applicable practitioner).

''(5) METHODOLOGY FOR RESOURCE USE ANALYSIS.—

''(A) IN GENERAL.—In order to evaluate the resources used to treat patients (with respect to care episode and patient condition groups), the Secretary shall, as the Secretary determines appropriate—

''(i) use the patient relationship codes reported on claims pursuant to paragraph (4) to attribute patients (in whole or in part) to one or more physicians and applicable practitioners;

''(ii) use the care episode and patient condition codes reported on claims pursuant to paragraph (4) as a basis to compare similar patients and care episodes and patient condition groups; and

''(iii) conduct an analysis of resource use (with respect to care episodes and patient condition groups of such patients).

''(B) ANALYSIS OF PATIENTS OF PHYSICIANS AND PRACTITIONERS.—In conducting the analysis described in subparagraph (A)(iii) with respect to patients attributed to physicians and applicable practitioners, the Secretary shall, as feasible—

''(i) use the claims data experience of such patients by patient condition codes during a common period, such as 12 months; and

''(ii) use the claims data experience of such patients by care episode codes—

''(I) in the case of episodes without a hospitalization, during periods of time (such as the number of days) determined appropriate by the Secretary; and

''(II) in the case of episodes with a hospitalization, during periods of time (such as the number of days) before, during, and after the hospitalization.

''(C) MEASUREMENT OF RESOURCE USE.—In measuring such resource use, the Secretary—

''(i) shall use per patient total allowed charges for all services under part A and this part (and, if the Secretary determines appropriate, part D) for the analysis of patient resource use, by care episode codes and by patient condition codes; and

''(ii) may, as determined appropriate, use other measures of allowed charges (such as subtotals for categories of items and services) and measures of utilization of items and services (such as frequency of specific items and services and the ratio of specific items and services among attributed patients or episodes).

''(D) STAKEHOLDER INPUT.—The Secretary shall seek comments from the physician specialty societies, applicable practitioner organizations, and other stakeholders, including representatives of individuals entitled to benefits under part A or enrolled under this part, regarding the resource use methodology established pursuant to this paragraph. In seeking comments the Secretary shall use one or more mechanisms (other than notice and comment rulemaking) that may include open door forums, town hall meetings, web-based forums, or other appropriate mechanisms.

''(6) IMPLEMENTATION.—To the extent that the Secretary contracts with an entity to carry out any part of the provisions of this subsection, the Secretary may not contract with an entity or an entity with a subcontract if the entity or subcontracting entity currently makes recommendations to the Secretary on relative values for services under the fee schedule for physicians' services under this section.

''(7) LIMITATION.—There shall be no administrative or judicial review under section 1869, section 1878, or otherwise of—

''(A) care episode and patient condition groups and codes established under paragraph (2);

''(B) patient relationship categories and codes established under paragraph (3); and

''(C) measurement of, and analyses of resource use with respect to, care episode and patient condition codes and patient relationship codes pursuant to paragraph (5).

''(8) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to this section.

''(9) DEFINITIONS.—In this subsection:

''(A) PHYSICIAN.—The term 'physician' has the meaning given such term in section 1861(r)(1).

''(B) APPLICABLE PRACTITIONER.—The term 'applicable practitioner' means—

''(i) a physician assistant, nurse practitioner, and clinical nurse specialist (as such terms are defined in section 1861(aa)(5)), and a certified registered nurse anesthetist (as defined in section 1861(bb)(2)); and

''(ii) beginning January 1, 2019, such other eligible professionals (as defined in subsection (k)(3)(B)) as specified by the Secretary.

''(10) CLARIFICATION.—The provisions of sections 1890(b)(7) and 1890A shall not apply to this subsection.''.

SEC. 102. PRIORITIES AND FUNDING FOR MEASURE DEVELOPMENT.

Section 1848 of the Social Security Act (42 U.S.C. 1395w–4), as amended by subsections (c) and (f) of section 101, is further amended by inserting at the end the following new subsection:

''(s) PRIORITIES AND FUNDING FOR MEASURE DEVELOPMENT.—

''(1) PLAN IDENTIFYING MEASURE DEVELOPMENT PRIORITIES AND TIMELINES.—

''(A) DRAFT MEASURE DEVELOPMENT PLAN.—Not later than January 1, 2016, the Secretary shall develop, and post on the Internet website of the Centers for Medicare & Medicaid Services, a draft plan for the development of quality measures for application under the applicable provisions (as defined in paragraph (5)). Under such plan the Secretary shall—

''(i) address how measures used by private payers and integrated delivery systems could be incorporated under title XVIII;

''(ii) describe how coordination, to the extent possible, will occur across organizations developing such measures; and

''(iii) take into account how clinical best practices and clinical practice guidelines should be used in the development of quality measures.

''(B) QUALITY DOMAINS.—For purposes of this subsection, the term 'quality domains' means at least the following domains:

''(i) Clinical care.

''(ii) Safety.

''(iii) Care coordination.

''(iv) Patient and caregiver experience.

''(v) Population health and prevention.

''(C) CONSIDERATION.—In developing the draft plan under this paragraph, the Secretary shall consider—

''(i) gap analyses conducted by the entity with a contract under section 1890(a) or other contractors or entities;

''(ii) whether measures are applicable across health care settings;

''(iii) clinical practice improvement activities submitted under subsection (q)(2)(C)(iv) for identifying possible areas for future measure development and identifying existing gaps with respect to such measures; and

''(iv) the quality domains applied under this subsection.

''(D) PRIORITIES.—In developing the draft plan under this paragraph, the Secretary shall give priority to the following types of measures:

''(i) Outcome measures, including patient reported outcome and functional status measures.

''(ii) Patient experience measures.

''(iii) Care coordination measures.

''(iv) Measures of appropriate use of services, including measures of over use.

''(E) STAKEHOLDER INPUT.—The Secretary shall accept through March 1, 2016, comments on the draft plan posted under paragraph (1)(A) from the public, including health care providers, payers, consumers, and other stakeholders.

''(F) FINAL MEASURE DEVELOPMENT PLAN.—Not later than May 1, 2016, taking into account the comments received under this subparagraph, the Secretary shall finalize the plan and post on the Internet website of the Centers for Medicare & Medicaid Services an operational plan for the development of quality measures for use under the applicable provisions. Such plan shall be updated as appropriate.

''(2) CONTRACTS AND OTHER ARRANGEMENTS FOR QUALITY MEASURE DEVELOPMENT.—

''(A) IN GENERAL.—The Secretary shall enter into contracts or other arrangements with entities for the purpose of developing, improving, updating, or expanding in accordance with the plan under paragraph (1) quality measures for application under the applicable provisions. Such entities shall include organizations with quality measure development expertise.

''(B) PRIORITIZATION.—

''(i) IN GENERAL.—In entering into contracts or other arrangements under subparagraph (A), the Secretary shall give priority to the development of the types of measures described in paragraph (1)(D).

''(ii) CONSIDERATION.—In selecting measures for development under this subsection, the Secretary shall consider—

''(I) whether such measures would be electronically specified; and

''(II) clinical practice guidelines to the extent that such guidelines exist.

''(3) ANNUAL REPORT BY THE SECRETARY.—

''(A) IN GENERAL.—Not later than May 1, 2017, and annually thereafter, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a report on the progress made in developing quality measures for application under the applicable provisions.

''(B) REQUIREMENTS.—Each report submitted pursuant to subparagraph (A) shall include the following:

''(i) A description of the Secretary's efforts to implement this paragraph.

''(ii) With respect to the measures developed during the previous year—

''(I) a description of the total number of quality measures developed and the types of such measures, such as an outcome or patient experience measure;

''(II) the name of each measure developed;

''(III) the name of the developer and steward of each measure;

''(IV) with respect to each type of measure, an estimate of the total amount expended under this title to develop all measures of such type; and

''(V) whether the measure would be electronically specified.

''(iii) With respect to measures in development at the time of the report—

''(I) the information described in clause (ii), if available; and

''(II) a timeline for completion of the development of such measures.

''(iv) A description of any updates to the plan under paragraph (1) (including newly identified gaps and the status of previously identified gaps) and the inventory of measures applicable under the applicable provisions.

''(v) Other information the Secretary determines to be appropriate.

''(4) STAKEHOLDER INPUT.—With respect to paragraph (1), the Secretary shall seek stakeholder input with respect to—

''(A) the identification of gaps where no quality measures exist, particularly with respect to the types of measures described in paragraph (1)(D);

''(B) prioritizing quality measure development to address such gaps; and

''(C) other areas related to quality measure development determined appropriate by the Secretary.

''(5) DEFINITION OF APPLICABLE PROVISIONS.—In this subsection, the term 'applicable provisions' means the following provisions:

''(A) Subsection (q)(2)(B)(i).

''(B) Section 1833(z)(2)(C).

''(6) FUNDING.—For purposes of carrying out this subsection, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of $15,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2015 through 2019. Amounts transferred under this paragraph shall remain available through the end of fiscal year 2022.

''(7) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to the collection of information for the development of quality measures.''.

SEC. 103. ENCOURAGING CARE MANAGEMENT FOR INDIVIDUALS WITH CHRONIC CARE NEEDS.

(a) IN GENERAL.—Section 1848(b) of the Social Security Act (42 U.S.C. 1395w–4(b)) is amended by adding at the end the following new paragraph:

''(8) ENCOURAGING CARE MANAGEMENT FOR INDIVIDUALS WITH CHRONIC CARE NEEDS.—

''(A) IN GENERAL.—In order to encourage the management of care for individuals with chronic care needs the Secretary shall, subject to subparagraph (B), make payment (as the Secretary determines to be appropriate) under this section for chronic care management services furnished on or after January 1, 2015, by a physician (as defined in section 1861(r)(1)), physician assistant or nurse practitioner (as defined in section 1861(aa)(5)(A)), clinical nurse specialist (as defined in section 1861(aa)(5)(B)), or certified nurse midwife (as defined in section 1861(gg)(2)).

''(B) POLICIES RELATING TO PAYMENT.—In carrying out this paragraph, with respect to chronic care management services, the Secretary shall—

''(i) make payment to only one applicable provider for such services furnished to an individual during a period;

''(ii) not make payment under subparagraph (A) if such payment would be duplicative of payment that is otherwise made under this title for such services; and

''(iii) not require that an annual wellness visit (as defined in section 1861(hhh)) or an initial preventive physical examination (as defined in section 1861(ww)) be furnished as a condition of payment for such management services.''.

(b) EDUCATION AND OUTREACH.—

(1) CAMPAIGN.—

(A) IN GENERAL.—The Secretary of Health and Human Services (in this subsection referred to as the ''Secretary'') shall conduct an education and outreach campaign to inform professionals who furnish items and services under part B of title XVIII of the Social Security Act and individuals enrolled under such part of the benefits of chronic care management services described in section 1848(b)(8) of the Social Security Act, as added by subsection (a), and encourage such individuals with chronic care needs to receive such services.

(B) REQUIREMENTS.—Such campaign shall—

(i) be directed by the Office of Rural Health Policy of the Department of Health and Human Services and the Office of Minority Health of the Centers for Medicare & Medicaid Services; and

(ii) focus on encouraging participation by underserved rural populations and racial and ethnic minority populations.

(2) REPORT.—Not later than December 31, 2017, the Secretary shall submit to Congress a report on the use of chronic care management services described in such section 1848(b)(8) by individuals living in rural areas and by racial and ethnic minority populations. Such report shall—

(A) identify barriers to receiving chronic care management services; and

(B) make recommendations for increasing the appropriate use of chronic care management services.

SEC. 104. EMPOWERING BENEFICIARY CHOICES THROUGH CONTINUED ACCESS TO INFORMATION ON PHYSICIANS' SERVICES.

(a) IN GENERAL.—On an annual basis (beginning with 2015), the Secretary shall make publicly available, in an easily understandable format, information with respect to physicians and, as appropriate, other eligible professionals on items and services furnished to Medicare beneficiaries under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(b) TYPE AND MANNER OF INFORMATION.—The information made available under this section shall be similar to the type of information in the Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use File released by the Secretary with respect to 2012 and shall be made available in a manner similar to the manner in which the information in such file is made available.

(c) REQUIREMENTS.—The information made available under this section shall include, at a minimum, the following:

(1) Information on the number of services furnished by the physician or other eligible professional under part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.), which may include information on the most frequent services furnished or groupings of services.

(2) Information on submitted charges and payments for services under such part.

(3) A unique identifier for the physician or other eligible professional that is available to the public, such as a national provider identifier.

(d) SEARCHABILITY.—The information made available under this section shall be searchable by at least the following:

(1) The specialty or type of the physician or other eligible professional.

(2) Characteristics of the services furnished, such as volume or groupings of services.

(3) The location of the physician or other eligible professional.

(e) INTEGRATION ON PHYSICIAN COMPARE.—Beginning with 2016, the Secretary shall integrate the information made available under this section on Physician Compare.

(f) DEFINITIONS.—In this section:

(1) ELIGIBLE PROFESSIONAL; PHYSICIAN; SECRETARY.—The terms ''eligible professional'', ''physician'', and ''Secretary'' have the meaning given such terms in section 10331(i) of Public Law 111–148.

(2) PHYSICIAN COMPARE.—The term ''Physician Compare'' means the Physician Compare Internet website of the Centers for Medicare & Medicaid Services (or a successor website).

SEC. 105. EXPANDING AVAILABILITY OF MEDICARE DATA.

(a) EXPANDING USES OF MEDICARE DATA BY QUALIFIED ENTITIES.—

(1) ADDITIONAL ANALYSES.—

(A) IN GENERAL.—Subject to subparagraph (B), to the extent consistent with applicable information, privacy, security, and disclosure laws (including paragraph (3)), notwithstanding paragraph (4)(B) of section 1874(e) of the Social Security Act (42 U.S.C. 1395kk(e)) and the second sentence of paragraph (4)(D) of such section, beginning July 1, 2016, a qualified entity may use the combined data described in paragraph (4)(B)(iii) of such section received by such entity under such section, and information derived from the evaluation described in such paragraph (4)(D), to conduct additional non-public analyses (as determined appropriate by the Secretary) and provide or sell such analyses to authorized users for non-public use (including for the purposes of assisting providers of services and suppliers to develop and participate in quality and patient care improvement activities, including developing new models of care).

(B) LIMITATIONS WITH RESPECT TO ANALYSES.—

(i) EMPLOYERS.—Any analyses provided or sold under subparagraph (A) to an employer described in paragraph (9)(A)(iii) may only be used by such employer for purposes of providing health insurance to employees and retirees of the employer.

(ii) HEALTH INSURANCE ISSUERS.—A qualified entity may not provide or sell an analysis to a health insurance issuer described in paragraph (9)(A)(iv) unless the issuer is providing the qualified entity with data under section 1874(e)(4)(B)(iii) of the Social Security Act (42 U.S.C. 1395kk(e)(4)(B)(iii)).

(2) ACCESS TO CERTAIN DATA.—

(A) ACCESS.—To the extent consistent with applicable information, privacy, security, and disclosure laws (including paragraph (3)), notwithstanding paragraph (4)(B) of section 1874(e) of the Social Security Act (42 U.S.C. 1395kk(e)) and the second sentence of paragraph (4)(D) of such section, beginning July 1, 2016, a qualified entity may—

(i) provide or sell the combined data described in paragraph (4)(B)(iii) of such section to authorized users described in clauses (i), (ii), and (v) of paragraph (9)(A) for non-public use, including for the purposes described in subparagraph (B); or

(ii) subject to subparagraph (C), provide Medicare claims data to authorized users described in clauses (i), (ii), and (v), of paragraph (9)(A) for non-public use, including for the purposes described in subparagraph (B).

(B) PURPOSES DESCRIBED.—The purposes described in this subparagraph are assisting providers of services and suppliers in developing and participating in quality and patient care improvement activities, including developing new models of care.

(C) MEDICARE CLAIMS DATA MUST BE PROVIDED AT NO COST.—A qualified entity may not charge a fee for providing the data under subparagraph (A)(ii).

(3) PROTECTION OF INFORMATION.—

(A) IN GENERAL.—Except as provided in subparagraph (B), an analysis or data that is provided or sold under paragraph (1) or (2) shall not contain information that individually identifies a patient.

(B) INFORMATION ON PATIENTS OF THE PROVIDER OF SERVICES OR SUPPLIER.—To the extent consistent with applicable information, privacy, security, and disclosure laws, an analysis or data that is provided or sold to a provider of services or supplier under paragraph (1) or (2) may contain information that individually identifies a patient of such provider or supplier, including with respect to items and services furnished to the patient by other providers of services or suppliers.

(C) PROHIBITION ON USING ANALYSES OR DATA FOR MARKETING PURPOSES.—An authorized user shall not use an analysis or data provided or sold under paragraph (1) or (2) for marketing purposes.

(4) DATA USE AGREEMENT.—A qualified entity and an authorized user described in clauses (i), (ii), and (v) of paragraph (9)(A) shall enter into an agreement regarding the use of any data that the qualified entity is providing or selling to the authorized user under paragraph (2). Such agreement shall describe the requirements for privacy and security of the data and, as determined appropriate by the Secretary, any prohibitions on using such data to link to other individually identifiable sources of information. If the authorized user is not a covered entity under the rules promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996, the agreement shall identify the relevant regulations, as determined by the Secretary, that the user shall comply with as if it were acting in the capacity of such a covered entity.

(5) NO REDISCLOSURE OF ANALYSES OR DATA.—

(A) IN GENERAL.—Except as provided in subparagraph (B), an authorized user that is provided or sold an analysis or data under paragraph (1) or (2) shall not redisclose or make public such analysis or data or any analysis using such data.

(B) PERMITTED REDISCLOSURE.—A provider of services or supplier that is provided or sold an analysis or data under paragraph (1) or (2) may, as determined by the Secretary, redisclose such analysis or data for the purposes of performance improvement and care coordination activities but shall not make public such analysis or data or any analysis using such data.

(6) OPPORTUNITY FOR PROVIDERS OF SERVICES AND SUPPLIERS TO REVIEW.—Prior to a qualified entity providing or selling an analysis to an authorized user under paragraph (1), to the extent that such analysis would individually identify a provider of services or supplier who is not being provided or sold such analysis, such qualified entity shall provide such provider or supplier with the opportunity to appeal and correct errors in the manner described in section 1874(e)(4)(C)(ii) of the Social Security Act (42 U.S.C. 1395kk(e)(4)(C)(ii)).

(7) ASSESSMENT FOR A BREACH.—

(A) IN GENERAL.—In the case of a breach of a data use agreement under this section or section 1874(e) of the Social Security Act (42 U.S.C. 1395kk(e)), the Secretary shall impose an assessment on the qualified entity both in the case of—

(i) an agreement between the Secretary and a qualified entity; and

(ii) an agreement between a qualified entity and an authorized user.

(B) ASSESSMENT.—The assessment under subparagraph (A) shall be an amount up to $100 for each individual entitled to, or enrolled for, benefits under part A of title XVIII of the Social Security Act or enrolled for benefits under part B of such title—

(i) in the case of an agreement described in subparagraph (A)(i), for whom the Secretary provided data on to the qualified entity under paragraph (2); and

(ii) in the case of an agreement described in subparagraph (A)(ii), for whom the qualified entity provided data on to the authorized user under paragraph (2).

(C) DEPOSIT OF AMOUNTS COLLECTED.—Any amounts collected pursuant to this paragraph shall be deposited in Federal Supplementary Medical Insurance Trust Fund under section 1841 of the Social Security Act (42 U.S.C. 1395t).

(8) ANNUAL REPORTS.—Any qualified entity that provides or sells an analysis or data under paragraph (1) or (2) shall annually submit to the Secretary a report that includes—

(A) a summary of the analyses provided or sold, including the number of such analyses, the number of purchasers of such analyses, and the total amount of fees received for such analyses;

(B) a description of the topics and purposes of such analyses;

(C) information on the entities who received the data under paragraph (2), the uses of the data, and the total amount of fees received for providing, selling, or sharing the data; and

(D) other information determined appropriate by the Secretary.

(9) DEFINITIONS.—In this subsection and subsection (b):

(A) AUTHORIZED USER.—The term ''authorized user'' means the following:

(i) A provider of services.

(ii) A supplier.

(iii) An employer (as defined in section 3(5) of the Employee Retirement Insurance Security Act of 1974).

(iv) A health insurance issuer (as defined in section 2791 of the Public Health Service Act).

(v) A medical society or hospital association.

(vi) Any entity not described in clauses (i) through (v) that is approved by the Secretary (other than an employer or health insurance issuer not described in clauses (iii) and (iv), respectively, as determined by the Secretary).

(B) PROVIDER OF SERVICES.—The term ''provider of services'' has the meaning given such term in section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u)).

(C) QUALIFIED ENTITY.—The term ''qualified entity'' has the meaning given such term in section 1874(e)(2) of the Social Security Act (42 U.S.C. 1395kk(e)).

(D) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(E) SUPPLIER.—The term ''supplier'' has the meaning given such term in section 1861(d) of the Social Security Act (42 U.S.C. 1395x(d)).

(b) ACCESS TO MEDICARE DATA BY QUALIFIED CLINICAL DATA REGISTRIES TO FACILITATE QUALITY IMPROVEMENT.—

(1) ACCESS.—

(A) IN GENERAL.—To the extent consistent with applicable information, privacy, security, and disclosure laws, beginning July 1, 2016, the Secretary shall, at the request of a qualified clinical data registry under section 1848(m)(3)(E) of the Social Security Act (42 U.S.C. 1395w–4(m)(3)(E)), provide the data described in subparagraph (B) (in a form and manner determined to be appropriate) to such qualified clinical data registry for purposes of linking such data with clinical outcomes data and performing risk-adjusted, scientifically valid analyses and research to support quality improvement or patient safety, provided that any public reporting of such analyses or research that identifies a provider of services or supplier shall only be conducted with the opportunity of such provider or supplier to appeal and correct errors in the manner described in subsection (a)(6).

(B) DATA DESCRIBED.—The data described in this subparagraph is—

(i) claims data under the Medicare program under title XVIII of the Social Security Act; and

(ii) if the Secretary determines appropriate, claims data under the Medicaid program under title XIX of such Act and the State Children's Health Insurance Program under title XXI of such Act.

(2) FEE.—Data described in paragraph (1)(B) shall be provided to a qualified clinical data registry under paragraph (1) at a fee equal to the cost of providing such data. Any fee collected pursuant to the preceding sentence shall be deposited in the Centers for Medicare & Medicaid Services Program Management Account.

(c) EXPANSION OF DATA AVAILABLE TO QUALIFIED ENTITIES.—Section 1874(e) of the Social Security Act (42 U.S.C. 1395kk(e)) is amended—

(1) in the subsection heading, by striking ''MEDICARE''; and

(2) in paragraph (3)—

(A) by inserting after the first sentence the following new sentence: ''Beginning July 1, 2016, if the Secretary determines appropriate, the data described in this paragraph may also include standardized extracts (as determined by the Secretary) of claims data under titles XIX and XXI for assistance provided under such titles for one or more specified geographic areas and time periods requested by a qualified entity.''; and

(B) in the last sentence, by inserting ''or under titles XIX or XXI'' before the period at the end.

(d) REVISION OF PLACEMENT OF FEES.—Section 1874(e)(4)(A) of the Social Security Act (42 U.S.C. 1395kk(e)(4)(A)) is amended, in the second sentence—

(1) by inserting '', for periods prior to July 1, 2016,'' after ''deposited''; and

(2) by inserting the following before the period at the end: '', and, beginning July 1, 2016, into the Centers for Medicare & Medicaid Services Program Management Account''.

SEC. 106. REDUCING ADMINISTRATIVE BURDEN AND OTHER PROVISIONS.

(a) MEDICARE PHYSICIAN AND PRACTITIONER OPT-OUT TO PRIVATE CONTRACT.—

(1) INDEFINITE, CONTINUING AUTOMATIC EXTENSION OF OPT OUT ELECTION.—

(A) IN GENERAL.—Section 1802(b)(3) of the Social Security Act (42 U.S.C. 1395a(b)(3)) is amended—

(i) in subparagraph (B)(ii), by striking ''during the 2-year period beginning on the date the affidavit is signed'' and inserting ''during the applicable 2-year period (as defined in subparagraph (D))'';

(ii) in subparagraph (C), by striking ''during the 2-year period described in subparagraph (B)(ii)'' and inserting ''during the applicable 2-year period''; and

(iii) by adding at the end the following new subparagraph:

''(D) APPLICABLE 2-YEAR PERIODS FOR EFFECTIVENESS OF AFFIDAVITS.—In this subsection, the term 'applicable 2-year period' means, with respect to an affidavit of a physician or practitioner under subparagraph (B), the 2-year period beginning on the date the affidavit is signed and includes each subsequent 2-year period unless the physician or practitioner involved provides notice to the Secretary (in a form and manner specified by the Secretary), not later than 30 days before the end of the previous 2-year period, that the physician or practitioner does not want to extend the application of the affidavit for such subsequent 2-year period.''.

(B) EFFECTIVE DATE.—The amendments made by subparagraph (A) shall apply to affidavits entered into on or after the date that is 60 days after the date of the enactment of this Act.

(2) PUBLIC AVAILABILITY OF INFORMATION ON OPT-OUT PHYSICIANS AND PRACTITIONERS.—Section 1802(b) of the Social Security Act (42 U.S.C. 1395a(b)) is amended—

(A) in paragraph (5), by adding at the end the following new subparagraph:

''(D) OPT-OUT PHYSICIAN OR PRACTITIONER.—The term 'opt-out physician or practitioner' means a physician or practitioner who has in effect an affidavit under paragraph (3)(B).'';

(B) by redesignating paragraph (5) as paragraph (6); and

(C) by inserting after paragraph (4) the following new paragraph:

''(5) POSTING OF INFORMATION ON OPT-OUT PHYSICIANS AND PRACTITIONERS.—

''(A) IN GENERAL.—Beginning not later than February 1, 2016, the Secretary shall make publicly available through an appropriate publicly accessible website of the Department of Health and Human Services information on the number and characteristics of opt-out physicians and practitioners and shall update such information on such website not less often than annually.

''(B) INFORMATION TO BE INCLUDED.—The information to be made available under subparagraph (A) shall include at least the following with respect to opt-out physicians and practitioners:

''(i) Their number.

''(ii) Their physician or professional specialty or other designation.

''(iii) Their geographic distribution.

''(iv) The timing of their becoming opt-out physicians and practitioners, relative, to the extent feasible, to when they first enrolled in the program under this title and with respect to applicable 2-year periods.

''(v) The proportion of such physicians and practitioners who billed for emergency or urgent care services.''.

(b) PROMOTING INTEROPERABILITY OF ELECTRONIC HEALTH RECORD SYSTEMS.—

(1) RECOMMENDATIONS FOR ACHIEVING WIDESPREAD EHR INTEROPERABILITY.—

(A) OBJECTIVE.—As a consequence of a significant Federal investment in the implementation of health information technology through the Medicare and Medicaid EHR incentive programs, Congress declares it a national objective to achieve widespread exchange of health information through interoperable certified EHR technology nationwide by December 31, 2018.

(B) DEFINITIONS.—In this paragraph:

(i) WIDESPREAD INTEROPERABILITY.—The term ''widespread interoperability'' means interoperability between certified EHR technology systems employed by meaningful EHR users under the Medicare and Medicaid EHR incentive programs and other clinicians and health care providers on a nationwide basis.

(ii) INTEROPERABILITY.—The term ''interoperability'' means the ability of two or more health information systems or components to exchange clinical and other information and to use the information that has been exchanged using common standards as to provide access to longitudinal information for health care providers in order to facilitate coordinated care and improved patient outcomes.

(C) ESTABLISHMENT OF METRICS.—Not later than July 1, 2016, and in consultation with stakeholders, the Secretary shall establish metrics to be used to determine if and to the extent that the objective described in subparagraph (A) has been achieved.

(D) RECOMMENDATIONS IF OBJECTIVE NOT ACHIEVED.—If the Secretary of Health and Human Services determines that the objective described in subparagraph (A) has not been achieved by December 31, 2018, then the Secretary shall submit to Congress a report, by not later than December 31, 2019, that identifies barriers to such objective and recommends actions that the Federal Government can take to achieve such objective. Such recommended actions may include recommendations—

(i) to adjust payments for not being meaningful EHR users under the Medicare EHR incentive programs; and

(ii) for criteria for decertifying certified EHR technology products.

(2) PREVENTING BLOCKING THE SHARING OF INFORMATION.—

(A) FOR MEANINGFUL USE EHR PROFESSIONALS.—Section 1848(o)(2)(A)(ii) of the Social Security Act (42 U.S.C. 1395w–4(o)(2)(A)(ii)) is amended by inserting before the period at the end the following: '', and the professional demonstrates (through a process specified by the Secretary, such as the use of an attestation) that the professional has not knowingly and willfully taken action (such as to disable functionality) to limit or restrict the compatibility or interoperability of the certified EHR technology''.

(B) FOR MEANINGFUL USE EHR HOSPITALS.—Section 1886(n)(3)(A)(ii) of the Social Security Act (42 U.S.C. 1395ww(n)(3)(A)(ii)) is amended by inserting before the period at the end the following: '', and the hospital demonstrates (through a process specified by the Secretary, such as the use of an attestation) that the hospital has not knowingly and willfully taken action (such as to disable functionality) to limit or restrict the compatibility or interoperability of the certified EHR technology''.

(C) EFFECTIVE DATE.—The amendments made by this subsection shall apply to meaningful EHR users as of the date that is one year after the date of the enactment of this Act.

(3) STUDY AND REPORT ON THE FEASIBILITY OF ESTABLISHING A MECHANISM TO COMPARE CERTIFIED EHR TECHNOLOGY PRODUCTS.—

(A) STUDY.—The Secretary shall conduct a study to examine the feasibility of establishing one or more mechanisms to assist providers in comparing and selecting certified EHR technology products. Such mechanisms may include—

(i) a website with aggregated results of surveys of meaningful EHR users on the functionality of certified EHR technology products to enable such users to directly compare the functionality and other features of such products; and

(ii) information from vendors of certified products that is made publicly available in a standardized format.

The aggregated results of the surveys described in clause (i) may be made available through contracts with physicians, hospitals, or other organizations that maintain such comparative information described in such clause.

(B) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall submit to Congress a report on mechanisms that would assist providers in comparing and selecting certified EHR technology products. The report shall include information on the benefits of, and resources needed to develop and maintain, such mechanisms.

(4) DEFINITIONS.—In this subsection:

(A) The term ''certified EHR technology'' has the meaning given such term in section 1848(o)(4) of the Social Security Act (42 U.S.C. 1395w–4(o)(4)).

(B) The term ''meaningful EHR user'' has the meaning given such term under the Medicare EHR incentive programs.

(C) The term ''Medicare and Medicaid EHR incentive programs'' means—

(i) in the case of the Medicare program under title XVIII of the Social Security Act, the incentive programs under section 1814(l)(3), section 1848(o), subsections (l) and (m) of section 1853, and section 1886(n) of the Social Security Act (42 U.S.C. 1395f(l)(3), 1395w–4(o), 1395w–23, 1395ww(n)); and

(ii) in the case of the Medicaid program under title XIX of such Act, the incentive program under subsections (a)(3)(F) and (t) of section 1903 of such Act (42 U.S.C. 1396b).

(D) The term ''Secretary'' means the Secretary of Health and Human Services.

(c) GAO STUDIES AND REPORTS ON THE USE OF TELEHEALTH UNDER FEDERAL PROGRAMS AND ON REMOTE PATIENT MONITORING SERVICES.—

(1) STUDY ON TELEHEALTH SERVICES.—The Comptroller General of the United States shall conduct a study on the following:

(A) How the definition of telehealth across various Federal programs and Federal efforts can inform the use of telehealth in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(B) Issues that can facilitate or inhibit the use of telehealth under the Medicare program under such title, including oversight and professional licensure, changing technology, privacy and security, infrastructure requirements, and varying needs across urban and rural areas.

(C) Potential implications of greater use of telehealth with respect to payment and delivery system transformations under the Medicare program under such title XVIII and the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.).

(D) How the Centers for Medicare & Medicaid Services monitors payments made under the Medicare program under such title XVIII to providers for telehealth services.

(2) STUDY ON REMOTE PATIENT MONITORING SERVICES.—

(A) IN GENERAL.—The Comptroller General of the United States shall conduct a study—

(i) of the dissemination of remote patient monitoring technology in the private health insurance market;

(ii) of the financial incentives in the private health insurance market relating to adoption of such technology;

(iii) of the barriers to adoption of such services under the Medicare program under title XVIII of the Social Security Act;

(iv) that evaluates the patients, conditions, and clinical circumstances that could most benefit from remote patient monitoring services; and

(v) that evaluates the challenges related to establishing appropriate valuation for remote patient monitoring services under the Medicare physician fee schedule under section 1848 of the Social Security Act (42 U.S.C. 1395w–4) in order to accurately reflect the resources involved in furnishing such services.

(B) DEFINITIONS.—For purposes of this paragraph:

(i) REMOTE PATIENT MONITORING SERVICES.—The term ''remote patient monitoring services'' means services furnished through remote patient monitoring technology.

(ii) REMOTE PATIENT MONITORING TECHNOLOGY.—The term ''remote patient monitoring technology'' means a coordinated system that uses one or more home-based or mobile monitoring devices that automatically transmit vital sign data or information on activities of daily living and may include responses to assessment questions collected on the devices wirelessly or through a telecommunications connection to a server that complies with the Federal regulations (concerning the privacy of individually identifiable health information) promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996, as part of an established plan of care for that patient that includes the review and interpretation of that data by a health care professional.

(3) REPORTS.—Not later than 24 months after the date of the enactment of this Act, the Comptroller General shall submit to Congress—

(A) a report containing the results of the study conducted under paragraph (1); and

(B) a report containing the results of the study conducted under paragraph (2).

A report required under this paragraph shall be submitted together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate. The Comptroller General may submit one report containing the results described in subparagraphs (A) and (B) and the recommendations described in the previous sentence.

(d) RULE OF CONSTRUCTION REGARDING HEALTH CARE PROVIDERS.—

(1) IN GENERAL.—Subject to paragraph (3), the development, recognition, or implementation of any guideline or other standard under any Federal health care provision shall not be construed to establish the standard of care or duty of care owed by a health care provider to a patient in any medical malpractice or medical product liability action or claim.

(2) DEFINITIONS.—For purposes of this subsection:

(A) FEDERAL HEALTH CARE PROVISION.—The term ''Federal health care provision'' means any provision of the Patient Protection and Affordable Care Act (Public Law 111–148), title I or subtitle B of title II of the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152), or title XVIII or XIX of the Social Security Act (42 U.S.C. 1395 et seq., 42 U.S.C. 1396 et seq.).

(B) HEALTH CARE PROVIDER.—The term ''health care provider'' means any individual, group practice, corporation of health care professionals, or hospital—

(i) licensed, registered, or certified under Federal or State laws or regulations to provide health care services; or

(ii) required to be so licensed, registered, or certified but that is exempted by other statute or regulation.

(C) MEDICAL MALPRACTICE OR MEDICAL PRODUCT LIABILITY ACTION OR CLAIM.—The term ''medical malpractice or medical product liability action or claim'' means a medical malpractice action or claim (as defined in section 431(7) of the Health Care Quality Improvement Act of 1986 (42 U.S.C. 11151(7))) and includes a liability action or claim relating to a health care provider's prescription or provision of a drug, device, or biological product (as such terms are defined in section 201 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 321) or section 351 of the Public Health Service Act (42 U.S.C. 262)).

(D) STATE.—The term ''State'' includes the District of Columbia, Puerto Rico, and any other commonwealth, possession, or territory of the United States.

(3) NO PREEMPTION.—Nothing in paragraph (1) or any provision of the Patient Protection and Affordable Care Act (Public Law 111–148), title I or subtitle B of title II of the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152), or title XVIII or XIX of the Social Security Act (42 U.S.C. 1395 et seq., 42 U.S.C. 1396 et seq.) shall be construed to preempt any State or common law governing medical professional or medical product liability actions or claims.

TITLE II—MEDICARE AND OTHER HEALTH EXTENDERS

Subtitle A—Medicare Extenders

SEC. 201. EXTENSION OF WORK GPCI FLOOR.

Section 1848(e)(1)(E) of the Social Security Act (42 U.S.C. 1395w–4(e)(1)(E)) is amended by striking ''April 1, 2015'' and inserting ''January 1, 2018''.

SEC. 202. EXTENSION OF THERAPY CAP EXCEPTIONS PROCESS.

(a) IN GENERAL.—Section 1833(g) of the Social Security Act (42 U.S.C. 1395l(g)) is amended—

(1) in paragraph (5)(A), in the first sentence, by striking ''March 31, 2015'' and inserting ''December 31, 2017''; and

(2) in paragraph (6)(A)—

(A) by striking ''March 31, 2015'' and inserting ''December 31, 2017''; and

(B) by striking ''2012, 2013, 2014, or the first three months of 2015'' and inserting ''2012 through 2017''.

(b) TARGETED REVIEWS UNDER MANUAL MEDICAL REVIEW PROCESS FOR OUTPATIENT THERAPY SERVICES.—

(1) IN GENERAL.—Section 1833(g)(5) of the Social Security Act (42 U.S.C. 1395l(g)(5)) is amended—

(A) in subparagraph (C)(i), by inserting '', subject to subparagraph (E),'' after ''manual medical review process that''; and

(B) by adding at the end the following new subparagraph:

''(E)(i) In place of the manual medical review process under subparagraph (C)(i), the Secretary shall implement a process for medical review under this subparagraph under which the Secretary shall identify and conduct medical review for services described in subparagraph (C)(i) furnished by a provider of services or supplier (in this subparagraph referred to as a 'therapy provider') using such factors as the Secretary determines to be appropriate.

''(ii) Such factors may include the following:

''(I) The therapy provider has had a high claims denial percentage for therapy services under this part or is less compliant with applicable requirements under this title.

''(II) The therapy provider has a pattern of billing for therapy services under this part that is aberrant compared to peers or otherwise has questionable billing practices for such services, such as billing medically unlikely units of services in a day.

''(III) The therapy provider is newly enrolled under this title or has not previously furnished therapy services under this part.

''(IV) The services are furnished to treat a type of medical condition.

''(V) The therapy provider is part of group that includes another therapy provider identified using the factors determined under this subparagraph.

''(iii) For purposes of carrying out this subparagraph, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of $5,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for fiscal years 2015 and 2016, to remain available until expended. Such funds may not be used by a contractor

under section 1893(h) for medical reviews under this subparagraph.

''(iv) The targeted review process under this subparagraph shall not apply to services for which expenses are incurred beyond the period for which the exceptions process under subparagraph (A) is implemented.''.

(2) EFFECTIVE DATE.—The amendments made by this subsection shall apply with respect to requests described in section 1833(g)(5)(C)(i) of the Social Security Act (42 U.S.C. 1395l(g)(5)(C)(i)) with respect to which the Secretary of Health and Human Services has not conducted medical review under such section by a date (not later than 90 days after the date of the enactment of this Act) specified by the Secretary.

SEC. 203. EXTENSION OF AMBULANCE ADD-ONS.

(a) GROUND AMBULANCE.—Section 1834(l)(13)(A) of the Social Security Act (42 U.S.C. 1395m(l)(13)(A)) is amended by striking ''April 1, 2015'' and inserting ''January 1, 2018'' each place it appears.

(b) SUPER RURAL GROUND AMBULANCE.—Section 1834(l)(12)(A) of the Social Security Act (42 U.S.C. 1395m(l)(12)(A)) is amended, in the first sentence, by striking ''April 1, 2015'' and inserting ''January 1, 2018''.

SEC. 204. EXTENSION OF INCREASED INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR CERTAIN LOW-VOLUME HOSPITALS.

Section 1886(d)(12) of the Social Security Act (42 U.S.C. 1395ww(d)(12)) is amended—

(1) in subparagraph (B), in the matter preceding clause (i), by striking ''in fiscal year 2015 (beginning on April 1, 2015), fiscal year 2016, and subsequent fiscal years'' and inserting ''in fiscal year 2018 and subsequent fiscal years'';

(2) in subparagraph (C)(i), by striking ''fiscal years 2011 through 2014 and fiscal year 2015 (before April 1, 2015),'' and inserting ''fiscal years 2011 through 2017,'' each place it appears; and

(3) in subparagraph (D), by striking ''fiscal years 2011 through 2014 and fiscal year 2015 (before April 1, 2015),'' and inserting ''fiscal years 2011 through 2017,''.

SEC. 205. EXTENSION OF THE MEDICARE-DEPENDENT HOSPITAL (MDH) PROGRAM.

(a) IN GENERAL.—Section 1886(d)(5)(G) of the Social Security Act (42 U.S.C. 1395ww(d)(5)(G)) is amended—

(1) in clause (i), by striking ''April 1, 2015'' and inserting ''October 1, 2017''; and

(2) in clause (ii)(II), by striking ''April 1, 2015'' and inserting ''October 1, 2017''.

(b) CONFORMING AMENDMENTS.—

(1) EXTENSION OF TARGET AMOUNT.—Section 1886(b)(3)(D) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(D)) is amended—

(A) in the matter preceding clause (i), by striking ''April 1, 2015'' and inserting ''October 1, 2017''; and

(B) in clause (iv), by striking ''through fiscal year 2014 and the portion of fiscal year 2015 before April 1, 2015'' and inserting ''through fiscal year 2017''.

(2) PERMITTING HOSPITALS TO DECLINE RECLASSIFICATION.—Section 13501(e)(2) of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 1395ww note) is amended by striking ''through the first 2 quarters of fiscal year 2015'' and inserting ''through fiscal year 2017''.

SEC. 206. EXTENSION FOR SPECIALIZED MEDICARE ADVANTAGE PLANS FOR SPECIAL NEEDS INDIVIDUALS.

Section 1859(f)(1) of the Social Security Act (42 U.S.C. 1395w–28(f)(1)) is amended by striking ''2017'' and inserting ''2019''.

SEC. 207. EXTENSION OF FUNDING FOR QUALITY MEASURE ENDORSEMENT, INPUT, AND SELECTION.

Section 1890(d)(2) of the Social Security Act (42 U.S.C. 1395aaa(d)(2)) is amended by striking ''and $15,000,000 for the first 6 months of fiscal year 2015'' and inserting ''and $30,000,000 for each of fiscal years 2015 through 2017''.

SEC. 208. EXTENSION OF FUNDING OUTREACH AND ASSISTANCE FOR LOW-INCOME PROGRAMS.

(a) ADDITIONAL FUNDING FOR STATE HEALTH INSURANCE PROGRAMS.—Subsection (a)(1)(B) of section 119 of the Medicare Improvements for Patients and Providers Act of 2008 (42 U.S.C. 1395b–3 note), as amended by section 3306 of the Patient Protection and Affordable Care Act (Public Law 111–148), section 610 of the American Taxpayer Relief Act of 2012 (Public Law 112–240), section 1110 of the Pathway for SGR Reform Act of 2013 (Public Law 113–67), and section 110 of the Protecting Access to Medicare Act of 2014 (Public Law 113–93), is amended—

(1) in clause (iv), by striking ''and'' at the end;

(2) by striking clause (v); and

(3) by adding at the end the following new clauses:

''(v) for fiscal year 2015, of $7,500,000;

''(vi) for fiscal year 2016, of $13,000,000; and

''(vii) for fiscal year 2017, of $13,000,000.''.

(b) ADDITIONAL FUNDING FOR AREA AGENCIES ON AGING.—Subsection (b)(1)(B) of such section 119, as so amended, is amended—

(1) in clause (iv), by striking ''and'' at the end;

(2) by striking clause (v); and

(3) by inserting after clause (iv) the following new clauses:

''(v) for fiscal year 2015, of $7,500,000;

''(vi) for fiscal year 2016, of $7,500,000; and

''(vii) for fiscal year 2017, of $7,500,000.''.

(c) ADDITIONAL FUNDING FOR AGING AND DISABILITY RESOURCE CENTERS.—Subsection (c)(1)(B) of such section 119, as so amended, is amended—

(1) in clause (iv), by striking ''and'' at the end;

(2) by striking clause (v); and

(3) by inserting after clause (iv) the following new clauses:

''(v) for fiscal year 2015, of $5,000,000;

''(vi) for fiscal year 2016, of $5,000,000; and

''(vii) for fiscal year 2017, of $5,000,000.''.

(d) ADDITIONAL FUNDING FOR CONTRACT WITH THE NATIONAL CENTER FOR BENEFITS AND OUTREACH ENROLLMENT.—Subsection (d)(2) of such section 119, as so amended, is amended—

(1) in clause (iv), by striking ''and'' at the end;

(2) by striking clause (v); and

(3) by inserting after clause (iv) the following new clauses:

''(v) for fiscal year 2015, of $5,000,000;

''(vi) for fiscal year 2016, of $12,000,000; and

''(vii) for fiscal year 2017, of $12,000,000.''.

SEC. 209. EXTENSION AND TRANSITION OF REASONABLE COST REIMBURSEMENT CONTRACTS.

(a) ONE-YEAR TRANSITION AND NOTICE REGARDING TRANSITION.—Section 1876(h)(5)(C) of the Social Security Act (42 U.S.C. 1395mm(h)(5)(C)) is amended—

(1) in clause (ii), in the matter preceding subclause (I), by striking ''For any'' and inserting ''Subject to clause (iv), for any'';

(2) in clause (iii)(I), by inserting ''cost plan service'' after ''With respect to any portion of the'';

(3) in clause (iii)(II), by inserting ''cost plan service'' after ''With respect to any other portion of such''; and

(4) by adding at the end the following new clauses:

''(iv) In the case of an eligible organization that is offering a reasonable cost reimbursement contract that may no longer be extended or renewed because of the application of clause (ii), or where such contract has been extended or renewed but the eligible organization has informed the Secretary in writing not later than a date determined appropriate by the Secretary that such organization voluntarily plans not to seek renewal of the reasonable cost reimbursement contract, the following shall apply:

''(I) Notwithstanding such clause, such contract may be extended or renewed for the two years subsequent to 2016. The final year in which such contract is extended or renewed is referred to in this subsection as the 'last reasonable cost reimbursement contract year for the contract'.

''(II) The organization may not enroll a new enrollee under such contract during the last reasonable cost reimbursement contract year for the contract (but may continue to enroll new enrollees through the end of the year immediately preceding such year) unless such enrollee is any of the following:

''(aa) An individual who chooses enrollment in the reasonable cost contract during the annual election period with respect to such last year.

''(bb) An individual whose spouse, at the time of the individual's enrollment is an enrollee under the reasonable cost reimbursement contract.

''(cc) An individual who is covered under an employer group health plan that offers coverage through the reasonable cost reimbursement contract.

''(dd) An individual who becomes entitled to benefits under part A, or enrolled under part B, and was enrolled in a plan offered by the eligible organization immediately prior to the individual's enrollment under the reasonable cost reimbursement contract.

''(III) Not later than a date determined appropriate by the Secretary prior to the beginning of the last reasonable cost reimbursement contract year for the contract, the organization shall provide notice to the Secretary as to whether the organization will apply to have the contract converted over, in whole or in part, and offered as a Medicare Advantage plan under part C for the year following the last reasonable cost reimbursement contract year for the contract.

''(IV) If the organization provides the notice described in subclause (III) that the contract will be converted, in whole or in part, the organization shall, not later than a date determined appropriate by the Secretary, provide the Secretary with such information as the Secretary determines appropriate in order to carry out section 1851(c)(4) and to carry out section 1854(a)(5), including subparagraph (C)(ii) of such section.

''(V) In the case that the organization enrolls a new enrollee under such contract during the last reasonable cost reimbursement contract year for the contract, the organization shall provide the individual with a notification that such year is the last year for such contract.

''(v) If an eligible organization that is offering a reasonable cost reimbursement contract that is extended or renewed pursuant to clause (iv) provides the notice described in clause (iv)(III) that the contract will be converted, in whole or in part, the following shall apply:

''(I) The deemed enrollment under section 1851(c)(4).

''(II) The special rule for quality increase under section 1853(o)(4)(C).

''(III) During the last reasonable cost reimbursement contract year for the contract and the year immediately preceding such year, the eligible organization, or the corporate parent organization of the eligible organization, shall be permitted to offer an MA plan in the area that such contract is being offered and enroll Medicare Advantage eligible individuals in such MA plan and such cost plan.''.

(b) DEEMED ENROLLMENT FROM REASONABLE COST REIMBURSEMENT CONTRACTS CONVERTED TO MEDICARE ADVANTAGE PLANS.—

(1) IN GENERAL.—Section 1851(c) of the Social Security Act (42 U.S.C. 1395w–21(c)) is amended—

(A) in paragraph (1), by striking ''Such elections'' and inserting ''Subject to paragraph (4), such elections''; and

(B) by adding at the end the following:

''(4) DEEMED ENROLLMENT RELATING TO CONVERTED REASONABLE COST REIMBURSEMENT CONTRACTS.—

''(A) IN GENERAL.—On the first day of the annual, coordinated election period under subsection (e)(3) for plan years beginning on or after January 1, 2017, an MA eligible individual described in clause (i) or (ii) of subparagraph (B) is deemed, unless the individual elects otherwise, to have elected to receive benefits under this title through an applicable MA plan (and shall be enrolled in such plan) beginning with such plan year, if—

''(i) the individual is enrolled in a reasonable cost reimbursement contract under section 1876(h) in the previous plan year;

''(ii) such reasonable cost reimbursement contract was extended or renewed for the last reasonable cost reimbursement contract year of the contract (as described in subclause (I) of section 1876(h)(5)(C)(iv)) pursuant to such section;

''(iii) the eligible organization that is offering such reasonable cost reimbursement contract provided the notice described in subclause (III) of such section that the contract was to be converted;

''(iv) the applicable MA plan—

''(I) is the plan that was converted from the reasonable cost reimbursement contract described in clause (iii);

''(II) is offered by the same entity (or an organization affiliated with such entity that has a common ownership interest of control) that entered into such contract; and

''(III) is offered in the service area where the individual resides;

''(v) in the case of reasonable cost reimbursement contracts that provide coverage under parts A and B (and, to the extent the Secretary determines it to be feasible, contracts that provide only part B coverage), the difference between the estimated individual costs (as determined applicable by the Secretary) for the applicable MA plan and such costs for the predecessor cost plan does not exceed a threshold established by the Secretary; and

''(vi) the applicable MA plan—

''(I) provides coverage for enrollees transitioning from the converted reasonable cost reimbursement contract to such plan to maintain current providers of services and suppliers and course of treatment at the time of enrollment for a period of at least 90 days after enrollment; and

''(II) during such period, pays such providers of services and suppliers for items and services furnished to the enrollee an amount that is not less than the amount of payment applicable for such items and services under the original Medicare fee-for-service program under parts A and B.

''(B) MA ELIGIBLE INDIVIDUALS DESCRIBED.—

''(i) WITHOUT PRESCRIPTION DRUG COVERAGE.—An MA eligible individual described in this clause, with respect to a plan year, is an MA eligible individual who is enrolled in a reasonable cost reimbursement contract under section 1876(h) in the previous plan year and who is not, for such previous plan year, enrolled in a prescription drug plan under part D, including coverage under section 1860D–22.

''(ii) WITH PRESCRIPTION DRUG COVERAGE.—An MA eligible individual described in this clause, with respect to a plan year, is an MA eligible individual who is enrolled in a reasonable cost reimbursement contract under section 1876(h) in the previous plan year and who, for such previous plan year, is enrolled in a prescription drug plan under part D—

''(I) through such contract; or

''(II) through a prescription drug plan, if the sponsor of such plan is the same entity (or an organization affiliated with such entity) that entered into such contract.

''(C) APPLICABLE MA PLAN DEFINED.—In this paragraph, the term 'applicable MA plan' means, in the case of an individual described in—

''(i) subparagraph (B)(i), an MA plan that is not an MA–PD plan; and

''(ii) subparagraph (B)(ii), an MA–PD plan.

''(D) IDENTIFICATION AND NOTIFICATION OF DEEMED INDIVIDUALS.—Not later than 45 days before the first day of the annual, coordinated election period under subsection (e)(3) for plan years beginning on or after January 1, 2017, the Secretary shall identify and notify the individuals who will be subject to deemed elections under subparagraph (A) on the first day of such period.''.

(2) BENEFICIARY OPTION TO DISCONTINUE OR CHANGE MA PLAN OR MA–PD PLAN AFTER DEEMED ENROLLMENT.—

(A) IN GENERAL.—Section 1851(e)(2) of the Social Security Act (42 U.S.C. 1395w–21(e)(4)) is amended by adding at the end the following:

''(F) SPECIAL PERIOD FOR CERTAIN DEEMED ELECTIONS.—

''(i) IN GENERAL.—At any time during the period beginning after the last day of the annual, coordinated election period under paragraph (3) in which an individual is deemed to have elected to enroll in an MA plan or MA–PD plan under subsection (c)(4) and ending on the last day of February of the first plan year for which the individual is enrolled in such plan, such individual may change the election under subsection (a)(1) (including changing the MA plan or MA–PD plan in which the individual is enrolled).

''(ii) LIMITATION OF ONE CHANGE.—An individual may exercise the right under clause (i) only once during the applicable period described in such clause. The limitation under this clause shall not apply to changes in elections effected during an annual, coordinated election period under paragraph (3) or during a special enrollment period under paragraph (4).''.

(B) CONFORMING AMENDMENTS.—

(i) PLAN REQUIREMENT FOR OPEN ENROLLMENT.—Section 1851(e)(6)(A) of the Social Security Act (42 U.S.C. 1395w–21(e)(6)(A)) is amended by striking ''paragraph (1),'' and inserting ''paragraph (1), during the period described in paragraph (2)(F),''.

(ii) PART D.—Section 1860D–1(b)(1)(B) of such Act (42 U.S.C. 1395w–101(b)(1)(B)) is amended—

(I) in clause (ii), by adding ''and paragraph (4)'' after ''paragraph (3)(A)''; and

(II) in clause (iii) by striking ''and (E)'' and inserting ''(E), and (F)''.

(3) TREATMENT OF ESRD FOR DEEMED ENROLLMENT.—Section 1851(a)(3)(B) of the Social Security Act (42 U.S.C. 1395w–21(a)(3)(B)) is amended by adding at the end the following flush sentence: ''An individual who develops end-stage renal disease while enrolled in a reasonable cost reimbursement contract under section 1876(h) shall be treated as an MA eligible individual for purposes of applying the deemed enrollment under subsection (c)(4).''.

(c) INFORMATION REQUIREMENTS.—Section 1851(d)(2)(B) of the Social Security Act (42 U.S.C. 1395w–21(d)(2)(B)) is amended—

(1) in the heading, by striking ''NOTIFICATION TO NEWLY ELIGIBLE MEDICARE ADVANTAGE ELIGIBLE INDIVIDUALS'' and inserting the following: ''NOTIFICATIONS REQUIRED.—

''(i) NOTIFICATION TO NEWLY ELIGIBLE MEDICARE ADVANTAGE ELIGIBLE INDIVIDUALS.—''; and

(2) by adding at the end the following new clause:

''(ii) NOTIFICATION RELATED TO CERTAIN DEEMED ELECTIONS.—The Secretary shall require a Medicare Advantage organization that is offering a Medicare Advantage plan that has been converted from a reasonable cost reimbursement contract pursuant to section 1876(h)(5)(C)(iv) to mail, not later than 30 days prior to the first day of the annual, coordinated election period under subsection (e)(3) of a year, to any individual enrolled under such contract and identified by the Secretary under subsection (c)(4)(D) for such year—

''(I) a notification that such individual will, on such day, be deemed to have made an election with respect to such plan to receive benefits under this title through an MA plan or MA–PD plan (and shall be enrolled in such plan) for the next plan year under subsection (c)(4)(A), but that the individual may make a different election during the annual, coordinated election period for such year;

''(II) the information described in subparagraph (A);

''(III) a description of the differences between such MA plan or MA–PD plan and the reasonable cost reimbursement contract in which the individual was most recently enrolled with respect to benefits covered under such plans, including cost-sharing, premiums, drug coverage, and provider networks;

''(IV) information about the special period for elections under subsection (e)(2)(F); and

''(V) other information the Secretary may specify.''.

(d) TREATMENT OF TRANSITION PLAN FOR QUALITY RATING FOR PAYMENT PURPOSES.—Section 1853(o)(4) of the Social Security Act (42 U.S.C. 1395w–23(o)(4)) is amended by adding at the end the following new subparagraph:

''(C) SPECIAL RULE FOR FIRST 3 PLAN YEARS FOR PLANS THAT WERE CONVERTED FROM A REASONABLE COST REIMBURSEMENT CONTRACT.—For purposes of applying paragraph (1) and section 1854(b)(1)(C) for the first 3 plan years under this part in the case of an MA plan to which deemed enrollment applies under section 1851(c)(4)—

''(i) such plan shall not be treated as a new MA plan (as defined in paragraph (3)(A)(iii)(II)); and

''(ii) in determining the star rating of the plan under subparagraph (A), to the extent that Medicare Advantage data for such plan is not available for a measure used to determine such star rating, the Secretary shall use data from the period in which such plan was a reasonable cost reimbursement contract.''.

SEC. 210. EXTENSION OF HOME HEALTH RURAL ADD-ON.

Section 421(a) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108–173; 117 Stat. 2283; 42 U.S.C. 1395fff note), as amended by section 5201(b) of the Deficit Reduction Act of 2005 (Public Law 109–171; 120 Stat. 46) and by section 3131(c) of the Patient Protection and Affordable Care Act (Public Law 111–148; 124 Stat. 428), is amended by striking ''January 1, 2016'' and inserting ''January 1, 2018'' each place it appears.

Subtitle B—Other Health Extenders

SEC. 211. PERMANENT EXTENSION OF THE QUALIFYING INDIVIDUAL (QI) PROGRAM.

(a) PERMANENT EXTENSION.—Section 1902(a)(10)(E)(iv) of the Social Security Act (42 U.S.C. 1396a(a)(10)(E)(iv)) is amended by striking ''(but only for premiums payable

with respect to months during the period beginning with January 1998, and ending with March 2015)''.

(b) ALLOCATIONS.—Section 1933(g) of the Social Security Act (42 U.S.C. 1396u–3(g)) is amended—

(1) in paragraph (2)—

(A) by striking subparagraphs (A) through (H);

(B) in subparagraph (V), by striking ''and'' at the end;

(C) in subparagraph (W), by striking the period at the end and inserting a semicolon;

(D) by redesignating subparagraphs (I) through (W) as subparagraphs (A) through (O), respectively; and

(E) by adding at the end the following new subparagraphs:

''(P) for the period that begins on April 1, 2015, and ends on December 31, 2015, the total allocation amount is $535,000,000; and

''(Q) for 2016 and, subject to paragraph (4), for each subsequent year, the total allocation amount is $980,000,000.'';

(2) in paragraph (3), by striking ''(P), (R), (T), or (V)'' and inserting ''or (P)''; and

(3) by adding at the end the following new paragraph:

''(4) ADJUSTMENT TO ALLOCATIONS.—The Secretary may increase the allocation amount under paragraph (2)(Q) for a year (beginning with 2017) up to an amount that does not exceed the product of the following:

''(A) MAXIMUM ALLOCATION AMOUNT FOR PREVIOUS YEAR.—In the case of 2017, the allocation amount for 2016, or in the case of a subsequent year, the maximum allocation amount allowed under this paragraph for the previous year.

''(B) INCREASE IN PART B PREMIUM.—The monthly premium rate determined under section 1839 for the year divided by the monthly premium rate determined under such section for the previous year.

''(C) INCREASE IN PART B ENROLLMENT.—The average number of individuals (as estimated by the Chief Actuary of the Centers for Medicare & Medicaid Services in September of the previous year) to be enrolled under part B of title XVIII for months in the year divided by the average number of such individuals (as so estimated) under this subparagraph with respect to enrollments in months in the previous year.''.

SEC. 212. PERMANENT EXTENSION OF TRANSITIONAL MEDICAL ASSISTANCE (TMA).

(a) IN GENERAL.—Section 1925 of the Social Security Act (42 U.S.C. 1396r–6) is amended—

(1) by striking subsection (f); and

(2) by redesignating subsection (g) as subsection (f).

(b) CONFORMING AMENDMENT.—Section 1902(e)(1) of the Social Security Act (42 U.S.C. 1396a(e)(1)) is amended to read as follows:

''(1) Beginning April 1, 1990, for provisions relating to the extension of eligibility for medical assistance for certain families who have received aid pursuant to a State plan approved under part A of title IV and have earned income, see section 1925.''.

SEC. 213. EXTENSION OF SPECIAL DIABETES PROGRAM FOR TYPE I DIABETES AND FOR INDIANS.

(a) SPECIAL DIABETES PROGRAMS FOR TYPE I DIABETES.—Section 330B(b)(2)(C) of the Public Health Service Act (42 U.S.C. 254c–2(b)(2)(C)) is amended by striking ''2015'' and inserting ''2017''.

(b) SPECIAL DIABETES PROGRAMS FOR INDIANS.—Section 330C(c)(2)(C) of the Public Health Service Act (42 U.S.C. 254c–3(c)(2)(C)) is amended by striking ''2015'' and inserting ''2017''.

SEC. 214. EXTENSION OF ABSTINENCE EDUCATION.

(a) IN GENERAL.—Section 510 of the Social Security Act (42 U.S.C. 710) is amended—

(1) in subsection (a), striking ''2015'' and inserting ''2017''; and

(2) in subsection (d), by inserting ''and an additional $75,000,000 for each of fiscal years 2016 and 2017'' after ''2015''.

(b) BUDGET SCORING.—Notwithstanding section 257(b)(2) of the Balanced Budget and Emergency Deficit Control Act of 1985, the baseline shall be calculated assuming that no grant shall be made under section 510 of the Social Security Act (42 U.S.C. 710) after fiscal year 2017.

(c) REALLOCATION OF UNUSED FUNDING.—The remaining unobligated balances of the amount appropriated for fiscal years 2016 and 2017 by section 510(d) of the Social Security Act (42 U.S.C. 710(d)) for which no application has been received by the Funding Opportunity Announcement deadline, shall be made available to States that require the implementation of each element described in subparagraphs (A) through (H) of the definition of abstinence education in section 510(b)(2). The remaining unobligated balances shall be reallocated to such States that submit a valid application consistent with the original formula for this funding.

SEC. 215. EXTENSION OF PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP).

Section 513 of the Social Security Act (42 U.S.C. 713) is amended—

(1) in paragraphs (1)(A) and (4)(A) of subsection (a), by striking ''2015'' and inserting ''2017'' each place it appears;

(2) in subsection (a)(4)(B)(i), by striking '', 2013, 2014, and 2015'' and inserting ''through 2017''; and

(3) in subsection (f), by striking ''2015'' and inserting ''2017''.

SEC. 216. EXTENSION OF FUNDING FOR FAMILY-TO-FAMILY HEALTH INFORMATION CENTERS.

Section 501(c)(1)(A) of the Social Security Act (42 U.S.C. 701(c)(1)(A)) is amended—

(1) by striking clause (vi); and

(2) by adding after clause (v) the following new clause:

''(vi) $5,000,000 for each of fiscal years 2015 through 2017.''.

SEC. 217. EXTENSION OF HEALTH WORKFORCE DEMONSTRATION PROJECT FOR LOW-INCOME INDIVIDUALS.

Section 2008(c)(1) of the Social Security Act (42 U.S.C. 1397g(c)(1)) is amended by striking ''2015'' and inserting ''2017''.

SEC. 218. EXTENSION OF MATERNAL, INFANT, AND EARLY CHILDHOOD HOME VISITING PROGRAMS.

Section 511(j)(1) of the Social Security Act (42 U.S.C. 711(j)) is amended—

(1) by striking ''and'' at the end of subparagraph (E);

(2) in subparagraph (F)—

(A) by striking ''for the period beginning on October 1, 2014, and ending on March 31, 2015'' and inserting ''for fiscal year 2015'';

(B) by striking ''an amount equal to the amount provided in subparagraph (E)'' and inserting ''$400,000,000''; and

(C) by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following new subparagraphs:

''(G) for fiscal year 2016, $400,000,000; and

''(H) for fiscal year 2017, $400,000,000.''.

SEC. 219. TENNESSEE DSH ALLOTMENT FOR FISCAL YEARS 2015 THROUGH 2025.

Section 1923(f)(6)(A) of the Social Security Act (42 U.S.C. 1396r–4(f)(6)(A)) is amended by adding at the end the following:

''(vi) ALLOTMENT FOR FISCAL YEARS 2015 THROUGH 2025.—Notwithstanding any other provision of this subsection, any other provision of law, or the terms of the TennCare Demonstration Project in effect for the State, the DSH allotment for Tennessee for fiscal year 2015, and for each fiscal year thereafter through fiscal year 2025, shall be $53,100,000 for each such fiscal year.''.

SEC. 220. DELAY IN EFFECTIVE DATE FOR MEDICAID AMENDMENTS RELATING TO BENEFICIARY LIABILITY SETTLEMENTS.

Section 202(c) of the Bipartisan Budget Act of 2013 (division A of Public Law 113–67; 42 U.S.C. 1396a note), as amended by section 211 of the Protecting Access to Medicare Act of 2014 (Public Law 113–93; 128 Stat. 1047) is amended by striking ''October 1, 2016'' and inserting ''October 1, 2017''.

SEC. 221. EXTENSION OF FUNDING FOR COMMUNITY HEALTH CENTERS, THE NATIONAL HEALTH SERVICE CORPS, AND TEACHING HEALTH CENTERS.

(a) FUNDING FOR COMMUNITY HEALTH CENTERS AND THE NATIONAL HEALTH SERVICE CORPS.—

(1) COMMUNITY HEALTH CENTERS.—Section 10503(b)(1)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(1)(E)) is amended by striking ''for fiscal year 2015'' and inserting ''for each of fiscal years 2015 through 2017''.

(2) NATIONAL HEALTH SERVICE CORPS.—Section 10503(b)(2)(E) of the Patient Protection and Affordable Care Act (42 U.S.C. 254b–2(b)(2)(E)) is amended by striking ''for fiscal year 2015'' and inserting ''for each of fiscal years 2015 through 2017''.

(b) EXTENSION OF TEACHING HEALTH CENTERS PROGRAM.—Section 340H(g) of the Public Health Service Act (42 U.S.C. 256h(g)) is amended by inserting ''and $60,000,000 for each of fiscal years 2016 and 2017'' before the period at the end.

(c) APPLICATION.—Amounts appropriated pursuant to this section for fiscal year 2016 and fiscal year 2017 are subject to the requirements contained in Public Law 113–235 for funds for programs authorized under sections 330 through 340 of the Public Health Service Act (42 U.S.C. 254b–256).

TITLE III—CHIP

SEC. 301. 2-YEAR EXTENSION OF THE CHILDREN'S HEALTH INSURANCE PROGRAM.

(a) FUNDING.—Section 2104(a) of the Social Security Act (42 U.S.C. 1397dd(a)) is amended—

(1) in paragraph (17), by striking ''and'' at the end;

(2) in paragraph (18)(B), by striking the period at the end and inserting a semicolon; and

(3) by adding at the end the following new paragraphs:

''(19) for fiscal year 2016, $19,300,000,000; and

''(20) for fiscal year 2017, for purposes of making 2 semi-annual allotments—

''(A) $2,850,000,000 for the period beginning on October 1, 2016, and ending on March 31, 2017; and

''(B) $2,850,000,000 for the period beginning on April 1, 2017, and ending on September 30, 2017.''.

(b) ALLOTMENTS.—

(1) IN GENERAL.—Section 2104(m) of the Social Security Act (42 U.S.C. 1397dd(m)) is amended—

(A) in the subsection heading, by striking ''THROUGH 2015'' and inserting ''AND THEREAFTER'';

(B) in paragraph (2)—

(i) in the paragraph heading, by striking ''2014'' and inserting ''2016''; and

(ii) by striking subparagraph (B) and inserting the following new subparagraph:

''(B) FISCAL YEAR 2013 AND EACH SUCCEEDING FISCAL YEAR.—Subject to paragraphs (5) and (7), from the amount made available under paragraphs (16) through (19) of subsection (a) for fiscal year 2013 and each succeeding fiscal year, respectively, the Secretary shall compute a State allotment for each State (including the District of Columbia and each

commonwealth and territory) for each such fiscal year as follows:

''(i) REBASING IN FISCAL YEAR 2013 AND EACH SUCCEEDING ODD-NUMBERED FISCAL YEAR.—For fiscal year 2013 and each succeeding odd-numbered fiscal year (other than fiscal years 2015 and 2017), the allotment of the State is equal to the Federal payments to the State that are attributable to (and countable toward) the total amount of allotments available under this section to the State in the preceding fiscal year (including payments made to the State under subsection (n) for such preceding fiscal year as well as amounts redistributed to the State in such preceding fiscal year), multiplied by the allotment increase factor under paragraph (6) for such odd-numbered fiscal year.

''(ii) GROWTH FACTOR UPDATE FOR FISCAL YEAR 2014 AND EACH SUCCEEDING EVEN-NUMBERED FISCAL YEAR.—Except as provided in clauses (iii) and (iv), for fiscal year 2014 and each succeeding even-numbered fiscal year, the allotment of the State is equal to the sum of—

''(I) the amount of the State allotment under clause (i) for the preceding fiscal year; and

''(II) the amount of any payments made to the State under subsection (n) for such preceding fiscal year,

multiplied by the allotment increase factor under paragraph (6) for such even-numbered fiscal year.

''(iii) SPECIAL RULE FOR 2016.—For fiscal year 2016, the allotment of the State is equal to the Federal payments to the State that are attributable to (and countable toward) the total amount of allotments available under this section to the State in the preceding fiscal year (including payments made to the State under subsection (n) for such preceding fiscal year as well as amounts redistributed to the State in such preceding fiscal year), but determined as if the last two sentences of section 2105(b) were in effect in such preceding fiscal year and then multiplying the result by the allotment increase factor under paragraph (6) for fiscal year 2016.

''(iv) REDUCTION IN 2018.—For fiscal year 2018, with respect to the allotment of the State for fiscal year 2017, any amounts of such allotment that remain available for expenditure by the State in fiscal year 2018 shall be reduced by one-third.'';

(C) in paragraph (4), by inserting ''or 2017'' after ''2015'';

(D) in paragraph (6)—

(i) in subparagraph (A), by striking ''2015'' and inserting ''2017''; and

(ii) in the second sentence, by striking ''or fiscal year 2014'' and inserting ''fiscal year 2014, or fiscal year 2016'';

(E) in paragraph (8)—

(i) in the paragraph heading, by striking ''FISCAL YEAR 2015'' and inserting ''FISCAL YEARS 2015 AND 2017''; and

(ii) by inserting ''or fiscal year 2017'' after ''2015'';

(F) by redesignating paragraphs (4) through (8) as paragraphs (5) through (9), respectively; and

(G) by inserting after paragraph (3) the following new paragraph:

''(4) FOR FISCAL YEAR 2017.—

''(A) FIRST HALF.—Subject to paragraphs (5) and (7), from the amount made available under subparagraph (A) of paragraph (20) of subsection (a) for the semi-annual period described in such paragraph, increased by the amount of the appropriation for such period under section 301(b)(3) of the Medicare Access and CHIP Reauthorization Act of 2015, the Secretary shall compute a State allotment for each State (including the District of Columbia and each commonwealth and territory) for such semi-annual period in an amount equal to the first half ratio (described in subparagraph (D)) of the amount described in subparagraph (C).

''(B) SECOND HALF.—Subject to paragraphs (5) and (7), from the amount made available under subparagraph (B) of paragraph (20) of subsection (a) for the semi-annual period described in such paragraph, the Secretary shall compute a State allotment for each State (including the District of Columbia and each commonwealth and territory) for such semi-annual period in an amount equal to the amount made available under such subparagraph, multiplied by the ratio of—

''(i) the amount of the allotment to such State under subparagraph (A); to

''(ii) the total of the amount of all of the allotments made available under such subparagraph.

''(C) FULL YEAR AMOUNT BASED ON REBASED AMOUNT.—The amount described in this subparagraph for a State is equal to the Federal payments to the State that are attributable to (and countable towards) the total amount of allotments available under this section to the State in fiscal year 2016 (including payments made to the State under subsection (n) for fiscal year 2016 as well as amounts redistributed to the State in fiscal year 2016), multiplied by the allotment increase factor under paragraph (6) for fiscal year 2017.

''(D) FIRST HALF RATIO.—The first half ratio described in this subparagraph is the ratio of—

''(i) the sum of—

''(I) the amount made available under subsection (a)(20)(A); and

''(II) the amount of the appropriation for such period under section 301(b)(3) of the Medicare Access and CHIP Reauthorization Act of 2015; to

''(ii) the sum of the—

''(I) amount described in clause (i); and

''(II) the amount made available under subsection (a)(20)(B).''.

(2) CONFORMING AMENDMENTS.——

(A) Section 2104(c)(1) of the Social Security Act (42 U.S.C. 1397dd(c)(1)) is amended by striking ''(m)(4)'' and inserting ''(m)(5)''.

(B) Section 2104(m) of such Act (42 U.S.C. 1397dd(m)), as amended by paragraph (1), is further amended—

(ii) in paragraph (1)—

(I) by striking ''paragraph (4)'' each place it appears in subparagraphs (A) and (B) and inserting ''paragraph (5)''; and

(II) by striking ''the allotment increase factor determined under paragraph (5)'' each place it appears and inserting ''the allotment increase factor determined under paragraph (6)'';

(iii) in paragraph (2)(A), by striking ''the allotment increase factor under paragraph (5)'' and inserting ''the allotment increase factor under paragraph (6)'';

(iv) in paragraph (3)—

(I) by striking ''paragraphs (4) and (6)'' and inserting ''paragraphs (5) and (7)'' each place it appears; and

(II) by striking ''the allotment increase factor under paragraph (5)'' and inserting ''the allotment increase factor under paragraph (6)'';

(v) in paragraph (5) (as redesignated by paragraph (1)(F)), by striking ''paragraph (1), (2), or (3)'' and inserting ''paragraph (1), (2), (3), or (4)'';

(vi) in paragraph (7) (as redesignated by paragraph (1)(F)), by striking ''subject to paragraph (4)'' and inserting ''subject to paragraph (5)''; and

(vii) in paragraph (9), (as redesignated by paragraph (1)(F)), by striking ''paragraph (3)'' and inserting ''paragraph (3) or (4)''.

(C) Section 2104(n)(3)(B)(ii) of such Act (42 U.S.C. 1397dd(n)(3)(B)(ii)) is amended by striking ''subsection (m)(5)(B)'' and inserting ''subsection (m)(6)(B)''.

(D) Section 2111(b)(2)(B)(i) of such Act (42 U.S.C. 1397kk(b)(2)(B)(i)) is amended by striking ''section 2104(m)(4)'' and inserting ''section 2104(m)(5)''.

(3) ONE-TIME APPROPRIATION FOR FISCAL YEAR 2017.—There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury not otherwise appropriated, $14,700,000,000 to accompany the allotment made for the period beginning on October 1, 2016, and ending on March 31, 2017, under paragraph (20)(A) of section 2104(a) of the Social Security Act (42 U.S.C. 1397dd(a)) (as added by subsection (a)(1)), to remain available until expended. Such amount shall be used to provide allotments to States under paragraph (4) of section 2104(m) of such Act (42 U.S.C. 1397dd(m)) (as amended by paragraph (1)(G)) for the first 6 months of fiscal year 2017 in the same manner as allotments are provided under subsection (a)(20)(A) of such section 2104 and subject to the same terms and conditions as apply to the allotments provided from such subsection (a)(20)(A).

(c) EXTENSION OF QUALIFYING STATES OPTION.—Section 2105(g)(4) of the Social Security Act (42 U.S.C. 1397ee(g)(4)) is amended—

(1) in the paragraph heading, by striking ''2015'' and inserting ''2017''; and

(2) in subparagraph (A), by striking ''2015'' and inserting ''2017''.

(d) EXTENSION OF THE CHILD ENROLLMENT CONTINGENCY FUND.—

(1) IN GENERAL.—Section 2104(n) of the Social Security Act (42 U.S.C. 1397dd(n)) is amended—

(A) in paragraph (2)—

(i) in subparagraph (A)(ii)—

(I) by striking ''2010 through 2014'' and inserting ''2010, 2011, 2012, 2013, 2014, and 2016''; and

(II) by inserting ''and fiscal year 2017'' after ''2015''; and

(ii) in subparagraph (B)—

(I) by striking ''2010 through 2014'' and inserting ''2010, 2011, 2012, 2013, 2014, and 2016''; and

(II) by inserting ''and fiscal year 2017'' after ''2015''; and

(B) in paragraph (3)(A), in the matter preceding clause (i), by striking ''fiscal year 2009, fiscal year 2010, fiscal year 2011, fiscal year 2012, fiscal year 2013, fiscal year 2014, or a semi-annual allotment period for fiscal year 2015'' and inserting ''any of fiscal years 2009 through 2014, fiscal year 2016, or a semi-annual allotment period for fiscal year 2015 or 2017''.

SEC. 302. EXTENSION OF EXPRESS LANE ELIGIBILITY.

Section 1902(e)(13)(I) of the Social Security Act (42 U.S.C. 1396a(e)(13)(I)) is amended by striking ''2015'' and inserting ''2017''.

SEC. 303. EXTENSION OF OUTREACH AND ENROLLMENT PROGRAM.

Section 2113 of the Social Security Act (42 U.S.C. 1397mm) is amended—

(1) in subsection (a)(1), by striking ''2015'' and inserting ''2017''; and

(2) in subsection (g), by inserting ''and $40,000,000 for the period of fiscal years 2016 and 2017'' after ''2015''.

SEC. 304. EXTENSION OF CERTAIN PROGRAMS AND DEMONSTRATION PROJECTS.

(a) CHILDHOOD OBESITY DEMONSTRATION PROJECT.—Section 1139A(e)(8) of the Social Security Act (42 U.S.C. 1320b–9a(e)(8)) is amended by inserting '', and $10,000,000 for the period of fiscal years 2016 and 2017'' after ''2014''.

(b) PEDIATRIC QUALITY MEASURES PROGRAM.—Section 1139A(i) of the Social Security Act (42 U.S.C. 1320b–9a(i)) is amended in the first sentence by inserting before the period at the end the following: '', and there is

appropriated for the period of fiscal years 2016 and 2017, $20,000,000 for the purpose of carrying out this section (other than subsections (e), (f), and (g))''.

SEC. 305. REPORT OF INSPECTOR GENERAL OF HHS ON USE OF EXPRESS LANE OPTION UNDER MEDICAID AND CHIP.

Not later than 18 months after the date of the enactment of this Act, the Inspector General of the Department of Health and Human Services shall submit to the Committee on Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate a report that—

(1) provides data on the number of individuals enrolled in the Medicaid program under title XIX of the Social Security Act (referred to in this section as ''Medicaid'') and the Children's Health Insurance Program under title XXI of such Act (referred to in this section as ''CHIP'') through the use of the Express Lane option under section 1902(e)(13) of the Social Security Act (42 U.S.C. 1396a(e)(13));

(2) assesses the extent to which individuals so enrolled meet the eligibility requirements under Medicaid or CHIP (as applicable); and

(3) provides data on Federal and State expenditures under Medicaid and CHIP for individuals so enrolled and disaggregates such data between expenditures made for individuals who meet the eligibility requirements under Medicaid or CHIP (as applicable) and expenditures made for individuals who do not meet such requirements.

TITLE IV—OFFSETS

Subtitle A—Medicare Beneficiary Reforms

SEC. 401. LIMITATION ON CERTAIN MEDIGAP POLICIES FOR NEWLY ELIGIBLE MEDICARE BENEFICIARIES.

Section 1882 of the Social Security Act (42 U.S.C. 1395ss) is amended by adding at the end the following new subsection:

''(z) LIMITATION ON CERTAIN MEDIGAP POLICIES FOR NEWLY ELIGIBLE MEDICARE BENEFICIARIES.—

''(1) IN GENERAL.—Notwithstanding any other provision of this section, on or after January 1, 2020, a medicare supplemental policy that provides coverage of the part B deductible, including any such policy (or rider to such a policy) issued under a waiver granted under subsection (p)(6), may not be sold or issued to a newly eligible Medicare beneficiary.

''(2) NEWLY ELIGIBLE MEDICARE BENEFICIARY DEFINED.—In this subsection, the term 'newly eligible Medicare beneficiary' means an individual who is neither of the following:

''(A) An individual who has attained age 65 before January 1, 2020.

''(B) An individual who was entitled to benefits under part A pursuant to section 226(b) or 226A, or deemed to be eligible for benefits under section 226(a), before January 1, 2020.

''(3) TREATMENT OF WAIVERED STATES.—In the case of a State described in subsection (p)(6), nothing in this section shall be construed as preventing the State from modifying its alternative simplification program under such subsection so as to eliminate the coverage of the part B deductible for any medical supplemental policy sold or issued under such program to a newly eligible Medicare beneficiary on or after January 1, 2020.

''(4) TREATMENT OF REFERENCES TO CERTAIN POLICIES.—In the case of a newly eligible Medicare beneficiary, except as the Secretary may otherwise provide, any reference in this section to a medicare supplemental policy which has a benefit package classified as 'C' or 'F' shall be deemed, as of January 1, 2020, to be a reference to a medicare supplemental policy which has a benefit package classified as 'D' or 'G', respectively.

''(5) ENFORCEMENT.—The penalties described in clause (ii) of subsection (d)(3)(A) shall apply with respect to a violation of paragraph (1) in the same manner as it applies to a violation of clause (i) of such subsection.''.

SEC. 402. INCOME-RELATED PREMIUM ADJUSTMENT FOR PARTS B AND D.

(a) IN GENERAL.—Section 1839(i)(3)(C)(i) of the Social Security Act (42 U.S.C. 1395r(i)(3)(C)(i)) is amended—

(1) by inserting after ''IN GENERAL.—'' the following:

''(I) Subject to paragraphs (5) and (6), for years before 2018:''; and

(2) by adding at the end the following:

''(II) Subject to paragraph (5), for years beginning with 2018:

''If the modified adjusted gross income is:	**The applicable percentage is:**
More than $85,000 but not more than $107,000	35 percent
More than $107,000 but not more than $133,500	50 percent
More than $133,500 but not more than $160,000	65 percent
More than $160,000	80 percent.''.

(b) CONFORMING AMENDMENTS.—Section 1839(i) of the Social Security Act (42 U.S.C. 1395r(i)) is amended—

(1) in paragraph (2)(A), by inserting ''(or, beginning with 2018, $85,000)'' after ''$80,000'';

(2) in paragraph (3)(A)(i), by inserting ''applicable'' before ''table'';

(3) in paragraph (5)(A)—

(A) in the matter before clause (i), by inserting ''(other than 2018 and 2019)'' after ''2007''; and

(B) in clause (ii), by inserting ''(or, in the case of a calendar year beginning with 2020, August 2018)'' after ''August 2006''; and

(4) in paragraph (6), in the matter before subparagraph (A), by striking ''2019'' and inserting ''2017''.

Subtitle B—Other Offsets

SEC. 411. MEDICARE PAYMENT UPDATES FOR POST-ACUTE PROVIDERS.

(a) SNFS.—Section 1888(e) of the Social Security Act (42 U.S.C. 1395yy(e))—

(1) in paragraph (5)(B)—

(A) in clause (i), by striking ''clause (ii)'' and inserting ''clauses (ii) and (iii)'';

(B) in clause (ii), by inserting ''subject to clause (iii),'' after ''each subsequent fiscal year,''; and

(C) by adding at the end the following new clause:

''(iii) SPECIAL RULE FOR FISCAL YEAR 2018.—For fiscal year 2018 (or other similar annual period specified in clause (i)), the skilled nursing facility market basket percentage, after application of clause (ii), is equal to 1 percent.''; and

(2) in paragraph (6)(A), by striking ''paragraph (5)(B)(ii)'' and inserting ''clauses (ii) and (iii) of paragraph (5)(B)'' each place it appears.

(b) IRFS.—Section 1886(j) of the Social Security Act (42 U.S.C. 1395ww(j)) is amended—

(1) in paragraph (3)(C)—

(A) in clause (i), by striking ''clause (ii)'' and inserting ''clauses (ii) and (iii)'';

(B) in clause (ii), by striking ''After'' and inserting ''Subject to clause (iii), after''; and

(C) by adding at the end the following new clause:

''(iii) SPECIAL RULE FOR FISCAL YEAR 2018.—The increase factor to be applied under this subparagraph for fiscal year 2018, after the application of clause (ii), shall be 1 percent.''; and

(2) in paragraph (7)(A)(i), by striking ''paragraph (3)(D)'' and inserting ''subparagraphs (C)(iii) and (D) of paragraph (3)''.

(c) HHAS.—Section 1895(b)(3)(B) of the Social Security Act (42 U.S.C. 1395fff(b)(3)(B)) is amended—

(1) in clause (iii), by adding at the end the following: ''Notwithstanding the previous sentence, the home health market basket percentage increase for 2018 shall be 1 percent.''; and

(2) in clause (vi)(I), by inserting ''(except 2018)'' after ''each subsequent year''.

(d) HOSPICE.—Section 1814(i) of the Social Security Act (42 U.S.C. 1395f(i)) is amended—

(1) in paragraph (1)(C)—

(A) in clause (ii)(VII), by striking ''clause (iv),,'' and inserting ''clauses (iv) and (vi),'';

(B) in clause (iii), by striking ''clause (iv),'' and inserting ''clauses (iv) and (vi),'';

(C) in clause (iv), by striking ''After determining'' and inserting ''Subject to clause (vi), after determining''; and

(D) by adding at the end the following new clause:

''(vi) For fiscal year 2018, the market basket percentage increase under clause (ii)(VII) or (iii), as applicable, after application of clause (iv), shall be 1 percent.''; and

(2) in paragraph (5)(A)(i), by striking ''paragraph (1)(C)(iv)'' and inserting ''clauses (iv) and (vi) of paragraph (1)(C)''.

(e) LTCHS.—Section 1886(m)(3) of the Social Security Act (42 U.S.C. 1395ww(m)(3)) is amended—

(1) in subparagraph (A), in the matter preceding clause (i), by striking ''In implementing'' and inserting ''Subject to subparagraph (C), in implementing''; and

(2) by adding at the end the following new subparagraph:

''(C) ADDITIONAL SPECIAL RULE.—For fiscal year 2018, the annual update under subparagraph (A) for the fiscal year, after application of clauses (i) and (ii) of subparagraph (A), shall be 1 percent.''.

SEC. 412. DELAY OF REDUCTION TO MEDICAID DSH ALLOTMENTS.

Section 1923(f) of the Social Security Act (42 U.S.C. 1396r–4(f)) is amended—

(1) in paragraph (7)(A)—

(A) in clause (i), by striking ''2017 through 2024'' and inserting ''2018 through 2025'';

(B) by striking clause (ii) and inserting the following new clause:

''(ii) AGGREGATE REDUCTIONS.—The aggregate reductions in DSH allotments for all States under clause (i)(I) shall be equal to—

''(I) $2,000,000,000 for fiscal year 2018;

''(II) $3,000,000,000 for fiscal year 2019;

''(III) $4,000,000,000 for fiscal year 2020;

''(IV) $5,000,000,000 for fiscal year 2021;

''(V) $6,000,000,000 for fiscal year 2022;

''(VI) $7,000,000,000 for fiscal year 2023;

''(VII) $8,000,000,000 for fiscal year 2024; and

''(VIII) $8,000,000,000 for fiscal year 2025.''; and

(C) by adding at the end the following new clause:

''(v) DISTRIBUTION OF AGGREGATE REDUCTIONS.—The Secretary shall distribute the aggregate reductions under clause (ii) among States in accordance with subparagraph (B).''; and

(2) in paragraph (8), by striking ''2024'' and inserting ''2025''.

SEC. 413. LEVY ON DELINQUENT PROVIDERS.

(a) IN GENERAL.—Paragraph (3) of section 6331(h) of the Internal Revenue Code of 1986 is amended by striking ''30 percent'' and inserting ''100 percent''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to payments made after 180 days after the date of the enactment of this Act.

SEC. 414. ADJUSTMENTS TO INPATIENT HOSPITAL PAYMENT RATES.

Section 7(b) of the TMA, Abstinence Education, and QI Programs Extension Act of 2007 (Public Law 110–90), as amended by section 631(b) of the American Taxpayer Relief Act of 2012 (Public Law 112–240), is amended—

(1) in paragraph (1)—

(A) in the matter preceding subparagraph (A), by striking '', 2009, or 2010'' and inserting ''or 2009''; and

(B) in subparagraph (B)—

(i) in clause (i), by striking ''and'' at the end;

(ii) in clause (ii), by striking the period at the end and inserting ''; and''; and

(iii) by adding at the end the following new clause:

''(iii) make an additional adjustment to the standardized amounts under such section 1886(d) of an increase of 0.5 percentage points for discharges occurring during each of fiscal years 2018 through 2023 and not make the adjustment (estimated to be an increase of 3.2 percent) that would otherwise apply for discharges occurring during fiscal year 2018 by reason of the completion of the adjustments required under clause (ii).'';

(2) in paragraph (3)—

(A) by striking ''shall be construed'' and all that follows through ''providing authority'' and inserting ''shall be construed as providing authority''; and

(B) by inserting ''and each succeeding fiscal year through fiscal year 2023'' after ''2017'';

(3) by redesignating paragraphs (3) and (4) as paragraphs (4) and (5), respectively; and

(4) by inserting after paragraph (2) the following new paragraph:

''(3) PROHIBITION.—The Secretary shall not make an additional prospective adjustment (estimated to be a decrease of 0.55 percent) to the standardized amounts under such section 1886(d) to offset the amount of the increase in aggregate payments related to documentation and coding changes for discharges occurring during fiscal year 2010.''.

TITLE V—MISCELLANEOUS

Subtitle A—Protecting the Integrity of Medicare

SEC. 501. PROHIBITION OF INCLUSION OF SOCIAL SECURITY ACCOUNT NUMBERS ON MEDICARE CARDS.

(a) IN GENERAL.—Section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)) is amended—

(1) by moving clause (x), as added by section 1414(a)(2) of the Patient Protection and Affordable Care Act, 6 ems to the left;

(2) by redesignating clause (x), as added by section 2(a)(1) of the Social Security Number Protection Act of 2010, and clause (xi) as clauses (xi) and (xii), respectively; and

(3) by adding at the end the following new clause:

''(xiii) The Secretary of Health and Human Services, in consultation with the Commissioner of Social Security, shall establish cost-effective procedures to ensure that a Social Security account number (or derivative thereof) is not displayed, coded, or embedded on the Medicare card issued to an individual who is entitled to benefits under part A of title XVIII or enrolled under part B of title XVIII and that any other identifier displayed on such card is not identifiable as a Social Security account number (or derivative thereof).''.

(b) IMPLEMENTATION.—In implementing clause (xiii) of section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)), as added by subsection (a)(3), the Secretary of Health and Human Services shall do the following:

(1) IN GENERAL.—Establish a cost-effective process that involves the least amount of disruption to, as well as necessary assistance for, Medicare beneficiaries and health care providers, such as a process that provides such beneficiaries with access to assistance through a toll-free telephone number and provides outreach to providers.

(2) CONSIDERATION OF MEDICARE BENEFICIARY IDENTIFIED.—Consider implementing a process, similar to the process involving Railroad Retirement Board beneficiaries, under which a Medicare beneficiary identifier which is not a Social Security account number (or derivative thereof) is used external to the Department of Health and Human Services and is convertible over to a Social Security account number (or derivative thereof) for use internal to such Department and the Social Security Administration.

(c) FUNDING FOR IMPLEMENTATION.—For purposes of implementing the provisions of and the amendments made by this section, the Secretary of Health and Human Services shall provide for the following transfers from the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i) and from the Federal Supplementary Medical Insurance Trust Fund established under section 1841 of such Act (42 U.S.C. 1395t), in such proportions as the Secretary determines appropriate:

(1) To the Centers for Medicare & Medicaid Program Management Account, transfers of the following amounts:

(A) For fiscal year 2015, $65,000,000, to be made available through fiscal year 2018.

(B) For each of fiscal years 2016 and 2017, $53,000,000, to be made available through fiscal year 2018.

(C) For fiscal year 2018, $48,000,000, to be made available until expended.

(2) To the Social Security Administration Limitation on Administration Account, transfers of the following amounts:

(A) For fiscal year 2015, $27,000,000, to be made available through fiscal year 2018.

(B) For each of fiscal years 2016 and 2017, $22,000,000, to be made available through fiscal year 2018.

(C) For fiscal year 2018, $27,000,000, to be made available until expended.

(3) To the Railroad Retirement Board Limitation on Administration Account, the following amount:

(A) For fiscal year 2015, $3,000,000, to be made available until expended.

(d) EFFECTIVE DATE.—

(1) IN GENERAL.—Clause (xiii) of section 205(c)(2)(C) of the Social Security Act (42 U.S.C. 405(c)(2)(C)), as added by subsection (a)(3), shall apply with respect to Medicare cards issued on and after an effective date specified by the Secretary of Health and Human Services, but in no case shall such effective date be later than the date that is four years after the date of the enactment of this Act.

(2) REISSUANCE.—The Secretary shall provide for the reissuance of Medicare cards that comply with the requirements of such clause not later than four years after the effective date specified by the Secretary under paragraph (1).

SEC. 502. PREVENTING WRONGFUL MEDICARE PAYMENTS FOR ITEMS AND SERVICES FURNISHED TO INCARCERATED INDIVIDUALS, INDIVIDUALS NOT LAWFULLY PRESENT, AND DECEASED INDIVIDUALS.

(a) REQUIREMENT FOR THE SECRETARY TO ESTABLISH POLICIES AND CLAIMS EDITS RELATING TO INCARCERATED INDIVIDUALS, INDIVIDUALS NOT LAWFULLY PRESENT, AND DECEASED INDIVIDUALS.—Section 1874 of the Social Security Act (42 U.S.C. 1395kk) is amended by adding at the end the following new subsection:

''(f) REQUIREMENT FOR THE SECRETARY TO ESTABLISH POLICIES AND CLAIMS EDITS RELATING TO INCARCERATED INDIVIDUALS, INDIVIDUALS NOT LAWFULLY PRESENT, AND DECEASED INDIVIDUALS.—The Secretary shall establish and maintain procedures, including procedures for using claims processing edits, updating eligibility information to improve provider accessibility, and conducting recoupment activities such as through recovery audit contractors, in order to ensure that payment is not made under this title for items and services furnished to an individual who is one of the following:

''(1) An individual who is incarcerated.

''(2) An individual who is not lawfully present in the United States and who is not eligible for coverage under this title.

''(3) A deceased individual.''.

(b) REPORT.—Not later than 18 months after the date of the enactment of this section, and periodically thereafter as determined necessary by the Office of Inspector General of the Department of Health and Human Services, such Office shall submit to Congress a report on the activities described in subsection (f) of section 1874 of the Social Security Act (42 U.S.C. 1395kk), as added by subsection (a), that have been conducted since such date of enactment.

SEC. 503. CONSIDERATION OF MEASURES REGARDING MEDICARE BENEFICIARY SMART CARDS.

To the extent the Secretary of Health and Human Services determines that it is cost effective and technologically viable to use electronic Medicare beneficiary and provider cards (such as cards that use smart card technology, including an embedded and secure integrated circuit chip), as presented in the Government Accountability Office report required by the conference report accompanying the Consolidated Appropriations Act, 2014 (Public Law 113–76), the Secretary shall consider such measures as determined appropriate by the Secretary to implement such use of such cards for beneficiary and provider use under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.). In the case that the Secretary considers measures under the preceding sentence, the Secretary shall submit to the Committees on Ways and Means and Energy and Commerce of the House of Representatives, and to the Committee on Finance of the Senate, a report outlining the considerations undertaken by the Secretary under such sentence.

SEC. 504. MODIFYING MEDICARE DURABLE MEDICAL EQUIPMENT FACE-TO-FACE ENCOUNTER DOCUMENTATION REQUIREMENT.

(a) IN GENERAL.—Section 1834(a)(11)(B)(ii) of the Social Security Act (42 U.S.C. 1395m(a)(11)(B)(ii)) is amended—

(1) by striking ''the physician documenting that''; and

(2) by striking ''has had a face-to-face encounter'' and inserting ''documenting such physician, physician assistant, practitioner, or specialist has had a face-to-face encounter''.

(b) IMPLEMENTATION.—Notwithstanding any other provision of law, the Secretary of Health and Human Services may implement the amendments made by subsection (a) by program instruction or otherwise.

SEC. 505. REDUCING IMPROPER MEDICARE PAYMENTS.

(a) MEDICARE ADMINISTRATIVE CONTRACTOR IMPROPER PAYMENT OUTREACH AND EDUCATION PROGRAM.—Section 1874A of the Social Security Act (42 U.S.C. 1395kk–1) is amended—

(1) in subsection (a)(4)—

(A) by redesignating subparagraph (G) as subparagraph (H); and

(B) by inserting after subparagraph (F) the following new subparagraph:

''(G) IMPROPER PAYMENT OUTREACH AND EDUCATION PROGRAM.—Having in place an improper payment outreach and education program described in subsection (h).''; and

(2) by adding at the end the following new subsection:

''(h) IMPROPER PAYMENT OUTREACH AND EDUCATION PROGRAM.—

''(1) IN GENERAL.—In order to reduce improper payments under this title, each medicare administrative contractor shall establish and have in place an improper payment outreach and education program under which the contractor, through outreach, education, training, and technical assistance or other activities, shall provide providers of services and suppliers located in the region covered by the contract under this section with the information described in paragraph (2). The activities described in the preceding sentence shall be conducted on a regular basis.

''(2) INFORMATION TO BE PROVIDED THROUGH ACTIVITIES.—The information to be provided under such payment outreach and education program shall include information the Secretary determines to be appropriate, which may include the following information:

''(A) A list of the providers' or suppliers' most frequent and expensive payment errors over the last quarter.

''(B) Specific instructions regarding how to correct or avoid such errors in the future.

''(C) A notice of new topics that have been approved by the Secretary for audits conducted by recovery audit contractors under section 1893(h).

''(D) Specific instructions to prevent future issues related to such new audits.

''(E) Other information determined appropriate by the Secretary.

''(3) PRIORITY.—A medicare administrative contractor shall give priority to activities under such program that will reduce improper payments that are one or more of the following:

''(A) Are for items and services that have the highest rate of improper payment.

''(B) Are for items and service that have the greatest total dollar amount of improper payments.

''(C) Are due to clear misapplication or misinterpretation of Medicare policies.

''(D) Are clearly due to common and inadvertent clerical or administrative errors.

''(E) Are due to other types of errors that the Secretary determines could be prevented through activities under the program.

''(4) INFORMATION ON IMPROPER PAYMENTS FROM RECOVERY AUDIT CONTRACTORS.—

''(A) IN GENERAL.—In order to assist medicare administrative contractors in carrying out improper payment outreach and education programs, the Secretary shall provide each contractor with a complete list of the types of improper payments identified by recovery audit contractors under section 1893(h) with respect to providers of services and suppliers located in the region covered by the contract under this section. Such information shall be provided on a time frame the Secretary determines appropriate which may be on a quarterly basis.

''(B) INFORMATION.—The information described in subparagraph (A) shall include information such as the following:

''(i) Providers of services and suppliers that have the highest rate of improper payments.

''(ii) Providers of services and suppliers that have the greatest total dollar amounts of improper payments.

''(iii) Items and services furnished in the region that have the highest rates of improper payments.

''(iv) Items and services furnished in the region that are responsible for the greatest total dollar amount of improper payments.

''(v) Other information the Secretary determines would assist the contractor in carrying out the program.

''(5) COMMUNICATIONS.—Communications with providers of services and suppliers under an improper payment outreach and education program are subject to the standards and requirements of subsection (g).''.

(b) USE OF CERTAIN FUNDS RECOVERED BY RACS.—Section 1893(h) of the Social Security Act (42 U.S.C. 1395ddd(h)) is amended—

(1) in paragraph (2), by inserting ''or paragraph (10)'' after ''paragraph (1)(C)''; and

(2) by adding at the end the following new paragraph:

''(10) USE OF CERTAIN RECOVERED FUNDS.—

''(A) IN GENERAL.—After application of paragraph (1)(C), the Secretary shall retain a portion of the amounts recovered by recovery audit contractors for each year under this section which shall be available to the program management account of the Centers for Medicare & Medicaid Services for purposes of, subject to subparagraph (B), carrying out sections 1833(z), 1834(l)(16), and 1874A(a)(4)(G), carrying out section 514(b) of the Medicare Access and CHIP Reauthorization Act of 2015, and implementing strategies (such as claims processing edits) to help reduce the error rate of payments under this title. The amounts retained under the preceding sentence shall not exceed an amount equal to 15 percent of the amounts recovered under this subsection, and shall remain available until expended.

''(B) LIMITATION.—Except for uses that support claims processing (including edits) or system functionality for detecting fraud, amounts retained under subparagraph (A) may not be used for technological-related infrastructure, capital investments, or information systems.

''(C) NO REDUCTION IN PAYMENTS TO RECOVERY AUDIT CONTRACTORS.—Nothing in subparagraph (A) shall reduce amounts available for payments to recovery audit contractors under this subsection.''.

SEC. 506. IMPROVING SENIOR MEDICARE PATROL AND FRAUD REPORTING REWARDS.

(a) IN GENERAL.—The Secretary of Health and Human Services (in this section referred to as the ''Secretary'') shall develop a plan to revise the incentive program under section 203(b) of the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1395b–5(b)) to encourage greater participation by individuals to report fraud and abuse in the Medicare program. Such plan shall include recommendations for—

(1) ways to enhance rewards for individuals reporting under the incentive program, including rewards based on information that leads to an administrative action; and

(2) extending the incentive program to the Medicaid program.

(b) PUBLIC AWARENESS AND EDUCATION CAMPAIGN.—The plan developed under subsection (a) shall also include recommendations for the use of the Senior Medicare Patrols authorized under section 411 of the Older Americans Act of 1965 (42 U.S.C. 3032) to conduct a public awareness and education campaign to encourage participation in the revised incentive program under subsection (a).

(c) SUBMISSION OF PLAN.—Not later than 180 days after the date of enactment of this Act, the Secretary shall submit to Congress the plan developed under subsection (a).

SEC. 507. REQUIRING VALID PRESCRIBER NATIONAL PROVIDER IDENTIFIERS ON PHARMACY CLAIMS.

Section 1860D–4(c) of the Social Security Act (42 U.S.C. 1395w–104(c)) is amended by adding at the end the following new paragraph:

''(4) REQUIRING VALID PRESCRIBER NATIONAL PROVIDER IDENTIFIERS ON PHARMACY CLAIMS.—

''(A) IN GENERAL.—For plan year 2016 and subsequent plan years, the Secretary shall require a claim for a covered part D drug for a part D eligible individual enrolled in a prescription drug plan under this part or an MA–PD plan under part C to include a prescriber National Provider Identifier that is determined to be valid under the procedures established under subparagraph (B)(i).

''(B) PROCEDURES.—

''(i) VALIDITY OF PRESCRIBER NATIONAL PROVIDER IDENTIFIERS.—The Secretary, in consultation with appropriate stakeholders, shall establish procedures for determining the validity of prescriber National Provider Identifiers under subparagraph (A).

''(ii) INFORMING BENEFICIARIES OF REASON FOR DENIAL.—The Secretary shall establish procedures to ensure that, in the case that a claim for a covered part D drug of an individual described in subparagraph (A) is denied because the claim does not meet the requirements of this paragraph, the individual is properly informed at the point of service of the reason for the denial.

''(C) REPORT.—Not later than January 1, 2018, the Inspector General of the Department of Health and Human Services shall submit to Congress a report on the effectiveness of the procedures established under subparagraph (B)(i).''.

SEC. 508. OPTION TO RECEIVE MEDICARE SUMMARY NOTICE ELECTRONICALLY.

(a) IN GENERAL.—Section 1806 of the Social Security Act (42 U.S.C. 1395b–7) is amended by adding at the end the following new subsection:

''(c) FORMAT OF STATEMENTS FROM SECRETARY.—

''(1) ELECTRONIC OPTION BEGINNING IN 2016.—Subject to paragraph (2), for statements described in subsection (a) that are furnished for a period in 2016 or a subsequent year, in the case that an individual described in subsection (a) elects, in accordance with such form, manner, and time specified by the Secretary, to receive such statement in an electronic format, such statement shall be furnished to such individual for each period subsequent to such election in such a format and shall not be mailed to the individual.

''(2) LIMITATION ON REVOCATION OPTION.—

''(A) IN GENERAL.—Subject to subparagraph (B), the Secretary may determine a maximum number of elections described in paragraph (1) by an individual that may be revoked by the individual.

''(B) MINIMUM OF ONE REVOCATION OPTION.—In no case may the Secretary determine a maximum number under subparagraph (A) that is less than one.

''(3) NOTIFICATION.—The Secretary shall ensure that, in the most cost effective manner and beginning January 1, 2017, a clear notification of the option to elect to receive statements described in subsection (a) in an electronic format is made available, such as through the notices distributed under section 1804, to individuals described in subsection (a).''.

(b) ENCOURAGED EXPANSION OF ELECTRONIC STATEMENTS.—To the extent to which the

Secretary of Health and Human Services determines appropriate, the Secretary shall—

(1) apply an option similar to the option described in subsection (c)(1) of section 1806 of the Social Security Act (42 U.S.C. 1395b–7) (relating to the provision of the Medicare Summary Notice in an electronic format), as added by subsection (a), to other statements and notifications under title XVIII of such Act (42 U.S.C. 1395 et seq.); and

(2) provide such Medicare Summary Notice and any such other statements and notifications on a more frequent basis than is otherwise required under such title.

SEC. 509. RENEWAL OF MAC CONTRACTS.

(a) IN GENERAL.—Section 1874A(b)(1)(B) of the Social Security Act (42 U.S.C. 1395kk–1(b)(1)(B)) is amended by striking ''5 years'' and inserting ''10 years''.

(b) APPLICATION.—The amendments made by subsection (a) shall apply to contracts entered into on or after, and to contracts in effect as of, the date of the enactment of this Act.

(c) CONTRACTOR PERFORMANCE TRANSPARENCY.—Section 1874A(b)(3)(A) of the Social Security Act (42 U.S.C. 1395kk–1(b)(3)(A)) is amended by adding at the end the following new clause:

''(iv) CONTRACTOR PERFORMANCE TRANSPARENCY.—To the extent possible without compromising the process for entering into and renewing contracts with medicare administrative contractors under this section, the Secretary shall make available to the public the performance of each medicare administrative contractor with respect to such performance requirements and measurement standards.''.

SEC. 510. STUDY ON PATHWAY FOR INCENTIVES TO STATES FOR STATE PARTICIPATION IN MEDICAID DATA MATCH PROGRAM.

Section 1893(g) of the Social Security Act (42 U.S.C. 1395ddd(g)) is amended by adding at the end the following new paragraph:

''(3) INCENTIVES FOR STATES.—The Secretary shall study and, as appropriate, may specify incentives for States to work with the Secretary for the purposes described in paragraph (1)(A)(ii). The application of the previous sentence may include use of the waiver authority described in paragraph (2).''.

SEC. 511. GUIDANCE ON APPLICATION OF COMMON RULE TO CLINICAL DATA REGISTRIES.

Not later than one year after the date of the enactment of this section, the Secretary of Health and Human Services shall issue a clarification or modification with respect to the application of subpart A of part 46 of title 45, Code of Federal Regulations, governing the protection of human subjects in research (and commonly known as the ''Common Rule''), to activities, including quality improvement activities, involving clinical data registries, including entities that are qualified clinical data registries pursuant to section 1848(m)(3)(E) of the Social Security Act (42 U.S.C. 1395w–4(m)(3)(E)).

SEC. 512. ELIMINATING CERTAIN CIVIL MONEY PENALTIES; GAINSHARING STUDY AND REPORT.

(a) ELIMINATING CIVIL MONEY PENALTIES FOR INDUCEMENTS TO PHYSICIANS TO LIMIT SERVICES THAT ARE NOT MEDICALLY NECESSARY.—

(1) IN GENERAL.—Section 1128A(b)(1) of the Social Security Act (42 U.S.C. 1320a–7a(b)(1)) is amended by inserting ''medically necessary'' after ''reduce or limit''.

(2) EFFECTIVE DATE.—The amendment made by paragraph (1) shall apply to payments made on or after the date of the enactment of this Act.

(b) GAINSHARING STUDY AND REPORT.—Not later than 12 months after the date of the enactment of this Act, the Secretary of Health and Human Services, in consultation with the Inspector General of the Department of Health and Human Services, shall submit to Congress a report with options for amending existing fraud and abuse laws in, and regulations related to, titles XI and XVIII of the Social Security Act (42 U.S.C. 301 et seq.), through exceptions, safe harbors, or other narrowly targeted provisions, to permit gainsharing arrangements that otherwise would be subject to the civil money penalties described in paragraphs (1) and (2) of section 1128A(b) of such Act (42 U.S.C. 1320a–7a(b)), or similar arrangements between physicians and hospitals, and that improve care while reducing waste and increasing efficiency. The report shall—

(1) consider whether such provisions should apply to ownership interests, compensation arrangements, or other relationships;

(2) describe how the recommendations address accountability, transparency, and quality, including how best to limit inducements to stint on care, discharge patients prematurely, or otherwise reduce or limit medically necessary care; and

(3) consider whether a portion of any savings generated by such arrangements (as compared to an historical benchmark or other metric specified by the Secretary to determine the impact of delivery and payment system changes under such title XVIII on expenditures made under such title) should accrue to the Medicare program under title XVIII of the Social Security Act.

SEC. 513. MODIFICATION OF MEDICARE HOME HEALTH SURETY BOND CONDITION OF PARTICIPATION REQUIREMENT.

Section 1861(o)(7) of the Social Security Act (42 U.S.C. 1395x(o)(7)) is amended to read as follows:

''(7) provides the Secretary with a surety bond—

''(A) in a form specified by the Secretary and in an amount that is not less than the minimum of $50,000; and

''(B) that the Secretary determines is commensurate with the volume of payments to the home health agency; and''.

SEC. 514. OVERSIGHT OF MEDICARE COVERAGE OF MANUAL MANIPULATION OF THE SPINE TO CORRECT SUBLUXATION.

(a) IN GENERAL.—Section 1833 of the Social Security Act (42 U.S.C. 1395l) is amended by adding at the end the following new subsection:

''(z) MEDICAL REVIEW OF SPINAL SUBLUXATION SERVICES.—

''(1) IN GENERAL.—The Secretary shall implement a process for the medical review (as described in paragraph (2)) of treatment by a chiropractor described in section 1861(r)(5) by means of manual manipulation of the spine to correct a subluxation (as described in such section) of an individual who is enrolled under this part and apply such process to such services furnished on or after January 1, 2017, focusing on services such as—

''(A) services furnished by a such a chiropractor whose pattern of billing is aberrant compared to peers; and

''(B) services furnished by such a chiropractor who, in a prior period, has a services denial percentage in the 85th percentile or greater, taking into consideration the extent that service denials are overturned on appeal.

''(2) MEDICAL REVIEW.—

''(A) PRIOR AUTHORIZATION MEDICAL REVIEW.—

''(i) IN GENERAL.—Subject to clause (ii), the Secretary shall use prior authorization medical review for services described in paragraph (1) that are furnished to an individual by a chiropractor described in section 1861(r)(5) that are part of an episode of treatment that includes more than 12 services. For purposes of the preceding sentence, an episode of treatment shall be determined by the underlying cause that justifies the need for services, such as a diagnosis code.

''(ii) ENDING APPLICATION OF PRIOR AUTHORIZATION MEDICAL REVIEW.—The Secretary shall end the application of prior authorization medical review under clause (i) to services described in paragraph (1) by such a chiropractor if the Secretary determines that the chiropractor has a low denial rate under such prior authorization medical review. The Secretary may subsequently reapply prior authorization medical review to such chiropractor if the Secretary determines it to be appropriate and the chiropractor has, in the time period subsequent to the determination by the Secretary of a low denial rate with respect to the chiropractor, furnished such services described in paragraph (1).

''(iii) EARLY REQUEST FOR PRIOR AUTHORIZATION REVIEW PERMITTED.—Nothing in this subsection shall be construed to prevent such a chiropractor from requesting prior authorization for services described in paragraph (1) that are to be furnished to an individual before the chiropractor furnishes the twelfth such service to such individual for an episode of treatment.

''(B) TYPE OF REVIEW.—The Secretary may use pre-payment review or post-payment review of services described in section 1861(r)(5) that are not subject to prior authorization medical review under subparagraph (A).

''(C) RELATIONSHIP TO LAW ENFORCEMENT ACTIVITIES.—The Secretary may determine that medical review under this subsection does not apply in the case where potential fraud may be involved.

''(3) NO PAYMENT WITHOUT PRIOR AUTHORIZATION.—With respect to a service described in paragraph (1) for which prior authorization medical review under this subsection applies, the following shall apply:

''(A) PRIOR AUTHORIZATION DETERMINATION.—The Secretary shall make a determination, prior to the service being furnished, of whether the service would or would not meet the applicable requirements of section 1862(a)(1)(A).

''(B) DENIAL OF PAYMENT.—Subject to paragraph (5), no payment may be made under this part for the service unless the Secretary determines pursuant to subparagraph (A) that the service would meet the applicable requirements of such section 1862(a)(1)(A).

''(4) SUBMISSION OF INFORMATION.—A chiropractor described in section 1861(r)(5) may submit the information necessary for medical review by fax, by mail, or by electronic means. The Secretary shall make available the electronic means described in the preceding sentence as soon as practicable.

''(5) TIMELINESS.—If the Secretary does not make a prior authorization determination under paragraph (3)(A) within 14 business days of the date of the receipt of medical documentation needed to make such determination, paragraph (3)(B) shall not apply.

''(6) APPLICATION OF LIMITATION ON BENEFICIARY LIABILITY.—Where payment may not be made as a result of the application of paragraph (2)(B), section 1879 shall apply in the same manner as such section applies to a denial that is made by reason of section 1862(a)(1).

''(7) REVIEW BY CONTRACTORS.—The medical review described in paragraph (2) may be conducted by medicare administrative contractors pursuant to section 1874A(a)(4)(G) or by any other contractor determined appropriate by the Secretary that is not a recovery audit contractor.

''(8) MULTIPLE SERVICES.—The Secretary shall, where practicable, apply the medical review under this subsection in a manner so as to allow an individual described in paragraph (1) to obtain, at a single time rather

than on a service-by-service basis, an authorization in accordance with paragraph (3)(A) for multiple services.

''(9) CONSTRUCTION.—With respect to a service described in paragraph (1) that has been affirmed by medical review under this subsection, nothing in this subsection shall be construed to preclude the subsequent denial of a claim for such service that does not meet other applicable requirements under this Act.

''(10) IMPLEMENTATION.—

''(A) AUTHORITY.—The Secretary may implement the provisions of this subsection by interim final rule with comment period.

''(B) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to medical review under this subsection.''.

(b) IMPROVING DOCUMENTATION OF SERVICES.—

(1) IN GENERAL.—The Secretary of Health and Human Services shall, in consultation with stakeholders (including the American Chiropractic Association) and representatives of medicare administrative contractors (as defined in section 1874A(a)(3)(A) of the Social Security Act (42 U.S.C. 1395kk–1(a)(3)(A))), develop educational and training programs to improve the ability of chiropractors to provide documentation to the Secretary of services described in section 1861(r)(5) in a manner that demonstrates that such services are, in accordance with section 1862(a)(1) of such Act (42 U.S.C. 1395y(a)(1)), reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

(2) TIMING.—The Secretary shall make the educational and training programs described in paragraph (1) publicly available not later than January 1, 2016.

(3) FUNDING.—The Secretary shall use funds made available under paragraph (10) of section 1893(h) of the Social Security Act (42 U.S.C. 1395ddd(h)), as added by section 505, to carry out this subsection.

(c) GAO STUDY AND REPORT.—

(1) STUDY.—The Comptroller General of the United States shall conduct a study on the effectiveness of the process for medical review of services furnished as part of a treatment by means of manual manipulation of the spine to correct a subluxation implemented under subsection (z) of section 1833 of the Social Security Act (42 U.S.C. 1395l), as added by subsection (a). Such study shall include an analysis of—

(A) aggregate data on—

(i) the number of individuals, chiropractors, and claims for services subject to such review; and

(ii) the number of reviews conducted under such section; and

(B) the outcomes of such reviews.

(2) REPORT.—Not later than four years after the date of enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study conducted under paragraph (1), including recommendations for such legislation and administrative action with respect to the process for medical review implemented under subsection (z) of section 1833 of the Social Security Act (42 U.S.C. 1395l) as the Comptroller General determines appropriate.

SEC. 515. NATIONAL EXPANSION OF PRIOR AUTHORIZATION MODEL FOR REPETITIVE SCHEDULED NON-EMERGENT AMBULANCE TRANSPORT.

(a) INITIAL EXPANSION.—

(1) IN GENERAL.—In implementing the model described in paragraph (2) proposed to be tested under subsection (b) of section 1115A of the Social Security Act (42 U.S.C. 1315a), the Secretary of Health and Human Services shall revise the testing under subsection (b) of such section to cover, effective not later than January 1, 2016, States located in medicare administrative contractor (MAC) regions L and 11 (consisting of Delaware, the District of Columbia, Maryland, New Jersey, Pennsylvania, North Carolina, South Carolina, West Virginia, and Virginia).

(2) MODEL DESCRIBED.—The model described in this paragraph is the testing of a model of prior authorization for repetitive scheduled non-emergent ambulance transport proposed to be carried out in New Jersey, Pennsylvania, and South Carolina.

(3) FUNDING.—The Secretary shall allocate funds made available under section 1115A(f)(1)(B) of the Social Security Act (42 U.S.C. 1315a(f)(1)(B)) to carry out this subsection.

(b) NATIONAL EXPANSION.—Section 1834(l) of the Social Security Act (42 U.S.C. 1395m(l)) is amended by adding at the end the following new paragraph:

''(16) PRIOR AUTHORIZATION FOR REPETITIVE SCHEDULED NON-EMERGENT AMBULANCE TRANSPORTS.—

''(A) IN GENERAL.—Beginning January 1, 2017, if the expansion to all States of the model of prior authorization described in paragraph (2) of section 515(a) of the Medicare Access and CHIP Reauthorization Act of 2015 meets the requirements described in paragraphs (1) through (3) of section 1115A(c), then the Secretary shall expand such model to all States.

''(B) FUNDING.—The Secretary shall use funds made available under section 1893(h)(10) to carry out this paragraph.

''(C) CLARIFICATION REGARDING BUDGET NEUTRALITY.—Nothing in this paragraph may be construed to limit or modify the application of section 1115A(b)(3)(B) to models described in such section, including with respect to the model described in subparagraph (A) and expanded beginning on January 1, 2017, under such subparagraph.''.

SEC. 516. REPEALING DUPLICATIVE MEDICARE SECONDARY PAYOR PROVISION.

(a) IN GENERAL.—Section 1862(b)(5) of the Social Security Act (42 U.S.C. 1395y(b)(5)) is amended by inserting at the end the following new subparagraph:

''(E) END DATE.—The provisions of this paragraph shall not apply to information required to be provided on or after July 1, 2016.''.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect on the date of the enactment of this Act and shall apply to information required to be provided on or after January 1, 2016.

SEC. 517. PLAN FOR EXPANDING DATA IN ANNUAL CERT REPORT.

Not later than June 30, 2015, the Secretary of Health and Human Services shall submit to the Committee on Finance of the Senate, and to the Committees on Energy and Commerce and Ways and Means of the House of Representatives—

(1) a plan for including, in the annual report of the Comprehensive Error Rate Testing (CERT) program, data on services (or groupings of services) (other than medical visits) paid under the physician fee schedule under section 1848 of the Social Security Act (42 U.S.C. 1395w–4) where the fee schedule amount is in excess of $250 and where the error rate is in excess of 20 percent; and

(2) to the extent practicable by such date, specific examples of services described in paragraph (1).

SEC. 518. REMOVING FUNDS FOR MEDICARE IMPROVEMENT FUND ADDED BY IMPACT ACT OF 2014.

Section 1898(b)(1) of the Social Security Act (42 U.S.C. 1395iii(b)(1)), as amended by section 3(e)(3) of the IMPACT Act of 2014 (Public Law 113–185), is amended by striking ''$195,000,000'' and inserting ''$0''.

SEC. 519. RULE OF CONSTRUCTION.

Except as explicitly provided in this subtitle, nothing in this subtitle, including the amendments made by this subtitle, shall be construed as preventing the use of notice and comment rulemaking in the implementation of the provisions of, and the amendments made by, this subtitle.

Subtitle B—Other Provisions

SEC. 521. EXTENSION OF TWO-MIDNIGHT PAMA RULES ON CERTAIN MEDICAL REVIEW ACTIVITIES.

Section 111 of the Protecting Access to Medicare Act of 2014 (Public Law 113–93; 42 U.S.C. 1395ddd note) is amended—

(1) in subsection (a), by striking ''the first 6 months of fiscal year 2015'' and inserting ''through the end of fiscal year 2015'';

(2) in subsection (b), by striking ''March 31, 2015'' and inserting ''September 30, 2015''; and

(3) by adding at the end the following new subsection:

''(c) CONSTRUCTION.—Except as provided in subsections (a) and (b), nothing in this section shall be construed as limiting the Secretary's authority to pursue fraud and abuse activities under such section 1893(h) or otherwise.''.

SEC. 522. REQUIRING BID SURETY BONDS AND STATE LICENSURE FOR ENTITIES SUBMITTING BIDS UNDER THE MEDICARE DMEPOS COMPETITIVE ACQUISITION PROGRAM.

(a) BID SURETY BONDS.—Section 1847(a)(1) of the Social Security Act (42 U.S.C. 1395w–3(a)(1)) is amended by adding at the end the following new subparagraphs:

''(G) REQUIRING BID BONDS FOR BIDDING ENTITIES.—With respect to rounds of competitions beginning under this subsection for contracts beginning not earlier than January 1, 2017, and not later than January 1, 2019, an entity may not submit a bid for a competitive acquisition area unless, as of the deadline for bid submission, the entity has obtained (and provided the Secretary with proof of having obtained) a bid surety bond (in this paragraph referred to as a 'bid bond') in a form specified by the Secretary consistent with subparagraph (H) and in an amount that is not less than $50,000 and not more than $100,000 for each competitive acquisition area in which the entity submits the bid.

''(H) TREATMENT OF BID BONDS SUBMITTED.—

''(i) FOR BIDDERS THAT SUBMIT BIDS AT OR BELOW THE MEDIAN AND ARE OFFERED BUT DO NOT ACCEPT THE CONTRACT.—In the case of a bidding entity that is offered a contract for any product category for a competitive acquisition area, if—

''(I) the entity's composite bid for such product category and area was at or below the median composite bid rate for all bidding entities included in the calculation of the single payment amounts for such product category and area; and

''(II) the entity does not accept the contract offered for such product category and area,

the bid bond submitted by such entity for such area shall be forfeited by the entity and the Secretary shall collect on it.

''(ii) TREATMENT OF OTHER BIDDERS.—In the case of a bidding entity for any product category for a competitive acquisition area, if the entity does not meet the bid forfeiture conditions in subclauses (I) and (II) of clause (i) for any product category for such area, the bid bond submitted by such entity for such area shall be returned within 90 days of the public announcement of the contract suppliers for such area.''.

(b) STATE LICENSURE.—

(1) IN GENERAL.—Section 1847(b)(2)(A) of the Social Security Act (42 U.S.C. 1395w–3(b)(2)(A)) is amended by adding at the end the following new clause:

''(v) The entity meets applicable State licensure requirements.''.

(2) CONSTRUCTION.—Nothing in the amendment made by paragraph (1) shall be construed as affecting the authority of the Secretary of Health and Human Services to require State licensure of an entity under the Medicare competitive acquisition program under section 1847 of the Social Security Act (42 U.S.C. 1395w–3) before the date of the enactment of this Act.

(c) GAO REPORT ON BID BOND IMPACT ON SMALL SUPPLIERS.—

(1) STUDY.—The Comptroller General of the United States shall conduct a study that evaluates the effect of the bid surety bond requirement under the amendment made by subsection (a) on the participation of small suppliers in the Medicare DMEPOS competitive acquisition program under section 1847 of the Social Security Act (42 U.S.C. 1395w–3).

(2) REPORT.—Not later than 6 months after the date contracts are first awarded subject to such bid surety bond requirement, the Comptroller General shall submit to Congress a report on the study conducted under paragraph (1). Such report shall include recommendations for changes in such requirement in order to ensure robust participation by legitimate small suppliers in the Medicare DMEPOS competition acquisition program.

SEC. 523. PAYMENT FOR GLOBAL SURGICAL PACKAGES.

(a) IN GENERAL.—Section 1848(c) of the Social Security Act (42 U.S.C. 1395w–4(c)) is amended by adding at the end the following new paragraph:

''(8) GLOBAL SURGICAL PACKAGES.—

''(A) PROHIBITION OF IMPLEMENTATION OF RULE REGARDING GLOBAL SURGICAL PACKAGES.—

''(i) IN GENERAL.—The Secretary shall not implement the policy established in the final rule published on November 13, 2014 (79 Fed. Reg. 67548 et seq.), that requires the transition of all 10-day and 90-day global surgery packages to 0-day global periods.

''(ii) CONSTRUCTION.—Nothing in clause (i) shall be construed to prevent the Secretary from revaluing misvalued codes for specific surgical services or assigning values to new or revised codes for surgical services.

''(B) COLLECTION OF DATA ON SERVICES INCLUDED IN GLOBAL SURGICAL PACKAGES.—

''(i) IN GENERAL.—Subject to clause (ii), the Secretary shall through rulemaking develop and implement a process to gather, from a representative sample of physicians, beginning not later than January 1, 2017, information needed to value surgical services. Such information shall include the number and level of medical visits furnished during the global period and other items and services related to the surgery and furnished during the global period, as appropriate. Such information shall be reported on claims at the end of the global period or in another manner specified by the Secretary. For purposes of carrying out this paragraph (other than clause (iii)), the Secretary shall transfer from the Federal Supplemental Medical Insurance Trust Fund under section 1841 $2,000,000 to the Center for Medicare & Medicaid Services Program Management Account for fiscal year 2015. Amounts transferred under the previous sentence shall remain available until expended.

''(ii) REASSESSMENT AND POTENTIAL SUNSET.—Every 4 years, the Secretary shall reassess the value of the information collected pursuant to clause (i). Based on such a reassessment and by regulation, the Secretary may discontinue the requirement for collection of information under such clause if the Secretary determines that the Secretary has adequate information from other sources, such as qualified clinical data registries, surgical logs, billing systems or other practice or facility records, and electronic health records, in order to accurately value global surgical services under this section.

''(iii) INSPECTOR GENERAL AUDIT.—The Inspector General of the Department of Health and Human Services shall audit a sample of the information reported under clause (i) to verify the accuracy of the information so reported.

''(C) IMPROVING ACCURACY OF PRICING FOR SURGICAL SERVICES.—For years beginning with 2019, the Secretary shall use the information reported under subparagraph (B)(i) as appropriate and other available data for the purpose of improving the accuracy of valuation of surgical services under the physician fee schedule under this section.''.

(b) INCENTIVE FOR REPORTING INFORMATION ON GLOBAL SURGICAL SERVICES.—Section 1848(a) of the Social Security Act (42 U.S.C. 1395w–4(a)) is amended by adding at the end the following new paragraph:

''(9) INFORMATION REPORTING ON SERVICES INCLUDED IN GLOBAL SURGICAL PACKAGES.—With respect to services for which a physician is required to report information in accordance with subsection (c)(8)(B)(i), the Secretary may through rulemaking delay payment of 5 percent of the amount that would otherwise be payable under the physician fee schedule under this section for such services until the information so required is reported.''.

SEC. 524. EXTENSION OF SECURE RURAL SCHOOLS AND COMMUNITY SELF-DETERMINATION ACT OF 2000.

(a) PAYMENTS FOR FISCAL YEARS 2014 AND 2015.—

(1) PAYMENTS REQUIRED.—Section 101 of the Secure Rural Schools and Community Self-Determination Act of 2000 (16 U.S.C. 7111) is amended by striking ''2013'' both places it appears and inserting ''2015''.

(2) PROMPT PAYMENT.—Payments for fiscal year 2014 under title I of the Secure Rural Schools and Community Self-Determination Act of 2000 (16 U.S.C. 7111 et seq.), as amended by this section, shall be made not later than 45 days after the date of the enactment of this Act.

(3) REDUCTION IN FISCAL YEAR 2014 PAYMENTS ON ACCOUNT OF PREVIOUS 25- AND 50-PERCENT PAYMENTS.—Section 101 of the Secure Rural Schools and Community Self-Determination Act of 2000 (16 U.S.C. 7111) is amended by adding at the end the following new subsection:

''(c) SPECIAL RULE FOR FISCAL YEAR 2014 PAYMENTS.—

''(1) STATE PAYMENT.—If an eligible county in a State that will receive a share of the State payment for fiscal year 2014 has already received, or will receive, a share of the 25-percent payment for fiscal year 2014 distributed to the State before the date of the enactment of this subsection, the amount of the State payment shall be reduced by the amount of that eligible county's share of the 25-percent payment.

''(2) COUNTY PAYMENT.—If an eligible county that will receive a county payment for fiscal year 2014 has already received a 50-percent payment for that fiscal year, the amount of the county payment shall be reduced by the amount of the 50-percent payment.''.

(4) SHARES OF CALIFORNIA STATE PAYMENT.—Section 103(d)(2) of the Secure Rural Schools and Community Self-Determination Act of 2000 (16 U.S.C. 7113(d)(2)) is amended by striking ''2013'' and inserting ''2015''.

(b) USE OF FISCAL YEAR 2013 ELECTIONS AND RESERVATIONS FOR FISCAL YEARS 2014 AND 2015.—Section 102 of the Secure Rural Schools and Community Self-Determination Act of 2000 (16 U.S.C. 7112) is amended—

(1) in subsection (b)(1), by adding at the end the following new subparagraph:

''(C) EFFECT OF LATE PAYMENT FOR FISCAL YEARS 2014 AND 2015.—The election otherwise required by subparagraph (A) shall not apply for fiscal year 2014 or 2015.'';

(2) in subsection (b)(2)—

(A) in subparagraph (A), by adding at the end the following new sentence: ''If such two-fiscal year period included fiscal year 2013, the county election to receive a share of the 25-percent payment or 50-percent payment, as applicable, also shall be effective for fiscal years 2014 and 2015.''; and

(B) in subparagraph (B), by striking ''2013'' the second place it appears and inserting ''2015''; and

(3) in subsection (d)—

(A) by adding at the end of paragraph (1) the following new subparagraph:

''(E) EFFECT OF LATE PAYMENT FOR FISCAL YEAR 2014.—The election made by an eligible county under subparagraph (B), (C), or (D) for fiscal year 2013, or deemed to be made by the county under paragraph (3)(B) for that fiscal year, shall be effective for fiscal years 2014 and 2015.''; and

(B) by adding at the end of paragraph (3) the following new subparagraph:

''(C) EFFECT OF LATE PAYMENT FOR FISCAL YEAR 2014.—This paragraph does not apply for fiscal years 2014 and 2015.''.

(c) SPECIAL PROJECTS ON FEDERAL LAND.—Title II of the Secure Rural Schools and Community Self-Determination Act of 2000 (16 U.S.C. 7121 et seq.) is amended—

(1) in section 203(a)(1) (16 U.S.C. 7123(a)(1)), by striking ''September 30 for fiscal year 2008 (or as soon thereafter as the Secretary concerned determines is practicable), and each September 30 thereafter for each succeeding fiscal year through fiscal year 2013'' and inserting ''September 30 of each fiscal year (or a later date specified by the Secretary concerned for the fiscal year)'';

(2) in section 204(e)(3)(B)(iii) (16 U.S.C. 7124(e)(3)(B)(iii)), by striking ''each of fiscal years 2010 through 2013'' and inserting ''fiscal year 2010 and fiscal years thereafter'';

(3) in section 207(a) (16 U.S.C. 7127(a)), by striking ''September 30, 2008 (or as soon thereafter as the Secretary concerned determines is practicable), and each September 30 thereafter for each succeeding fiscal year through fiscal year 2013'' and inserting ''September 30 of each fiscal year (or a later date specified by the Secretary concerned for the fiscal year)''; and

(4) in section 208 (16 U.S.C. 7128)—

(A) in subsection (a), by striking ''2013'' and inserting ''2017''; and

(B) in subsection (b), by striking ''2014'' and inserting ''2018''.

(d) COUNTY FUNDS.—Section 304 of the Secure Rural Schools and Community Self-Determination Act of 2000 (16 U.S.C. 7144) is amended—

(1) in subsection (a), by striking ''2013'' and inserting ''2017''; and

(2) in subsection (b), by striking ''2014'' and inserting ''2018''.

(e) AUTHORIZATION OF APPROPRIATIONS.—Section 402 of the Secure Rural Schools and Community Self-Determination Act of 2000 (16 U.S.C. 7152) is amended by striking ''for each of fiscal years 2008 through 2013''.

SEC. 525. EXCLUSION FROM PAYGO SCORECARDS.

(a) STATUTORY PAY-AS-YOU-GO SCORECARDS.—The budgetary effects of this Act shall not be entered on either PAYGO scorecard maintained pursuant to section 4(d) of the Statutory Pay-As-You-Go Act of 2010.

(b) SENATE PAYGO SCORECARDS.—The budgetary effects of this Act shall not be entered on any PAYGO scorecard maintained for purposes of section 201 of S. Con. Res. 21 (110th Congress).

The SPEAKER pro tempore. The bill shall be debatable for 1 hour, equally divided among and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and the chair and ranking minority member of the Committee on Ways and Means.

The gentleman from Pennsylvania (Mr. PITTS), the gentleman from New Jersey (Mr. PALLONE), the gentleman from Texas (Mr. BRADY), and the gentleman from Michigan (Mr. LEVIN) each will control 15 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous material on H.R. 2.

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

There was no objection.

□ 1015

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

Mr. Speaker, I rise today in support of H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015, sponsored by Congressman BURGESS of Texas.

Mr. Speaker, I rise in support of H.R. 2, the bill I just referenced. Four years ago, upon taking leadership of the Energy and Commerce Health Subcommittee, I made it one of my goals to end the patchwork of doc fixes and repeal the sustainable growth rate.

Now, we are here on the floor of the House with a bipartisan policy and a bipartisan set of pay-fors. There are many who thought that this day would never come.

We are replacing the SGR, once and for all, with a system that allows greater freedom for physicians to practice medicine. We do this without threatening access to health care for seniors. Instead of unrealistic price controls, we are instituting a cooperative process to make our healthcare dollars go farther.

We are also replacing a portion of the projected savings with real entitlement reforms, reforms that could reduce spending by $295 billion in the coming decades.

Let's not make the mistake of saying that this is saving Medicare. The bill makes important reforms that put the program on a better path, but there is much work to do before we achieve that goal.

Future generations of Americans have understandable doubts about whether Medicare will be there when they retire. They pay into the program just as my generation did, but the current system of funding the program will not deliver on that promise for them. The extraordinary progress represented by the bill before us today is the result of a vision for the future and years of hard work.

That vision was wholeheartedly supported by Speaker BOEHNER, and there are many more to thank: Chairman UPTON, for his persistence in leadership; current Ranking Member PALLONE and former Ranking Member Waxman for working with us to get a policy we could all agree on; also Dr. BURGESS, the primary sponsor of today's bill and the vice chairman of the Health Subcommittee in the two past Congresses.

I would especially like to thank the dedicated staff that spent countless hours and sacrificed weekends to make this happen: Dr. John O'Shea, Robert Horne, Josh Trent, Clay Alspach, Michelle Rosenberg, Heidi Stirrup, and Monica Volente, on my personal staff.

Finally, we should see this bill as a first step toward strengthening and saving Medicare. This can't be the end of the road.

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

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

Mr. Speaker, I rise today in strong support of H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015.

For more than 10 years, Congress has had to temporarily fix the flawed sustainable growth rate, SGR, nearly 20 times since it was enacted. Well, today is the last time I will have to talk about the broken SGR. The House has come together to fix it once and for all.

This bill is the result of a lot of hard work by the House Energy and Commerce Committee, Ways and Means and Senate Finance Committees and our leadership. Many of our Members have made important contributions to this bill, and I want to thank them all for being so diligent.

This bill not only repeals the SGR, it replaces it with a reformed system that pays providers based on quality and value. It rewards health outcomes. It allows providers to give more focus to their patients, and most importantly, it provides stability and predictability to the Medicare Program for years to come. This is good for doctors, and it is good for seniors.

This bill also extends critical funding for programs that improve the health and welfare of millions of children, families, and seniors. It makes permanent the qualified individual program which helps low-income seniors pay their Medicare part B premiums.

It makes permanent the Transitional Medical Assistance program, which allows low-income families to maintain their Medicaid coverage for up to 1 year as they transition from welfare to work.

It includes $8 billion in funding for community health centers, the National Health Service Corps, and teaching health centers. This funding will help serve 28 million patients, and all three, together, strengthen access to primary and preventative health care in communities throughout America.

The bill includes a fully funded 2-year extension of CHIP, maintaining all of the improvements in the Affordable Care Act, but this is not just a 2-year extension; it is a robust extension. It keeps the promise made to States by maintaining the 23 percent bump in Federal matching rates and ensures that States, in turn, keep their promise to CHIP kids by leaving maintenance of effort requirements for child enrollment through 2019 untouched.

This bill is not perfect. I wish my Republican colleagues would have agreed to fund CHIP for 4 years. I also remain concerned about the provisions that affect Medicare beneficiaries, but such is the nature of compromise.

Mr. Speaker, I am proud of the work of my committee and of both of our leaderships. This agreement took courage from both sides, but what we have accomplished is truly significant. It is balanced and a thoughtful product, and I urge Members to support it.

I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Mississippi (Mr. HARPER), an outstanding member of the Energy and Commerce Committee and a good advocate on health issues.

Mr. HARPER. Mr. Speaker, the Medicare Access and CHIP Reauthorization Act represents years of bipartisan effort to eliminate the fatally flawed sustainable growth rate formula and implement new payment and delivery models that will promote higher-quality care while reducing costs.

In addition to stabilizing the Medicare Program for our Nation's seniors, the bill addresses the healthcare needs of children and low-income Americans, while promoting the long-term sustainability of the Medicare Program through significant structural reforms to the Medicare Program.

There is no question, Medicare must be modernized in order to avoid the program's projected financial shortfalls. Republicans and Democrats have worked together to advance a blueprint to begin to place Medicare programs on a sound financial footing for both today's and future retirees.

Now is the time to end this failed policy once and for all and protect access to care for seniors. I urge my colleagues to support this legislation.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. GENE GREEN), the ranking member of our House Subcommittee.

Mr. GENE GREEN of Texas. Mr. Speaker, I thank my colleague for yielding to me, and I appreciate his leadership on this issue and many others in our committee.

I rise in support of H.R. 2, the Medicare Access and CHIP Reauthorization Act. As an original cosponsor of this landmark legislation, I urge my colleagues to support the bill.

H.R. 2 will reform the flawed Medicare physician payment system that will reward quality and value over volume, make reforms to slow the growth of healthcare costs, and extend other critical programs, including the Children's Health Insurance Program and

the funding for community health centers.

Since 2003, Congress has intervened 17 times to prevent steep payment cuts caused by the flawed SGR formula in order to preserve seniors' access to care.

Repealing the SGR is the responsible choice, both fiscally and logically. More money has now been spent on short-term patches than the full cost of the permanent repealing of the SGR.

We are closer than we have ever come to repealing the flawed SGR formula and enacting meaningful reform that will strengthen the Medicare system for generations to come.

I want to highlight the additional 2 years of funding for the community health centers program included in the package. These dedicated mandatory funds will avert an impending fiscal cliff set to take place in September. Without this extension, funding for health centers would be slashed by 70 percent, and 7.4 million patients would lose access to care.

Also included in the agreement are funding for the National Health Service Corps and the teaching health center program. Both programs further the goals of improving and strengthening access to primary and preventative care in our communities.

Like any good bipartisan compromise, the legislation strikes a balance and offers a set of viable solutions that should have broad bipartisan support.

I want to thank Speaker BOEHNER, Leader PELOSI, and my colleagues on the Energy and Commerce Committee and Ways and Means Committee for their leadership in working across the aisle to craft this commonsense, landmark legislation.

Mr. PITTS. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Indiana (Mr. BUCSHON), a member of the Health Subcommittee.

Mr. BUCSHON. Mr. Speaker, today is a great day for America's seniors. After years of flawed Medicare policy, we are finally creating a stable system that ensures Medicare patients will have access to their doctors.

This new policy will move our Medicare system to one that is based on quality of care that is provided to our Nation's seniors. In fact, for the first time in decades, we actually achieve real structural reforms in the program that will help save this critical program for future seniors.

I would also like to highlight that this legislation repeals CMS' policy to eliminate bundled surgical payments. Eliminating surgical payment bundles would force doctors to spend more time billing CMS that could be used for caring for patients.

I would like to thank Chairman PITTS, and I would also like to congratulate Speaker BOEHNER, Minority Leader PELOSI, Chairman UPTON, and Ranking Member PALLONE for putting politics aside and putting America's seniors first.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Oregon (Mr. SCHRADER).

Mr. SCHRADER. Mr. Speaker, I thank the gentleman for yielding.

I am proud to be here today to support real bipartisan compromise to finally repeal and replace this flawed SGR formula.

I would like to give my congratulations to Congressman BURGESS and, frankly, former Congresswoman Allyson Schwartz also worked very hard for many years to make this thing a reality.

This long-term solution is going to bring stability to Medicare, so seniors will actually be able to continue to see their doctors. Meanwhile, the bill also allows physicians to focus on value and quality of care rather than quantity of care and extends, of course, the vital CHIP program aiding so many children in this country.

Now, though I would prefer to see this bill completely paid for, like many others in this Chamber, I recognize the nature of compromise means you don't get everything you want, whether you are a House Member or a Senate Member.

I am glad, however, that it has been pointed out that at least part of the cost of this bill is covered by implementing crucial reforms to Medicare that will help improve its solvency for future generations, certainly compared to our current policy.

I congratulate my colleagues on the both sides of the aisle for coming together on this agreement. It is long overdue and will greatly improve our system. I hope we vote for this bill.

Mr. PITTS. Mr. Speaker, I am pleased to yield 1 minute to the gentlewoman from Tennessee (Mrs. BLACKBURN), the vice chair of the Energy and Commerce Committee.

Mrs. BLACKBURN. Mr. Speaker, I want to thank Chairman PITTS for the work that he has done on this, as well as the other members of our committee.

I do rise today in support of H.R. 2.

I think every one of us have constituents who are Medicare enrollees who tell us the stories and the stress that comes with not being able to see a doctor because they are no longer taking Medicare patients.

What this does is go to the heart of the problem, the SGR, the sustainable growth rate. It was a big part of the problem—the sword of Damocles, if you will—because doctors never knew if they were going to get paid or what they were going to get paid or if it was going to be a double-digit or a single-digit cut. Let's get that off the table and provide some certainty.

H.R. 2 is finally going to eliminate the flawed SGR. It will be replaced with commonsense legislation which will provide healthcare providers with the predictability that is necessary to meet the needs of Medicare enrollees.

In addition, H.R. 2 takes an important step to rein in healthcare spending, incentivizing doctors on quality, as opposed to quantity, getting at part of the problem of our entitlement programs.

I congratulate all involved. I encourage a ''yes'' vote.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. ENGEL).

□ 1030

Mr. ENGEL. Mr. Speaker, I rise in strong support of H.R. 2.

I have always believed that our physician workforce deserves to be fairly compensated. The flawed SGR formula has failed to do this for over a decade, and it isn't right that physicians have faced looming Medicare cuts year after year. Therefore, I am pleased that House Democrats and Republicans have come together to craft a fair, bipartisan compromise to this longstanding and expensive problem.

Mr. Speaker, the American people want us to end gridlock. They want us to meet in the middle, and we are doing that today. I want to commend Speaker BOEHNER and Leader PELOSI. And while I would have liked to have seen a 4-year extension of CHIP funding and I am upset that unnecessary Hyde language has been attached to much-needed community health center funding, overall, this is a good agreement.

Medicare beneficiaries, their physicians, children, and our entire health care system will benefit from seeing CHIP and health center funding extended, SGR repealed, and quality-based physician reimbursement incentivized.

So I urge my colleagues both here in the House and in the Senate to support this compromise legislation, the Medicare Access and CHIP Reauthorization Act of 2015.

Mr. PITTS. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Tennessee (Mr. ROE), the chairman of the Doctors Caucus, who should be recognized for his tireless efforts to build support for this bill.

Mr. ROE of Tennessee. Mr. Speaker, today I rise in strong support of H.R. 2, which will permanently repeal the flawed SGR formula and replace it with meaningful reform that will ensure seniors' access to Medicare.

This agreement is one of the most important things we have accomplished since I have been in Congress, and I couldn't be prouder of the work done by the House Energy and Commerce and Ways and Means Committees, along with the GOP Doctors Caucus.

I want to give a special thank-you to Speaker JOHN BOEHNER and Leader NANCY PELOSI, without whose leadership this agreement would never have happened.

This bill will ensure Medicare recipients have access to quality care and helps pave the way for entitlement reform by making important structural changes to the program. That is an important point. People over the years

have referred to this as the ''doc fix,'' but it really should be called the ''senior fix.'' The cuts required by SGR were so severe that, had they been allowed to go into effect, seniors' access to a Medicare physician almost assuredly would have been curtailed.

After 12 years, 17 patches, and $170 billion spent to keep a flawed formula from doing lasting damage to Medicare, we are finally acting in a responsible manner, in a way that should give the American people renewed confidence in Congress' ability to act on important matters.

I thank all involved.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. PELOSI), our Democratic leader, and I thank her for what she accomplished here today working with the Speaker.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding.

I thank Mr. PALLONE and Mr. LEVIN, our ranking members on the Energy and Commerce Committee and the Ways and Means Committee, for their leadership and cooperation on this issue, as well as Chairman RYAN of the Ways and Means Committee and Chairman UPTON of the Energy and Commerce Committee.

This is a day that we really have to salute our staff. They have worked so hard. It was my honor to work with Speaker BOEHNER on this important issue to do what we came here to do—to legislate. We are the legislative branch. We are legislating. We are working together to get the job done for the American people.

From Speaker BOEHNER's staff, I especially want to thank Charlotte Ivancic, who was extremely knowledgeable about health policy and was smart and fair about all of this. Wendell Primus of my staff was a strong voice for the concerns of seniors and children and the rest in those discussions.

Ed Grossman and his team at House Legislative Counsel—for all the ideas that Members churned up, Legislative Counsel had to translate that into what the possibility was for legislative language. They worked 24/7, weekends included.

Megan O'Reilly, Bridget Taylor, and the technical teams at CMS and HHS worked 24/7 for many days.

Holly Harvey and Tom Bradley and the team at the Congressional Budget Office, having to score every change of idea that we may have had.

Again, the staff both at the Ways and Means Committee and the Energy and Commerce Committee on both sides of the aisle, I take the time to recognize them because in recognizing them, I really want to recognize the work that is done by staff on all that we do here.

All of these individuals, again, have been working 18-hour days for the past few weeks, and we thank them for their tireless hard work.

This package includes many important victories for low-income seniors, children, and families. There are many reasons to support this bill, four of which I would like to point out:

We are strengthening the quality of care for many older Americans with additional funding for initiatives that help low-income seniors pay their Medicare part B premiums.

We have added almost $750 million for training more urgently needed nurses and physicians.

We have secured the health care of poor children with a 2-year extension of the Children's Health Insurance Program at the same rates set by the Affordable Care Act. Many people wanted more, as did I. That does not diminish the importance of the 2-year extension.

Lastly, we have secured critical funding for community health centers over the next 2 years, expanding a vital investment in underserved communities.

I am proud to rise in support of this historic, bipartisan package. It represents bold, necessary progress for our country. And it is not just about enabling our seniors to see their doctors, which was the original purpose of the bill. It is about how we can increase performance and lower cost; it is about value, not volume of service; it is about quality, not quantity of procedures; and this legislation is transformative in how it rewards the value, not the volume. So I am proud to support it.

At long last, we will replace the broken SGR formula and transition Medicare away from a volume-based system toward one that rewards values, ensures the accuracy of payments, and improves the quality of care.

With this legislation, we give America's seniors confidence that they will be able to see the doctors they need and the doctors they like, liberating them and their families from the shadow of needless, annual crises.

And as a woman, during Women's History Month, I am very proud of what the legislation means to women and their health issues.

So for these and other reasons, I urge my colleagues to vote ''aye.''

It was my privilege to work with the Speaker in a bipartisan way on this legislation. I hope it will be a model of things to come.

Mr. PITTS. Mr. Speaker, I join in thanking the minority leader for her role in achieving this bipartisan compromise. It is really historic. I think it is appropriate that this is happening on her birthday, and I join my colleagues in wishing her a happy birthday today.

Mr. Speaker, could I inquire of the time remaining.

The SPEAKER pro tempore. The gentleman from Pennsylvania has 8 minutes remaining. The gentleman from New Jersey has 7½ minutes remaining.

Mr. PITTS. Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS), another member of the Health Subcommittee.

Mr. BILIRAKIS. Mr. Speaker, I rise today to support H.R. 2, to repeal and replace the SGR.

This bill will replace the SGR with the Merit-Based Incentive Payment System, or MIPS. MIPS means physicians are practicing better medicine to keep their patients healthier. Healthier people utilize less health care, which means a lower cost to the taxpayer.

Nearly 150,000 seniors live in my district. This bill gives them certainty that their doctor will see them. It provides seniors with better care.

H.R. 2 includes a 2-year extension for community health centers funding, which is very important to my constituents. This bill is pro-senior, pro-doctor, and pro-patient.

This is a historic moment, nearly 20 years in the making. We have a chance to make a huge difference for seniors. The benefits of repealing the SGR are clear. Support this bill.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. I thank the gentleman from New Jersey for yielding the time.

Mr. Speaker, I rise in support of this important, bipartisan, landmark bill.

Our parents and grandparents who rely on Medicare and the doctors that take care of them can breathe easier today because of this bill. Medicare will be stronger, and it will be more efficient. We are going to put ''modern'' into modern medicine by transitioning the Medicare health system into one that focuses on quality rather than quantity.

I would like to thank my colleagues on the Energy and Commerce Committee, Chairman UPTON and Ranking Member PALLONE, Mr. PITTS and Mr. GREEN, and Speaker BOEHNER and Minority Leader PELOSI for also adding into this important package new assurance for children across America, for our community health centers. The State Children's Health Insurance Program now gets a very significant boost, along with our health centers that take care of so many of our neighbors.

Thanks again to the professional staff, to the great public servants in the Obama administration.

I urge a ''yes'' vote on this important, landmark bill.

Mr. PITTS. Mr. Speaker, I am pleased to yield at this time 1 minute to the gentlelady from North Carolina (Mrs. ELLMERS), another valued member of the Health Subcommittee.

Mrs. ELLMERS of North Carolina. Mr. Speaker, I just want to extend my thanks to all of the members who have worked so hard, both on the Energy and Commerce Committee, but my Democratic colleagues across the aisle, those who we are working with in the Senate.

I just want to say to the American people, don't look now, but we are actually governing. And this is what the American people want to see.

I have a speech here to read, but I am actually going to go offline and tell you from my heart what this means for our seniors.

This is about certainty. This is about governing. This is about giving solutions to a problem. Yes, it comes with

a price tag. But when we continuously look at things from a one-dimensional perspective on something so important as health care—it is so multidimensional—we can't stop ourselves from moving forward.

Imagine a year from now where we will be when we are not trying to come up with another billion-dollar bandaid to continue the SGR failed formula, when we can actually be looking forward for solutions in health care, continuing our work on 21st century cures, and showing our seniors and every American family in this country how important it is in the work that we are doing.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. I thank the gentleman from New Jersey (Mr. PALLONE).

Mr. Speaker, this is a good day for medical providers and for our seniors. This is also a good day for the House of Representatives. This is bipartisanship at its best.

With the passage of H.R. 2, seniors will no longer have to worry about losing their physicians. Providers will have the certainty to continue to serve their Medicare patients.

But this bill, Mr. Speaker, is about more than fixing Medicare. It also includes a 2-year extension of the CHIP program, which is children's health insurance, and funding for community health centers that is set to expire this fall. Both programs are vital to the low-income vulnerable and rural communities that I represent in North Carolina.

The CHIP program covers more than 8 million children across the country, including many in my State. It helps provide health coverage to children who are not eligible for Medicaid but cannot afford other insurance.

The community health center program funds 1,300 health centers across the country. Without this extension, the program would expire, and care for 7.4 million patients would be jeopardized.

Supporting this bill is about providing access to care for the most vulnerable Americans. I urge my colleagues in the House and the Senate to vote ''yes'' on H.R. 2.

Mr. PITTS. Mr. Speaker, I am very pleased at this time to yield 1 minute to the gentleman from Ohio (Mr. BOEHNER), our Speaker, who deserves a lot of credit in coming up with this bipartisan compromise.

Mr. BOEHNER. I thank my colleague from Pennsylvania for yielding.

Let me say a big thank you to Chairman UPTON, Chairman RYAN, Mr. PALLONE, Mr. LEVIN, and their staffs for all of the work that has gone into this product. Also, I want to thank Wendell Primus with Leader PELOSI's staff; Charlene MacDonald with Mr. HOYER's staff; and, of course, Charlotte Ivancic on my team, all who have worked together to create this product that we have today. Thanks to their hard work and the work of this House, we expect to end the so-called doc fix once and for all.

Many of you know that we have patched this problem 17 times over the last 11 years, and I decided about a year ago that I had had enough of it. In its place, we will deliver for the American people the first real entitlement reform in nearly two decades. I think this is good news for America's seniors, who will benefit from a more stable and reliable system for seeing their doctor.

□ 1045

It is good news for hard-working families who will benefit from a stronger Medicare program to help care for their elderly parents. It is good news for the taxpayers who, according to the CBO and a number of other fiscal experts, will save money now and well into the future. That means it is especially good news for our kids and grandkids, because today it is about a problem much bigger than any doc fix or any deadline. It is about beginning the process of solving our spending problem, and it is about strengthening and saving Medicare, which is at the heart of that problem.

Normally, we would be here to admit that we are just going to kick the can down the road one more time. But today, because of what we are doing here, we are going to save money 20, 30, and 40 years down the road. Not only that, we are strengthening Medicare's ability to fight fraud, waste, and abuse.

As was mentioned earlier, this bill also extends the Children's Health Insurance Program for another 2 years and extends the authorization for community health centers for another 2 years.

My colleagues, this is what we can accomplish when we are focused on finding common ground. But we can't become complacent. We know more serious entitlement reform is needed. It shouldn't take another two decades to do it, and, frankly, I don't think we have got that much time. But I am here today to urge all of our Members to begin that process, and the process begins by voting ''yes'' on H.R. 2 today.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, I rise today to support H.R. 2, the Medicare Access and CHIP Reauthorization Act.

As this legislation was under negotiation, several of our colleagues tried to add unnecessary language that would have expanded the Hyde amendment to embed this harmful policy into the Affordable Care Act and the Public Health Services Act. Thanks to the commitment of leaders for women's health care rights, we secured important changes to this language. Current appropriation policies concerning the use of funds at community health centers will not change, and when the funding in this bill for community health centers, the National Health Service Corps, and teaching health centers expires, so will the funding restrictions. Also, this language is freestanding, and it does not amend the Affordable Care Act or the Public Health Services Act.

Let me be clear. I oppose the Hyde amendment. It is backwards policy because it denies full reproductive coverage to poor women who need it the most of everybody in this society; but this bill does not restrict their access any further than current law, and the Pro-Choice Caucus will continue to fight for health parity in this country for all women.

In the meantime, we have a bill here that has real advances in finally fixing the physician reimbursement, extending the important Children's Health program, extending the special diabetes fund that helps so many Americans, and gives $7 billion to extend the important community health centers for the next 2 years.

Mr. Speaker, I am proud of the work we did in a bipartisan way. I want to thank the majority, and I want to thank my colleagues on my side of the aisle for working together and only showing, as the Speaker just said, what we can do when we really do the job that Congress is supposed to do. I urge support of this legislation.

Mr. PITTS. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Texas (Mr. BURGESS), the prime sponsor of the legislation, who deserves a great deal of credit for where we are today.

Mr. BURGESS. Mr. Speaker, I want to thank the chairman of the Subcommittee on Health on Energy and Commerce. Mr. Speaker, I omitted one of the people that should have been thanked earlier in my remarks from the House Legislative Counsel, Michelle Vanek, who worked so hard on the language that is before us today.

Mr. Speaker, a year ago I came to this floor, we had a similar vote, and I talked about how important it was to send a positive message, because last year it was the key that would get us through the door. Well, guess what, Mr. Speaker. This year, not only will the key get us through the door; we are going to knock the darned door down.

We do need a strong vote today. We saw it evidenced on the rule. I urge all of my colleagues to get behind this legislation. It may not have been everything you want, it may not have been what you would have done if you had done it by yourself, but this is a collaborative body. This is the work of a collaborative body. Now we need to send it over to the world's greatest deliberative body. Let them deliberate for only a short period of time because of the thunderous approval that has come from the people's House.

Mr. Speaker, it is time to end the SGR. Let us never speak of this issue again.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. HOYER), our Democratic whip.

Mr. HOYER. Mr. Speaker, as an aside, I was inclined to get up and ask that the gentleman's words be taken down. Of course, when we do that, we do it in a different context. With those words, we ought to all be happy today. Whether we are for or against, the Congress is working today as the American people would have the Congress work.

Speaker BOEHNER, Leader PELOSI, our extraordinary staffs on both sides of the aisle, and Members have come together and dealt with some difficult issues. As the gentleman, Dr. BURGESS indicated—and I have worked with him on SCHIP for a very, very long period of time as I recall—we are making progress. We are not where we all want to be, but we are making progress.

Mr. Speaker, I rise in support of this bill and thank the Democratic leader as well as Speaker BOEHNER, Ranking Members PALLONE and LEVIN, and the chairman of the committee, Mr. PITTS, and others for getting us to where we are today.

This bill will permanently replace the broken Medicare sustainable growth rate formula that, frankly, I have been working to get rid of for almost a decade, if not longer, which has created uncertainty and instability in the Medicare program for over a decade. I am pleased that the parties were able to come together and craft a bipartisan bill that will ensure seniors' access to their doctors and incentivize high-quality, high-value care.

I am also glad that this bill includes a robust reauthorization of the Children's Health Insurance Program, known as CHIP, which has been a bipartisan success story. This is an issue, Mr. Speaker, I worked hard on when I was majority leader, and I am glad that we are moving forward today in a bipartisan way that recognizes how important the CHIP program is for children and for families.

Another major component of this bipartisan compromise is the $7.2 billion in funding for community health centers. These centers serve some of our most needy citizens. These centers, in my home State of Maryland and throughout our country, provide essential health services for millions of underserved families. That is good for all of us.

This, of course, as I said, is not a perfect bill. No compromise is ever perfect from everybody's perspective. There are some parts I and other Democrats would have liked to see improved, just as there are some parts my colleagues on the other side of the aisle would change, but this compromise will provide much-needed relief and certainty to seniors, children, and families.

Mr. Speaker, I urge all of my colleagues to support this effort. It will be a good day for the Congress of the United States, and it will be a good day for America. I thank all of those whose leadership—Members and staff—who got us to this point for the work that they have done.

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

Mr. PALLONE. Mr. Speaker, I yield myself my 30 seconds remaining.

I want to recognize one person in particular, Ira Burney, a career civil servant who, for more than 30 years, has worked tirelessly on Medicare issues at CMS. There is not one Medicare bill in this time that he has not been a part of. His hard work and technical knowledge have been instrumental in supporting our work here in Congress.

So I want to thank Ira and all those on both sides of the aisle who worked so hard to make this day possible. This is an important and incredibly significant bill, and I urge my colleagues to support it.

I yield back the balance of my time.

Mr. PITTS. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. MCCARTHY), the distinguished majority leader.

Mr. MCCARTHY. I thank the gentleman, and I yield to my friend on the other side of the aisle, Mr. HOYER.

Mr. HOYER. I thank my friend, who has a magic minute that I dearly miss. I forgot to articulate, and I should have articulated, I want to congratulate FRED UPTON.

FRED UPTON is my friend. FRED UPTON is the chairman of the Energy and Commerce Committee. FRED UPTON is one of those Members in this House who represents this institution so well because he is committed to working in a bipartisan fashion. We find ourselves sometimes not able to do that. But I want to say thank you to Mr. UPTON from Michigan for his leadership and his commitment to making sure this institution works as the American people want it to work.

I thank my friend, the majority leader, for yielding.

Mr. MCCARTHY. Mr. Speaker, I thank the gentleman for his words, and I hope all that are watching today see that this is a pattern of what works inside Washington.

In Washington, Mr. Speaker, there is a common cycle: you have a problem, you kick the can down the road; you hit a cliff, then you rush to a short-term fix that doesn't actually fix the problem; then the cycle starts all over again.

This isn't a good way to govern. With this cycle, problems usually get worse, and a lot of times the short-term fixes get packed with add-ons that increase the size of government and cost people more and more. We have seen this with this doc fix again and again, 17 times over the last decade. Every single year I have served in this body, less than a decade, that has been the solution, to kick the can down the road. But today the House will vote on a bipartisan bill to end the cliff for good, stop the cycle, and, most importantly, provide stability to the Medicare program for the seniors and their doctors.

Mr. Speaker, this is a big moment for Congress, and I think we should all realize it. The bill before us today will, once and for all, repeal and replace the flawed Medicare physician payment system. It will move us away from volume-based care to care based on quality, value, and accountability.

Everyone knows that we need to reform programs like Medicare to save it for the future, but for so long, nothing has been done in this House—that is until today. Today marks the first step of what I hope will be many more to save our safety nets from collapse and to ensure it for a future generation. These reforms are permanent, they are bipartisan, and they lay the foundation for a Medicare that lasts.

We wouldn't be here to make all these big reforms without a lot of hard work.

First, I want to thank the Doctors Caucus. There are many times I was in a meeting with frustration wanting to find a solution, and the first place to find a solution is policy. They spent their time together to find that policy. Then it was: How are we going to pay for it and how are we going to move forward? That is where the leadership of chairmen come through in FRED UPTON and PAUL RYAN. They not only helped build with the Doctors Caucus, they led their own committees.

Today, when this vote is taking place, it is going to be different from others. People aren't going to sit and watch the sides to wonder whether it gets there and how close does it pass? People are going to watch how big the overall vote is going to be.

After this vote today, we will go back to our districts. We will go back to our districts, hopefully in a different thought and a different time, that yes, we can solve a problem; yes, we can pick a problem that has lasted over a decade, that every Congress before it has kicked it down the road, but no, we found common ground. We found the ability to come together to solve something that many believed we could not.

We hope the Senate will see the same value. Today is a good day, but today should not be the last day. We should look for the other problems—and there are many—and ways that we can solve them permanently like we will do today.

□ 1100

Mr. PITTS. Mr. Speaker, I am very pleased at this time to yield such time as he may consume to close to the gentleman from Michigan (Mr. UPTON), the chair of the Energy and Commerce, a master of bipartisan compromise who deserves a great deal of credit for being here today.

Mr. UPTON. Mr. Speaker, it couldn't be bipartisan if we didn't have good people on both sides of the aisle to get things done. I appreciate all the leadership on this side and this side to really get this to a finish point today.

Today, we do come together, we really do—Republicans and Democrats—to

finally, finally fix Medicare's broken payment system, protect seniors' access to care, and, yes, strengthen Medicare and extend the Children's Health Insurance Program.

For way too long, the so-called SGR has been an axe over Medicare physicians and the seniors that they care for. It has sparked crisis after crisis for nearly 20 years, forcing this Congress to pass some 17 temporary measures to undo its faulty math and protect seniors' access to their trusted doctors. Those 17 patches also served as a ready-made vehicle for bigger government. Today, we put a stop to that gravy train, leave the SGR in the past, and begin to put Medicare on the right track.

This bill is good for seniors and for doctors who treat them. We repeal the flawed SGR formula and replace it with a bipartisan, bicameral agreement on a new system that promotes innovation and higher quality care. It removes the hassle and worry that so many seniors and physicians face from the cycle of repeated patches.

We also take steps to strengthen Medicare for current and future seniors with structural reforms, which will not only provide cost savings today, but the CBO has confirmed those savings will grow over time. And the budget that we passed last night fully accounts for the cost of those permanent reforms.

This package also extends benefits for millions of low-income families and children by extending the Children's Health Insurance Program for 2 years. This program provides high-quality, affordable coverage for roughly 8 million children and pregnant women and has been an example of sound bipartisan success.

I want to thank the bill's sponsor, Dr. BURGESS, for his leadership on this issue from day one. He came to Congress to solve this problem and, today, we have a bill with his name on it to do just that.

I also commend the great subcommittee chair, JOE PITTS. Four years ago, we embarked together on this effort to end the SGR, and that hard work has brought us to this point.

I want to thank the full committee and the Health Subcommittee ranking members, Mr. PALLONE, my good friend, and Mr. GREEN, for working, again, across the aisle from day one. We wouldn't be standing here together if we hadn't started together.

Also, a big thanks to the folks at the House Legislative Counsel, CBO, and the committee staff: Clay Alspach, Robert Horne, Josh Trent, Paul Edattel, and Noelle Clemente.

Finally, I want to thank my friends on the Ways and Means Committee and our leadership on both sides, from JOHN BOEHNER and KEVIN MCCARTHY to NANCY PELOSI and STENY HOYER. We are, together, getting this done.

This is a long time coming. Most of us came to Congress to fight for our Nation's kids, seniors, and their families. Today's vote is a defining moment for this Congress and for Medicare. Those who vote ''no'' are not only voting against seniors but against the future of the critical safety net. That is why we all need to vote ''yes.''

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

The SPEAKER pro tempore. The Chair recognizes the gentleman from Texas.

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

I rise on behalf of Chairman PAUL RYAN, chairman of the Ways and Means Committee, in support of H.R. 2, a bill led by Dr. MICHAEL BURGESS, and I am joined by many of our colleagues, both here in the House and throughout the country.

This bill is critical because of this problem. Imagine you are a senior. You desperately need to see a doctor, but you learn that there are no local doctors who can treat you because they simply can't afford to treat Medicare patients. Or they have been throughout the years faced each year with a 10, 20, 30 percent cut in their reimbursements and, as the sole practitioner or as a small business, have rethought their relationship with Medicare and are no longer, frankly, able to do that. That scenario has been played out across this country for far too long. If there is any group in America who needs to see doctors they know and who know them, it is our seniors.

This bill takes the first real permanent step to ensuring our seniors can see local doctors when they need to see them, and it takes the first real step in saving Medicare not just for these seniors, not just for the next generation, but for generations to come.

I commend the work that has been done by the leaders of the Ways and Means Committee; Chairman RYAN; Chairman FRED UPTON of the Energy and Commerce Committee; our physicians caucus, led by Dr. PHIL ROE and Dr. JOHN FLEMING; as well as those in this Chamber who have come together to make this historic step today.

So this is about helping our seniors. This is about taking those first reforms permanently to save Medicare. And it really is about ending a formula and a reimbursement that simply works against our seniors.

The flawed—they call it the ''sustainable growth rate,'' it dictates huge cuts to our physicians through Medicare. Congress had to intervene 17 times in recent years to stave off these cuts with short-term fixes. This flawed formula regularly threatens access to care for seniors and really distracts Congress from making real reforms that are needed.

The bipartisan agreement that we face today would repeal that SGR once and for all and replace it with a value-based system that provides certainty to our seniors and, really, finally reimburses doctors not on the number of procedures but on the quality they provide, and determined not by Washington but by our local physicians and practitioners themselves.

This reform alone, if that was the only thing this did, is significant. It begins to move its way from that flawed fee-for-service system. And it does in a way. The sole practitioner in rural Pennsylvania, as well as a doctor in a major institution in downtown Houston, can both practice to their highest capability and continue to practice until they decide to retire, not until Medicare or some flawed formula encourages them to retire early.

In addition, this bill has two important reforms, and I think critical reforms, to strengthen the Medicare Program and offset the costs of this measure. Similar reforms have been included in the House Republican budget for years. This is a bipartisan effort to work together with absolute dedication to make sure Medicare is around for our seniors.

First, it restricts first dollar coverage in Medigap plans. These are bipartisan recommendations experts believe will help reduce unnecessary costs and really strengthen programs over the years.

Second, the agreement includes increased means testing for premiums in Medicare parts B and D, our doctors, and our medicines, with the wealthiest seniors paying higher premiums. And then there are savings from a broad range of other healthcare providers.

I want to make clear, this bipartisan reform alone will not save Medicare, but it takes us in the right direction for the very important first step, and the savings from this will grow over the long term.

The alternative we refuse to pass is yet another cycle of short-term fixes, leaving behind bipartisan structural reforms to Medicare and delaying the opportunity to actually save this program for our seniors.

So, today, we end the SGR, we begin the important reform, and we stand up for seniors who need to see doctors.

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

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

Well, this is, indeed, a rare event. It was an event really waiting to happen because, a year ago, our committee, Ways and Means, chaired by Dave Camp, alongside the Energy and Commerce and Senate Finance Committees, reached a bipartisan, bicameral agreement to move the physician reimbursement system to one based more on quality, not quantity. This helped pave the way for the package in front of us today, negotiated with the key help of the Speaker and our Leader.

The SGR has been hanging over our heads for more than a decade. We have paid close to $170 billion in short-term patches. With each patch, it becomes harder to find offsets, putting seniors in our healthcare system increasingly at risk. This is being done—and I emphasize that—while maintaining the

basic structure of Medicare. Talk otherwise is mistaken.

Our approach to paying for this reform is a reasonable one. We are paying for additional benefits, but not to dig out of the hole created by the flawed budget formula.

This package includes a number of improvements across the healthcare landscape. It fully funds a 2-year extension of CHIP at the increased level of funding that we included in the Affordable Care Act. It permanently extends the qualifying individual program that pays Medicare premiums for low-income seniors. It permanently extends the transitional Medicare Medical Assistance Program, which helps Medicaid beneficiaries transitioning back to work to keep their insurance. It secures $7.2 billion in funding for community health centers, ensuring that 7 million Americans who depend on these establishments for care can get it. And it makes progress in fighting fraud and abuse in Medicare.

What I would like to do—it will take a little more time—is to thank the staff. We don't do that enough. So I want to thank Wendell Primus, Charlene MacDonald, Clay Alspach, and Matt Hoffmann. And, of course, the Ways and Means Committee health staff, particularly Amy Hall and Erin Richardson.

And we need to thank the excellent drafters from the House Legislative Counsel Office, led by Ed Grossman, who I think is here today, along with the Centers for Medicare and Medicaid Services Office of Legislation, particularly Ira Burney, who is known for his deep knowledge of Medicare and who helped put the package together in a technically sound manner. And the CBO health team led by Tom Bradley, who worked expeditiously to meet our timetable.

And I want to close my remarks by paying tribute to a Member who is not with us today, who worked for years on these issues, John Dingell of Michigan, for the years he put in protecting and strengthening Medicare, Medicaid, and CHIP, including trying to fix SGR.

We are fixing SGR today, and we are strengthening Medicare, Medicaid, and CHIP. This is a day where there was common ground, and today we stand on it.

I reserve the balance of my time.

Mr. BRADY of Texas. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. KELLY), a successful small business person who has provided health care to his more than 100 employees for years, a key leader of the Ways and Means Committee.

Mr. KELLY of Pennsylvania. Mr. Speaker, I thank the gentleman.

We rise today. Really, this is not so much a doc fix as a senior fix. And while our lives are usually defined by wins and losses, I would think that really in our lives we remember the losses far more than we remember the wins. And the reason I say that is, I have been there for the birth of my four children, and I have celebrated the birth of our 10 grandchildren. Those are great moments. But I have also sat by the bedside of my mother, my sister, and my father as they lay dying and were transitioning.

□ 1115

Those losses are things that you can never truly regain. Those are the times when, if you just had 1 minute left with those folks, wouldn't you love to have that? Wouldn't you love to be there with them to give them peace of mind? This bill gives them peace of mind, Mr. Speaker. That is what this bill does. This is a senior fix.

I will tell you, when I have watched people as they have passed—both friends and family—what they have wanted at their bedsides at that time is to have their faith with them so that they know they are surrounded by their God, so that they know that where they are going is best, and so that they know that somehow their futures are going to be okay.

They also want the comfort of knowing that their families are there with them, helping them to get through the toughest parts of their lives, when they are at their most vulnerable, whenever they need the most help.

Lastly, they want their doctors. They want to know that that person who has guided them through the last several months and through their lives—the person they have always gone to for their health care—is going to be there and is not going to be taken away because of some government program that didn't work.

I would say, as we sit in America's House, whether we are Republicans or Democrats—and our gallery is filled with people—we are people who are representing people and the best interests of people.

This piece of legislation today is truly a senior fix, but it is a fix for the most vulnerable. I can think of nothing that we could do that is more important than giving peace of mind to those who have given so much to us as families, as States, and as a country. This is a brilliant piece of legislation.

While it may not satisfy all, it serves the needs of so many.

Mr. LEVIN. Mr. Speaker, I yield 3 minutes to the gentleman from Washington (Mr. MCDERMOTT), who is the ranking member on the Health Subcommittee.

(Mr. MCDERMOTT asked and was given permission to revise and extend his remarks.)

Mr. MCDERMOTT. Mr. Speaker, today is, in a sense, an historic event. We are finally putting to rest a problem that has festered around here for as long as I have been here.

Every year, as the deadline approached, providers faced draconian cuts, and Congress passed an eleventh hour patch that delayed the implementation of SGR. Doctors, patients, Congress—nobody—liked it. Nevertheless, 17 times, we have made temporary fixes. We have spent $174 billion in inadequate ways in dealing with the real problem that SGR was all about, which is cost control.

This is a first step today. We can celebrate, but we have to go on because cost control is still a question, and we have replaced SGR with a system that we hope will make Medicare pay for value rather than for volume. That is not an issue that is for sure. We know that we are trying it.

I thought of Franklin Delano Roosevelt, who once said:

> I will try something. If it doesn't work, I will stop it and try something else.

That is really where we are today, looking at the future of cost control in health care.

The most important thing today, though, is that we have gotten back to regular order. The Republicans put this in 16 years ago. Some of us voted ''no'' because we knew it wouldn't work, but we had all of our 17 years. Now, we come together to fix it together, and we have to fix things together in this House. Compromise is the essence of what we have here.

For my friends on the other side, just so you understand, I have already had a phone call from a group in Washington State who told me they are going to take me off the board if I vote for this.

It isn't as though this is a nice thing for one side or the other side. It is a compromise, where some people get what they want and where some people don't get what they want. Some people think it is not enough, and some think it is too much.

That is the essence of compromise, and that is how the Congress has to work. It is what is going to have to work with the ACA, the Affordable Care Act. It is going to have to work on transportation. It is going to have to work on a whole series of issues if we, as a Congress, are going to function on behalf of the American people.

This is a great day. This ought to be a unanimous vote today. When you look at all of the things that are in it and at all of the things we have dealt with, it ought to be unanimous. My view is that, when you reach a compromise, that is the kind of thing you can expect because nobody in this House ever gets all he wants. Nobody has the right to say: it is my way or the highway.

When we do that, we damage the American people. We have been damaging the healthcare system with these patches, spending all of that money, and not getting what we want. We hope this is the start of a better day for cost control in health care. Everyone should vote for this.

Mr. BRADY of Texas. Mr. Speaker, I am proud to yield 2 minutes to the gentleman from Pennsylvania (Mr. MEEHAN), who is a champion in health care and whose district has a large number of seniors.

Mr. MEEHAN. Mr. Speaker, I rise today in strong support of the Medicare Access and CHIP Reauthorization Act of 2015.

This is the product of several years of sustained bipartisan work, and, today, we can finish the job. This is a critically important piece of legislation for seniors because it is going to strengthen and preserve the Medicare Program, and it is going to put an end to the perennial drills that threaten seniors' access to high-quality care, the care that they deserve.

H.R. 2 is a result of bipartisan compromise. I am sure my friends on both sides of the aisle can agree, as my good friend from Oregon identified, that it isn't perfect, but I am pleased that they will also extend funding for the Children's Health Insurance Program. Just like our seniors, we need to make sure that our kids have access to high-quality, affordable care. We also continue to support community health centers, which provide quality care for those of lesser means.

Since 2002, Congress has passed 17 patches to avert the SGR's draconian cuts. These patches avoid crisis, but they don't do anything to preserve or improve the Medicare Program for current and future seniors, so I am delighted that, together, we can finally forge a lasting solution.

This isn't just good for seniors' care and for our healthcare workforce; it is a sign that partisan differences in Washington can be bridged to address our biggest challenges. I urge my colleagues to support this legislation, and I hope the Senate will send it to the President and get it signed quickly.

Mr. LEVIN. Mr. Speaker, how much time is there, please, on both sides?

The SPEAKER pro tempore. The gentleman from Michigan has 8 minutes remaining, and the gentleman from Texas has 7 minutes remaining.

Mr. LEVIN. Mr. Speaker, it is now my pleasure to yield 2 minutes to the gentleman from Oregon (Mr. BLUMENAUER), a distinguished member of our committee.

Mr. BLUMENAUER. I appreciate the gentleman's courtesy, as I appreciate his leadership on this.

Mr. Speaker, I have sat on the floor for the entire debate—of both the Commerce and Ways and Means Committees—and it is really exciting. I was one of those people who didn't vote for the balanced budget agreement back in the day, but I have been frustrated by this as much as anybody. I had legislation that would just simply reset the baseline, but, actually, this is better.

It is better because we have had Ways and Means, Commerce, and Finance Committees come together for several years and develop a reform that will strengthen opportunities for better payment. It is better because we have seen the minority leader and the Speaker of the House come together to empower the committees to do their job.

I was struck by the words of Majority Leader McCarthy when he said this was a good day, and he thinks that this will not be the last such day. I sincerely hope that that is the case, that it signals opportunities for us all to go forward.

I like the fact that we have added things in here like the SCHIP. We have even gotten Secure Rural Schools, funding extended which makes a big difference for people in the West, especially Oregon.

I am hopeful that we can step forward. We have got another cliff that is facing us in 2 months: the transportation cliff. People are talking about 17 SGR fixes here when we have had 23 short term extensions for the transportation system.

I would hope that we could take the same spirit of cooperation and bipartisanship and listen to people in the outside world—organized labor, the AFL–CIO, the U.S. chamber, contractors, local government, environmentalists—who are all speaking with one voice: Congress, get your act together; give us funding to be able to fund the transportation bill for the first time in years and rebuild and renew America, to put people to work—and to show the same sort of bipartisan cooperation that I find really invigorating today.

I hope the next thing we do is have the Ways and Means Committee, the committee of jurisdiction, step forward to solve the transportation problem. It is even easier than the SGR.

Mr. BRADY of Texas. Mr. Speaker, I am proud to yield 1½ minutes to the gentlewoman from Tennessee (Mrs. BLACK), who has spent more than 40 years in health care as a nurse and as a small-business owner.

She is a member of the Doctors Caucus here and is a key leader in health care on the Ways and Means Committee.

Mrs. BLACK. I thank my colleague, who is someone who has worked tirelessly on this issue and who is a leader on our healthcare committee.

Mr. Speaker, I rise in strong support of the Medicare Access and CHIP Reauthorization Act of 2015.

This bipartisan legislation offers a permanent solution to strengthen the Medicare Program that our Nation's seniors and their doctors rely on. It would repeal the flawed SGR formula that dictates draconian cuts to Medicare reimbursements, and it would do so in a fiscally responsible way that would provide important offset savings.

Since 2003, Congress has spent $170 billion on short-term fixes that has staved off these cuts without making the real reforms that are needed, and this cycle has done nothing to address the real problems of our entitlement spending.

I have been a nurse for more than 40 years, as has been said, and I know that you can't put a bandaid on a problem that needs to be corrected by surgery. The problems impacted and affected by these looming cuts were my patients and my colleagues.

I urge this body to end the SGR crisis once and for all. Adopt these structural reforms, and help us move forward together to strengthen Medicare for today's seniors and tomorrow's retirees.

Mr. LEVIN. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. PASCRELL), a very vocal member of our committee.

Mr. PASCRELL. I have got to say this to Chairman BRADY and to our leader, Mr. LEVIN: you guys did a great job in keeping us together, and I think the words that I will take away are what Dr. BURGESS said about this being a collaborative effort.

Mr. Speaker, if someone came down from Mars today into this Chamber, he would be shocked by the camaraderie. This is great. This is a good feeling. You have got to admit it is a good feeling. I know it is before Palm Sunday, but I have got a good feeling today, on Thursday.

This effort, I think, establishes a very good precedent for revitalizing the integrity of this Congress, of this institution. We here, Mr. BRADY and Mr. LEVIN, got out of our echo chambers. We love to hear ourselves. You know that. It is part of the DNA of being a Congressperson.

We got out of those echo chambers, and we actually listened to each other. That is shocking. If we can rise above our own attempts to be ideologues, we can accomplish a hell of a lot here for the people of the United States. They deserve no less.

The repeal and the replacement of SGR ends the constant looming of deep payment cuts to Medicare physicians, which, as we have heard, jeopardizes the participation in the program and jeopardizes seniors' access to their doctors. As a result of this law, our Medicare payment system will finally be rooted in the quality of services provided as opposed to the quantity, results rather than fee for service.

I must say, Mr. Speaker, that I urge my colleagues to vote for this legislation. It is good for America.

Mr. BRADY of Texas. Mr. Speaker, I am proud to yield 1 minute to the gentleman from Florida (Mr. CURBELO), a new Member of Congress who is passionate about health care, reforming Medicare, and helping seniors.

□ 1130

Mr. CURBELO of Florida. Mr. Speaker, I rise today in strong support of H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015, and I would like to thank the Committee on Ways and Means and Committee on Energy and Commerce for taking bold leadership on such a critical issue.

Sustainable growth rate is a budget cap on physician services passed into law in 1997 to control spending. Unfortunately, the SGR formula is fundamentally broken. Since 2003, Congress has spent nearly $150 billion in 17 separate short-term patches to prevent significant Medicare reimbursement rate cuts. This uncertainty is detrimental to providing our seniors and our doctors with the confidence that they deserve.

This bill before us today repeals the outdated SGR formula and replaces it with a new permanent system that rewards quality and value and guarantees stability to Medicare beneficiaries and the physicians providing their treatment.

Most of all, Mr. Speaker, I want to thank our leaders for allowing us to have this special moment. Today, the American people have the Congress that they deserve, a Congress that is focused on advancing an agenda that can make the American people proud. Let us continue walking down this path together.

Mr. LEVIN. I yield 2 minutes to the gentleman from Illinois (Mr. DANNY K. DAVIS), another active member of our committee.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, it takes a lot of time, energy, effort, hard work, and study to become a physician. I think they ought to be adequately compensated for the services they provide, especially when they serve the most needy health population in our country—our senior citizens.

We call this the doctor fix, but it is really not about the doctor fix. It is about fixing health care. It is about CHIP. It is about community health centers that serve more than 23 million low- and moderate-income citizens each and every year. It is about the National Health Service Corps training physicians. It is about the home visiting program.

I represent a district that has 24 hospitals, four outstanding medical schools, and so we train and educate many doctors, nurses, and other health personnel.

This is not just a good day for the doctors; it is a good day for health care, and it is a good day for America.

Mr. Speaker, H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015 is a bill that determines how doctors get adequate pay for providing medical services to Medicare recipients. For the past 12 years, the Medicare sustainable growth rate (SGR) formula has impeded stability in the Medicare program for providers and beneficiaries. Seventeen times Congress have done short term fixes, known as patches, that range from 3 to 12 months. Physicians should and deserve equitable reimbursement and not a lower reimbursement rate for the services they provide to our seniors. This is one of the leading reasons why physicians are leaving their practice or not accepting Medicare patients. We should repeal SGR and establish a legislative long-term fix that offers payment stability for our doctors. H.R. 2 will do just that and allow doctors to develop long-term strategic planning for their practice and time to invest in electronic health information technology and other medical systems to improve access and quality care for their patients.

Now is the time to capitalize on the lower offset now projected for the permanent repeal of the SGR formula otherwise failure to do so may cause problems for many providers to see Medicare patients. Ten thousand new enrollees enter Medicare each day. Access to physicians will suffer for the Medicare population as the gap between payments and practice costs continue to grow.

H.R. 2 fully fund the Children's Health Insurance Program (CHIP) for two years. CHIP is a partnership between the federal government and the States to provide healthcare coverage for over eight million children. Also, this legislation extends funding for two years to Community Health Centers to avoid draconian cuts to their services and operations in their communities. Community health centers play a critical role in the delivery of care to our most financially and medically vulnerable populations, and thus play an instrumental role in efforts to achieve health equity. Health centers serve one in seven Medicaid beneficiaries, one in seven uninsured, and one in three individuals living below poverty. African Americans, Asians/Hawaiians/Pacific Islanders, American Indians/Alaskan Natives, and persons with multi-racial and ethnic backgrounds account for 36 percent of all health center patients. Approximately 34 percent of health center patients are Hispanic/Latino, and health centers serve one in four racial and ethnic minorities living in poverty.

Community health centers are a local solution to the delivery of primary care—which is precisely how care works best—and services that are tailored to meet local needs, specific to each community. Health centers save the health care system money by keeping patients out of costlier health care settings, coordinating care amongst providers of different health disciplines, and effectively managing chronic conditions. Recent independent research shows that health centers currently save the health care system $24 billion annually in reduced emergency, hospital, and specialty care costs, including an estimated $6 billion annually in combined state and federal Medicaid savings. Despite serving traditionally at-risk populations, community health centers meet or exceed national practice standards for chronic condition treatment and ensure that their patients receive more recommended screening and health promotion services than patients of other providers. Health centers also have a substantial and positive economic impact on their communities. In 2009 alone, health centers across the country generated $20 billion in total economic benefit and produced 189,158 jobs in the nation's most economically challenged neighborhoods.

H.R. 2 includes the MIECHV home visiting program, which I worked in a bipartisan and bicameral way in Congress to establish a national program that serves approximately 115,000 parents and children. Under this legislation this program will be extended to improve child health, child development, and readiness to learn.

Mr. Speaker, I rise in full support of H.R. 2 and encourage all my colleagues to vote for this bill.

Mr. BRADY of Texas. Mr. Speaker, I yield myself 30 seconds.

I include in the RECORD a list of over 100 healthcare organizations throughout America—and growing—who support the passage of this legislation today. I would like to point out that these represent physicians and healthcare providers who truly want to treat our seniors, to see them when they need to see them, but can't today because of the way Medicare pays them.

So we start with a fresh start, and I enter into the RECORD this list.

Alliance for Academic Internal Medicine (AAIM); AMDA The Society for Post-Acute and Long-Term Care Medicine American Academy of Allergy, Asthma, and Immunology (AAAAI); American Academy of Dermatology Association; American Academy of Family Physicians; American Academy of Neurology (AAN); American Academy of Ophthalmology; American Academy of Pediatrics; American Action Forum; American Association for the Study of Liver Diseases (AASLD); American Association of Clinical Endocrinologists (AACE); American Association of Neurological Surgeons/Congress of Neurological Surgeons; American Association of Nurse Anesthetists; American Association of Nurse Practitioners (AANP); American Association of Orthopedic Surgeons; American College of Allergy, Asthma and Immunology (ACAAI); American College of Cardiology (ACC); American College of Chest Physicians (CHEST); American College of Physicians (ACP); American College of Radiology.

American College of Rheumatology (ACR); American College of Surgeons; American Congress of Obstetricians and Gynecologists; American Gastroenterological Association (AGA); American Geriatrics Society (AGS); American Health Care Association; American Hospital Association; American Medical Association; American Medical Society for Sports Medicine (AMSSM); American Osteopathic Association (AOA); American Society for Blood and Marrow Transplantation (ASBMT); American Society for Gastrointestinal Endoscopy (ASGE); American Society for Radiation. Oncology (ASTRO); American Society of Clinical Oncology; American Society of Hematology (ASH); American Society of Nephrology (ASN); American Thoracic Society (ATS); Americans for Tax Reform; Association of Departments of Family Medicine; Association of Family Medicine Residency Directors.

Aurora Health Care; Billings Clinic; Bipartisan Policy Center; California Medical Association; Center for Law and Social Policy (CLASP); College of American Pathologists; Digestive Health Physicians Association; Endocrine Society (ES); Essentia Health; Federation of American Hospitals; Grace Marie Turner for the Galen Institute; Greater New York Hospital Association; Gundersen Health System; HealthCare Association of New York State; Healthcare Leadership Council; Healthcare Quality Coalition; HealthPartners; HealthSouth; Hospital Sisters Health System; Infectious Diseases Society of America (IDSA).

Iowa Medical Society; Let Freedom Ring; Louisiana Rural Health Association; LUGPA; March of Dimes; Marshfield Clinic Health System; Mayo Clinic; McFarland Clinic PC; Medical Group Management Association; Mercy Health; Military Officers Association of America (MOAA); Minnesota Hospital Association; Minnesota Medical Association; National Association of Community Health Centers; National Association of Spine Specialists; National Association of Urban Hospitals; National Coalition on Health Care; National Retail Federation; North American Primary Care Research Group; Novo Nordisk.

Oregon Association of Hospitals and Health Systems; PhRMA; Premier Inc.; Renal Physicians Association; Rural Wisconsin Health Cooperative; Society for Adolescent Health and Medicine (SAHM); Society of Critical Care Medicine (SCCM); Society of General Internal Medicine (SGIM); Society of Teachers of Family Medicine; Tennessee Medical Association; Texas Medical Association; The 60 Plus Association; The American College of Gastroenterology; The Hospital & Healthsystem Association of Pennsylvania; The Iowa Clinic; The Society

of Interventional Radiology; ThedaCare; Wisconsin Collaborative for Healthcare Quality; Wisconsin Health and Educational Facilities Authority; Wisconsin Hospital Association; Wisconsin Medical Society.

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

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the distinguished gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Speaker, I thank the distinguished gentleman from Michigan and my friend from Texas, and what a celebration of Members coming together, Republicans and Democrats.

Mr. Speaker, I stand on this floor to ensure and insist that I am here to protect seniors and to ensure that the vote taken today does not undermine the protection of Medicaid and Medicare, in particular Medicare for our seniors, and that any vote does not in any way hinder those and provide a burden for those who cannot pay.

This provides a pathway for providing for our medical providers with the SGR fix; it provides seniors with quality healthcare services so they can go to the doctor they want; and, yes, it provides quality funding for our children and for our low-income families.

It supports our federally qualified health clinics, and coming from the city of Houston with the Texas Medical Center, there are a lot of doctors. Those doctors serve the poor and they serve seniors, and I want to make sure they are able to do so. The CHIP program will be protected that has been a vital program to provide for those families for our children to be healthy.

Let me agree with my colleague, brother PASCRELL, this is good for America. I am delighted to support this, and we are going to help physician-owned hospitals and look forward to a better day.

Mr. Speaker, I rise in support of H.R. 2, the "Medicare Access and CHIP Reauthorization Act of 2015," and the underlying bill.

H.R. 2 repeals and replaces the Medicare Physician Payment System and incentivizes quality care for seniors, children and low income-families.

I thank Chairman RYAN and Ranking Member LEVIN for their work in shepherding this legislation, which enjoys bipartisan support to the floor.

I support the bill before us because it protects our seniors, our children, low-income families, and equitably compensates physicians who provide critically needed health services.

This bipartisan legislation represents a significant achievement because it reforms Medicare's payment system and maintains critical funding for health care for millions of seniors, low-income children, and families.

Compensating our medical providers adequately to enable them to continue providing much needed services to our seniors is a moral imperative.

Assuring that our seniors receive quality health services is a moral imperative.

Providing critical healthcare funding for children and low income families is also a moral imperative.

Physicians from my congressional district in Texas, and others across the country, serve and provide remarkable healthcare to our seniors, children, and low income families.

The 70,000 seniors in my congressional district are entitled to the security that comes from knowing that healthcare will be available to them when they need it the most.

The 4.4 million low income families and children in the state of Texas and the 130,000 children in Harris County will benefit from this bill because it provides the resources needed to improve their quality of health.

It is important that physicians who are willing to serve our seniors, children, and low income families not have to go broke doing so.

Mr. Speaker, let me briefly list several of the more important aspects of this bill which I wholeheartedly support:

For our seniors, the bill repeals the sustainable growth rate (also known as SGR) formula and phases in a value based payment system for physicians serving Medicare patients for the quality of care they provide.

For our seniors, children and low-income families, the new payment incentives in the bill encourage physicians to move towards alternative payment models such as bundled payment and shared savings which foster alignment of high-quality and cost effective healthcare.

This bill extends the Children's Health Insurance Program, or CHIP, for two years.

Over 928,000 children are in CHIP in Texas, and 130,000 in Harris County, will benefit from this bill.

For our children, "clean" extensions in the bill maintain policies and funding that does not include detrimental policies or cuts.

This funding supports evidence-based programs that have been proven to reduce health care costs, improve school readiness, and increase family self-sufficiency and economic security.

This bill extends the Maternal, Infant, and Early Childhood Home Visiting Program for two years.

This bill extends funding for 1,300 federally funded community health centers located in all 50 states, the District of Columbia, and six U.S. territories, distributed evenly between urban and rural areas, that serve 28 million patients.

A third of those patients are children, and 93 percent of patients served have incomes below 200 percent of the federal poverty line.

The vast majority of the 90 million patient visits to community health centers were for primary medical care.

Without the funding, 7.4 million low-income patients—including 4.3 million women provided by this bill would lose access to health care.

This bill extends the Qualifying Individual Program—which subsidizes Medicare premiums for low-income beneficiaries—permanently.

This bill permanently corrects Medicare payments to physicians an provides much-needed certainty and stability to the Medicare program.

Importantly, the bill provides financial incentives to reinforce the country's path toward a health care system that rewards value and quality of care.

Mr. Speaker, this bipartisan legislation is a step in the right direction in Medicare payment reform and ensures continued funding that improves the health and welfare of millions of seniors, children, and families.

H.R. 2 is important because it reforms our flawed Medicare physician payment system; incentivizes quality and value for our seniors; and extends coverage for our children and low income families.

For all these reasons, I strongly support this bill and urge my colleagues to likewise.

Mr. BRADY of Texas. Mr. Speaker, I know Mr. LEVIN has additional speakers, so I will reserve the balance of my time.

Mr. LEVIN. I yield myself the balance of my time.

Mr. Speaker, this is an important moment. As I look back, it has been decade after decade of a struggle for health care for all Americans, a real struggle.

Today, we have legislation that covers kids from infancy through seniors, for seniors throughout their years. That is the importance, really, of these provisions. I simply want to express, I think, the feeling of so many of us on this side. So we have this moment of coming together, and I hope in the days ahead that these notes of harmony will not be disturbed by notes of dissonance. We owe more, and all the bodies, all the institutions owe it to the people of this country to continue on this path so what should be a right is a reality.

I don't think anybody in this institution can imagine going to bed any night worried about having health care, and the same for their families, their kids, and their grandchildren. I hope we will take these few minutes when we come together and reassert the importance in this country of joining together so that everybody from birth until their last days has the ability to have what is so precious—the ability to have access to health care. I hope that is the significance of this vote. I hope, as a result, it will be a very strong vote, and I think it is a vote for health care for every American.

I yield back the balance of my time.

Mr. BRADY of Texas. I yield myself the balance of my time to close.

Mr. Speaker, there is nothing wrong with being passionate about your ideas and principles, and nowhere is that more evident than in health care. When you can find, though, common ground on those principles that help our seniors, encourage our doctors to treat them, and make the first reforms to really save Medicare for the long term, we ought to do that. That is what this bill does.

But it just isn't a common ground as far as our lawmakers. We have dedicated staff who came together to work out the tough issues for us as well. On behalf of the Committee on Ways and Means Chairman PAUL RYAN and myself, I would like to thank our staff on the Ways and Means Subcommittee on Health—Matt Hoffmann, Brett Baker, Amy Hall, and Erin Richardson—for their tremendous work.

The Speaker and former Speaker PELOSI also led the effort to find this

common ground, and for Speaker BOEHNER, Charlotte Ivancic, and for Leader PELOSI, Wendell Primus, we thank you, as well as legislative counsel; and for the Congressional Budget Office, Tom Bradley and Holly Harvey contributed greatly to this day.

The other day, my neighbor, who has just retired from Continental, now United, walked over to my front porch and told me that after years of seeing his local doctor, his local doctor can't see him anymore because he can't afford to treat Medicare patients.

The other day—it was a tough winter for illnesses—I had an ear infection, and my local doctor I have known since he started his practice snuck me in at 6 at night. His staff had been there since 8 in the morning working and just looked frazzled. He just said, look, he doesn't drive a fancy car, doesn't live in a fancy home; he doesn't have a fancy office; he just wants to help treat patients. But this formula just makes it harder and harder for him. My main physician, who is 66, told me the other day that he would like to practice for 5 more years. He said: I think probably just 1 more year. He said: I can't handle the way Medicare pays today.

Look, we can't allow that to continue. Today, a simple question on this bill: Will you stand with our seniors, who need to see a local doctor and a doctor they know? Will you stand with our doctors, who want to treat our seniors, who don't want to retire early or sell out to larger institutions? Will you take the first real step to save Medicare for the long term? That is the question we face today.

On behalf of Chairman RYAN and those who have come together on this bill, I urge a ''yes'' vote on this measure.

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

Mr. RYAN of Wisconsin. Mr. Speaker, here's what it all comes down to: This is a step toward patient-centered health care.

And what that means is, we're starting to focus on what's best for patients.

Medicare is supposed to help seniors get the best health care possible.

And the way to do that is to reward what works.

Reward the doctors who help you recover faster and live longer.

Reward the doctors who put seniors and their health first.

That's what it means to have a patient-centered system. That's how you strengthen Medicare.

And that's what this bill does. This bill changes how Medicare pays doctors.

Right now, you get paid for every single treatment you perform—no matter how effective you are.

So what we say to doctors is, ''From now on, we're going to reward quality work. Do a good job, make people better, keep them out of the hospital, and you'll get paid more.''

I think we all can agree that's better than just paying for the amount of care.

And we can all agree that's better than one more year of a manufactured crisis.

Now I want to add that we make a couple of other good reforms in this bill.

These reforms will save money. And those savings will build up over time.

We ask the wealthy to contribute more to their care.

We discourage unnecessary doctor visits with some insurance reforms.

And we tell Medicare to share data with experts to help providers figure out what works.

You all know I think we have a long way to go to save Medicare.

I think this is just a start.

But this is a firm step in the right direction.

It's a firm step toward a patient-centered system.

And I ask all my colleagues to support it.

COMMITTEE ON WAYS AND MEANS,
HOUSE OF REPRESENTATIVES,
Washington, DC, March 20, 2015.

Hon. FRED UPTON,
Chairman, Committee on Energy and Commerce, Rayburn House Office Building, Washington, DC.

DEAR CHAIRMAN UPTON: Thank you for your letter regarding H.R. 1021, Protecting the Integrity of Medicare Act of 2015, which was ordered reported by the Committee on Ways and Means on February 26, 2015. I appreciate your decision to facilitate prompt consideration of the bill by the full House. I understand that by foregoing a mark-up of the bill, the Committee on Energy and Commerce is not waiving its interest in the provisions within its jurisdiction.

Per your request, I will include a copy of our exchange of letters with respect to H.R. 1021 in the Congressional Record during House consideration of this bill. We appreciate your cooperation and look forward to working with you as this bill moves through the Congress.

Sincerely,

PAUL RYAN,
Chairman.

Ms. FRANKEL of Florida. Mr. Speaker, I rise today to express my disappointment that Hyde Amendment language was included in H.R. 2, the Medicare Access and CHIP Reauthorization Act of 2015.

The Hyde Amendment, which prohibits federal funding for abortion, has prevented women from accessing needed reproductive health care for decades. While the Hyde Amendment remains in law through the yearly appropriations process, every attempt to insert Hyde Amendment language into other legislation damages efforts to protect women's health.

It is unfortunate that today's historic bipartisan deal—which will strengthen Medicare for millions of Floridians—was used as a vehicle to chip away at women's access to reproductive health care. Every woman deserves the right to make her own personal health decisions.

Mr. FARR. Mr. Speaker, I rise today to thank our leaders for working so tirelessly to find a compromise to fix the SGR. For too many years this arbitrary budget device has worked to upend Medicare doctors and patients alike, creating turmoil when what was needed was common sense. Thankfully, today common sense wins out.

But I have to say as well that I am disappointed that the bill includes unnecessary language on restricting women's reproductive rights. The inclusion of a statutory reference to the Hyde amendment is bothersome in the least and very possibly a dangerous precedent-setting salvo by anti-choice opponents to codify the Hyde language.

Mr. Speaker, I don't understand why Hyde had to be referenced at all in this bill. Everyone already knows that community health centers are already subject to Hyde restrictions. Including it in this SGR bill is redundant. Unfortunately, it is all too typical of this Tea Party-infused Congress to sow discord rather than accommodation. Adding the Hyde language to the bill only causes heartburn in a bill that could much more easily have satisfied our hunger for bipartisanship.

Ms. BONAMICI. Mr. Speaker, I rise today in support of H.R. 2, the Medicare Access and CHIP Reauthorization Act. This legislation is a long overdue remedy to the flawed Medicare physician payment formula known as the Sustainable Growth Rate, or SGR. I look forward to putting an end to the temporary patches that Congress has repeatedly passed in place of a permanent fix.

Replacing the SGR and bringing predictability to Medicare will encourage more providers to enter and remain in the program, which in turn will improve health care access and affordability for seniors. Additionally, H.R. 2 marks an important shift from fee-for-service payments to a system that rewards quality outcomes.

This bill also includes several important reauthorizations to crucial programs, including the Children's Health Insurance Program, the Qualifying Individual program, and the Maternal, Infant, and Early Childhood Home Visiting Program. Although I would have supported a longer authorization of CHIP, which would bring more certainty to our states and the children and families they serve through the program, I hope we can work together during the next two years to develop a strong authorization before it expires in two years.

I am also very pleased that this legislation includes an extension of the Secure Rural Schools and Community Self-Determination Act. Hundreds of jurisdictions across the country—including timber-dependent counties all across Oregon—rely on this essential funding for their schools, government services, and law enforcement.

Lastly, H.R. 2 provides continued authorization for Community Health Centers, which provide important services in underserved communities. Although support for community health centers will prevent millions of patients from losing access to primary care, the funding will unfortunately remain subject to the Hyde Amendment—a harmful provision that undermines women's health. I am deeply troubled with the continuation of this public law.

I am also troubled by the precedent set in this bill where we will begin charging some seniors more for their premiums. Medicare, like Social Security, is an earned benefit paid for over a lifetime.

Despite these serious objections, I will support this bipartisan legislation. Congress must preserve access to primary care for vulnerable individuals

and bring long sought stability to Medicare for our seniors. I urge my colleagues to join me in supporting this comprehensive legislation and permanently fix the SGR.

Mr. BOUSTANY. Mr. Speaker, this week the House has an opportunity to make historic reforms to Medicare that will provide certainty to doctors and patients across the country.

I spent 30 years practicing as a heart surgeon, fighting to save lives on the operating table every day.

I know firsthand that the cycle of temporary patches and extensions injects tremendous uncertainty into the process, making it much more difficult to run a successful practice.

Last week, I stood with a bipartisan group of Representatives and Senators to introduce the replacement legislation under consideration.

This bill repeals the unworkable SGR, consolidates duplicative programs, and improves transparency for patients and doctors. It is a historic solution to a problem that has plagued doctors and providers for over a decade.

But no solution is one hundred percent perfect.

I believe we must continue working toward full repeal of the unworkable Medicare outpatient therapy cap, something I've introduced legislation to address and will continue to work with my colleagues to make this law.

That's something I'll continue to fight for.

But today, it's time for Congress to do what we are elected to do: come together, find common ground, and pass a solution.

This is the first meaningful opportunity to fix this broken system in years—let's not bypass this moment.

I encourage all of my colleagues to support this permanent doc fix.

Mr. LANGEVIN. Mr. Speaker, I rise today in support of the Medicare Access and CHIP Reauthorization Act, which repeals once and for all the flawed Medicare physician reimbursement formula, known as the SGR, and replaces it with a payment system based on quality of care, value and accountability.

Since 2003, Congress has spent nearly $170 billion on short-term patches to temporarily avoid cuts under the SGR. This bipartisan, bicameral agreement will finally stabilize payments for medical providers and remove the persistent threat of rate cuts that have jeopardized access to care for our seniors.

Also contained in this legislation is a crucial two-year extension of the Children's Health Insurance Program. Although I would have preferred to see CHIP extended for four years, this measure allows us to take immediate action instead of waiting until the program expires in September, providing certainty to states like Rhode Island that are preparing their budgets for next year, while ensuring that over eight million children continue receiving the health coverage they need at increased funding levels set forth under the Affordable Care Act.

I am also pleased to see the inclusion of over $7 billion for community health centers that provide front line care to millions of families across the country, as well as $620 million for the National Health Service Corps and $120 million for Teaching Health Centers.

Of course, this legislation is not perfect. It includes provisions I do not support, such as reforms to Medigap deductibles for new Medicare beneficiaries beginning in 2020. However, this measure seeks to protect our most vulnerable citizens by permanently extending the Qualifying Individual (QI) program that helps low-income seniors pay their Medicare Part B premiums, and the Transitional Medical Assistance (TMA) program that assists families on Medicaid maintain their coverage for one year as they transition from welfare to work.

Mr. Speaker, this legislation will end the decade-long cycle of annual SGR patches, restore certainty Medicare providers, and extend vital health care programs our constituents depend on. I am pleased that members on both sides of the aisle have come together to address this issue, and I urge my colleagues to support this legislation and provide continued health security for our seniors, children and families

Mr. FLORES. Mr. Speaker, I rise in support of H.R. 2, the Medicare Access and CHIP Reauthorization Act.

I came to Congress because Washington was in the midst of a culture of excess—excessive spending, excessive regulation and excessive government.

Today, we have the opportunity to repeal and replace Medicare's SGR, an outdated reimbursement system that for over a decade Congress has passed patch after patch to fix the flawed formula while hiding the true state of Medicare.

Mr. Speaker, this legislation will take crucial steps to change spending and improve health care for America.

Today, we are voting to enact policy and reforms that generate savings and finally incentivize quality of care over quantity.

I urge my colleagues to support H.R. 2.

Mr. VAN HOLLEN. Mr. Speaker, I rise today in support of H.R. 2, Medicare Access and CHIP Reauthorization Act. This bill is not perfect but on its whole, it extends critical funding to ensure that kids in the Children's Health Insurance Program (CHIP) don't lose access to health insurance and to keep community health centers open to serve hardworking American families. It funds the successful Home Visiting Program, makes permanent a program to assist low-income seniors afford their Medicare premiums, and supports families on Medicaid who are transitioning to work. On top of preventing massive cuts to these programs, the legislation replaces a flawed payment system that wasn't working for people in Medicare, their physicians, or taxpayers.

In some areas—specifically in extending funding for CHIP for two years—I don't think the bill goes far enough. As a longtime supporter of CHIP, I advocated to extend funding for four years and included a four-year extension in the budget I offered in the House. House Democratic leadership fought for a four-year extension but was met with resistance from Republicans who have made quite clear that they would rather roll back coverage for kids in CHIP. Despite the two-year compromise, I'm pleased that the legislation funds CHIP at current levels and maintains the safeguards we set in the Affordable Care Act (ACA) to ensure coverage for every eligible child in the nation. Failure to pass this bill and fund CHIP would cause millions of kids to become uninsured or lose access to services, or would cause their parents to face higher out-of-pocket costs.

The bill also includes two years of additional funding for community health centers which provide primary care to families, seniors, people with disabilities, and veterans in Maryland and across the nation. Health centers keep people healthy and working by responding to the unique needs of their communities, create good-paying jobs, and train the next generation of the health care workforce. Without this bill, funding for health centers would be cut by 70 percent and over 7 million Americans could be at risk of losing critical health services. Not funding very cost-effective health providers is irresponsible and unfair to hardworking American families.

It comes as no surprise that my Republican colleagues would have liked to hijack this bill for their arsenal in their unending assault on women's health. If you need any evidence, just look at what Republicans did in the Senate trying to use the human trafficking bill to expand the Hyde amendment to permanent funds and non-taxpayer funds. I applaud the Democratic Senators blocking that Republican anti-choice effort. Let me be clear; this bill does not do that. I worked with Leader PELOSI and the co-chairs of the House Pro-Choice Caucus, of which I am a member, to counter attempts to codify the Hyde amendment. As a result, this bill continues the current policy for funding for community health centers. Just like the Hyde language included in annual appropriations bills, the provision is limited to taxpayer funds and temporary—terminating when the funding expires in 2017. I strongly share the ongoing concerns of the reproductive health community and I remain deeply committed to protecting a woman's fundamental right to choose her health care.

Finally, the bill repeals and replaces a deeply flawed physician payment system for paying physicians that basically penalizes doctors for participating in Medicare. For more than ten years, doctors have faced the threat of steep rate cuts required by a mindless formula in the law. Congress has repeatedly adopted short-term patches to prevent these cuts from taking effect. This crisis-driven approach to paying physicians makes it difficult for doctors to participate in Medicare, which ultimately is unfair to their patients—the seniors and disabled workers who rely on Medicare for access to the health care services they need. The bill rights this wrong with a smarter physician payment system that improves quality of care for people with Medicare.

Mr. Speaker, today's bill is not perfect but Congress must move forward with this bipartisan agreement to protect the health of America's families, children and seniors. I urge support H.R. 2.

Mr. LYNCH. Mr. Speaker, I rise today in support of the Medicare and CHIP Reauthorization Act, H.R. 2.

I commend Energy and Commerce Chairman FRED UPTON and ranking member FRANK PALLONE as well as Ways and Means Chairman PAUL RYAN and ranking member SANDER LEVIN for their hard work in putting this bill together.

The sustainable growth rate (SGR) was part of the Balanced Budget Act of 1997 but has proven to be far less than sustainable.

In fact, according to the Congressional Research Service, since 2003 Congress passed 17 laws overriding the SGR-mandated reductions in the Medicare physician fee schedule.

This bill may not be perfect but it seems to strike enough compromises that many of us are willing to support a good bill rather than hold out for a perfect one.

I am particularly pleased that the bill includes a two year extension of the Health Center Fund, which will provide an additional $3.6 billion per year to the nation's community health centers.

Created under the Affordable Care Act to expand the health centers program and increase access to care, the fund is set to expire after 2015.

Should it expire, health centers would be facing a 70% cut in funding which would force devastating reductions and closures at many of the more than 9,000 health centers nationwide.

We simply cannot allow that to happen.

Community health centers are critical to the health care equation, meeting the needs of approximately 23 million people every year. They provide access to primary and preventative health services that keep patients from seeking or eventually needing more costly care. And that benefits all of us.

The 1,300 federally funded health centers are located in every corner of our country and are distributed evenly between urban and rural areas. I am fortunate in my own district to have 7 community health centers treating more than one hundred thousand patients every year. In fact, as we recognize the 50th anniversary of our health centers, I am proud to acknowledge that the first community health center in the United States, Geiger Gibson, is located in my district.

Health centers serve all our constituents, Democrat and Republican, young and old, black, white or brown. they are vital to all our communities, and that is why this program has strong bipartisan support.

Whether you supported the Affordable Care Act or not, I think we all can agree that access to affordable health care helps to keep health costs down. Our community health centers provide that access. They are doing a terrific job for people across the nation.

That is why I strongly support our health centers and I urge my colleagues to join me in supporting this bill.

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

Pursuant to House Resolution 173, the previous question is ordered on the bill, as amended.

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

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

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

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on passage of the bill will be followed by a 5-minute vote on agreeing to the Speaker's approval of the Journal, if ordered.

The vote was taken by electronic device, and there were—yeas 392, nays 37, not voting 4, as follows:

[Roll No. 144]

YEAS—392

Abraham
Adams
Aderholt
Aguilar
Allen
Amodei
Ashford
Babin
Barletta
Barr
Barton
Bass
Beatty
Becerra
Benishek
Bera
Beyer
Bilirakis
Bishop (GA)
Bishop (MI)
Bishop (UT)
Black
Blackburn
Blumenauer
Boehner
Bonamici
Bost
Boustany
Boyle, Brendan F.
Brady (PA)
Brady (TX)
Brooks (IN)
Brown (FL)
Brownley (CA)
Buchanan
Bucshon
Burgess
Bustos
Butterfield
Byrne
Calvert
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Carter (GA)
Carter (TX)
Cartwright
Castor (FL)
Castro (TX)
Chabot
Chaffetz
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clawson (FL)
Clay
Cleaver
Clyburn
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Comstock
Conaway
Connolly
Conyers
Cook
Costa
Costello (PA)
Courtney
Cramer
Crawford
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Curbelo (FL)
Davis (CA)
Davis, Danny
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Denham
Dent
DeSaulnier
Deutch
Diaz-Balart
Dingell
Doggett
Dold
Doyle, Michael F.
Duckworth
Duffy
Duncan (SC)
Duncan (TN)
Edwards
Ellison
Ellmers (NC)
Emmer (MN)
Engel
Eshoo
Esty
Farenthold
Farr
Fattah
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foster
Foxx
Frankel (FL)
Franks (AZ)
Frelinghuysen
Fudge
Gabbard
Gallego
Garamendi
Gibbs
Gibson
Goodlatte
Gosar
Gowdy
Graham
Granger
Graves (LA)
Graves (MO)
Grayson
Green, Al
Green, Gene
Griffith
Grijalva
Guinta
Guthrie
Gutiérrez
Hahn
Hanna
Hardy
Harper
Harris
Hartzler
Hastings
Heck (NV)
Heck (WA)
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins
Hill
Himes
Holding
Honda
Hoyer
Hudson
Huffman
Huizenga (MI)
Hunter
Hurd (TX)
Hurt (VA)
Israel
Jackson Lee
Jeffries
Jenkins (KS)
Jenkins (WV)
Johnson (GA)
Johnson (OH)
Johnson, E. B.
Joyce
Kaptur
Katko
Keating
Kelly (IL)
Kelly (PA)
Kennedy
Kildee
Kilmer
Kind
King (NY)
Kinzinger (IL)
Kirkpatrick
Kline
Knight
Kuster
LaMalfa
Lamborn
Lance
Langevin
Larsen (WA)
Larson (CT)
Latta
Lawrence
Lee
Levin
Lewis
Lieu, Ted
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Love
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
MacArthur
Maloney, Carolyn
Maloney, Sean
Marino
Matsui
McCarthy
McCaul
McCollum
McDermott
McGovern
McHenry
McKinley
McMorris Rodgers
McNerney
McSally
Meehan
Meeks
Meng
Messer
Mica
Miller (FL)
Miller (MI)
Moolenaar
Mooney (WV)
Moore
Moulton
Mullin
Murphy (FL)
Murphy (PA)
Napolitano
Neal
Neugebauer
Newhouse
Noem
Nolan
Norcross
Nugent
Nunes
O'Rourke
Olson
Palazzo
Pallone
Pascrell
Paulsen
Pearce
Pelosi
Perlmutter
Perry
Peters
Peterson
Pingree
Pittenger
Pitts
Pocan
Poe (TX)
Poliquin
Polis
Pompeo
Posey
Price (NC)
Price, Tom
Quigley
Rangel
Reed
Reichert
Renacci
Ribble
Rice (NY)
Rice (SC)
Richmond
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney (FL)
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Roybal-Allard
Royce
Ruppersberger
Rush
Russell
Ryan (OH)
Ryan (WI)
Salmon
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Scalise
Schiff
Schock
Schrader
Scott (VA)
Scott, Austin
Scott, David
Serrano
Sessions
Sewell (AL)
Sherman
Shimkus
Shuster
Simpson
Sinema
Sires
Slaughter
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Speier
Stefanik
Stewart
Stivers
Stutzman
Swalwell (CA)
Takai
Takano
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tipton
Titus
Tonko
Torres
Trott
Tsongas
Turner
Upton
Valadao
Van Hollen
Vargas
Veasey
Vela
Velázquez
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Walz
Wasserman Schultz
Waters, Maxine
Watson Coleman
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westerman
Westmoreland
Whitfield
Williams
Wilson (FL)
Wilson (SC)
Wittman
Womack
Woodall
Yarmuth
Yoder
Yoho
Young (AK)
Young (IA)
Young (IN)
Zeldin
Zinke

NAYS—37

Amash
Blum
Brat
Bridenstine
Brooks (AL)
Buck
Cooper
DeSantis
DesJarlais
Garrett
Gohmert
Graves (GA)
Grothman
Huelskamp
Hultgren
Issa
Johnson, Sam
Jolly
Jones
Jordan
King (IA)
Labrador
Loudermilk
Lummis
Marchant
Massie
McClintock
Meadows
Mulvaney
Nadler
Palmer
Ratcliffe
Sanford
Schakowsky
Schweikert
Sensenbrenner
Visclosky

NOT VOTING—4

Hinojosa
Payne
Ruiz
Smith (WA)

□ 1207

Messrs. MULVANEY and SCHWEIKERT changed their vote from ''yea'' to ''nay.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, which the Chair will put de novo.

The question is on the Speaker's approval of the Journal.

Pursuant to clause 1, rule I, the Journal stands approved.

□ 1215

THE MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, moments ago, the House

passed a historic piece of bipartisan legislation that will put an end to the flawed Medicare sustainable growth rate, the so-called doc fix, and extend the Children's Health Insurance Program.

For more than a decade, Congress has used a bandaid to address the sustainable growth rate, rather than offering permanent reforms. Having served in a nonprofit health care setting for nearly three decades, I experienced firsthand the uncertainty and the anxiety that patients and their providers experienced annually, wondering if draconian cuts to reimbursements would occur. This bipartisan, permanent solution will replace the sustainable growth rate with a more stable system that will ensure our seniors do not lose access to their healthcare providers.

Mr. Speaker, this legislation is by no means perfect, but it is a move in the right direction for children, seniors, and our medical providers.

VOTING RIGHTS

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

Mr. HOYER. Mr. Speaker, we just passed a bipartisan bill that addressed an issue, as the previous speaker said, that needed to be addressed.

Yesterday, Mr. Speaker, the Supreme Court handed down a decision in Alabama Legislative Black Caucus v. Alabama which ought to give every Member pause regarding the position that Federal voting protections are no longer needed to ensure that all Americans can register and vote.

The Court found that Alabama legislators may have drawn congressional districts after the last census in a manner that diluted the voting strength of African American citizens. The Court raised disturbing questions, Mr. Speaker, about how African Americans are represented in Alabama's congressional districts and returned the case to a lower court for further consideration.

Mr. Speaker, we are a nation that prides itself on its unflinching willingness to confront its sins of segregation and voter suppression that kept millions of Americans from participating equally for generations.

On the same day the Court ruled, we marked the 50th anniversary of the Selma marchers finally reaching Montgomery. Such anniversaries are reminders of how much—or how little progress—we have made to realize the principles and rights embodied in our Constitution.

With that in mind, Mr. Speaker, I urge us to proceed, as we did today, in a bipartisan fashion to restore the Voting Rights Act to its full force and effect to protect all Americans. And I urge my colleagues to work together to bring the bipartisan Voting Rights Amendment Act to the floor and restore the full power of the Voting Rights Act without delay.

We acted in a bipartisan fashion today. Let's do it tomorrow on the Voting Rights Act.

BRAIN AWARENESS WEEK

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

Mr. MCNERNEY. Mr. Speaker, I rise today to celebrate the 20th anniversary of Brain Awareness Week.

Last week, neuroscientists from around the world reached out to students and the public with educational activities that helped illustrate the wonders of the human brain. Since 1996, organizations around the world have come together during Brain Awareness Week to inform us about brain research and brain awareness, about brain disorders and diseases that affect nearly 100 million Americans.

The National Science Foundation has supported a number of projects that have led to discoveries in neuroscience. These projects include gene editing that allows scientists to understand the biological origins of complex brain disorders and provide new potential treatments. On another front, increasing the resolution of optical microscopes has allowed scientists to view the brain in more detail and helped them understand Alzheimer's and Parkinson's disease.

I urge my colleagues to join me in supporting Brain Awareness Week and to support researchers in their own districts who are working to improve public health worldwide.

HEALTH CARE IN AMERICA

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE. Mr. Speaker, we just witnessed an opportunity that should not be singular, and that is the coming together of Members of the United States Congress to address some very important issues.

I have already spoken on the importance of providing for the Children's Health Insurance Program that this legislation, H.R. 2, has provided for and securing Medicare for our seniors and ensuring funding for our federally qualified health clinics, the very clinics that I advocated for so many years ago. And we have seen a growth in them. The ones that are in my congressional district, they opened their doors to low-income and those without insurance in years past.

We are trying to get in front of the issue and the crisis of health care in America. But I want to make sure that as we pass this legislation, we do not forget physician-owned hospitals, which are prevalent in the State of Texas, and there are many in my neighborhood. These are doctors who have sacrificed to open the doors of hospitals in low-income areas. It is important for CMS to make sure that their applications are expeditiously and efficiently reviewed and that they have the opportunity to expand. This is language that we have put into the Affordable Care Act so the doors of these hospitals can remain open to the sick and those who are in neighborhoods where access to health care is not strong.

I ask my colleagues to continue to push forward on good health care in America and to help physician-owned hospitals in the way that they should be under the Affordable Care Act.

REMEMBERING MARY EDWARDS

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

Mr. VEASEY. Mr. Speaker, I rise today to honor the life of a longtime friend, Mary Edwards, a State Democratic executive committeewoman and board member for Tarrant County Stonewall Democrats.

Mary was born in Clarksville, a little town next to Paris, and moved to Fort Worth with her family when she was a kid.

She dedicated her time to helping others and making a difference to anyone she came across. I can personally attest to the leadership and activism she displayed throughout the years in the Fort Worth community, as well as when she worked alongside longtime former State Representative Lon Burnam.

Mary also served in various roles in the community. She was very active in the LGBT community and was very proud of her work. She was also a member of the Communications Workers of America. And she was very active in the neighborhood that she lived in.

My heartfelt sympathies goes out to her younger brother, Longe, and her niece, whom she greatly adored.

I can tell you, personally, that it is going to be sad to go to the Democratic meetings and pull up into the parking lot and not see Mary's big red truck there. But I can attest to you that while Mary was here, on this side, she did everything she could to make life better for others and truly, truly cared for the community.

MISCONDUCT OF INSPECTOR GENERAL TODD ZINSER, COMMERCE DEPARTMENT

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, the U.S. Congress relies upon inspectors general, IGs, as a key component of the Federal accountability community. When IGs themselves engage in illegal, unethical, or inappropriate behavior, Congress has an obligation to investigate them.

In the last Congress, the Committee on Science, Space, and Technology launched a bipartisan investigation of

the Department of Commerce Inspector General Todd Zinser. The evidence the committee obtained regarding Mr. Zinser's personal misconduct and professional mismanagement of his office is overwhelming.

Any one of the multiple issues highlighted in my extended remarks would be sufficient to justify the removal of this IG. This serious step is made necessary by the abundant and deeply disturbing evidence that I am making public today. It gives me no pleasure to provide this account to the Congress, but I believe it is my obligation to report on what we have found.

Todd J. Zinser has been the Inspector General of the Department of Commerce (DOC) since December 2007. Prior to his present post, he served as Acting IG and Deputy IG at the Department of Transportation's Office of Inspector General (OIG). He has had a thirty year career in the federal accountability community.

Our Committee relies on the Commerce IG's office to identify and investigate issues of waste, fraud, abuse and mismanagement within agencies under the Committee's jurisdiction, including the National Oceanic and Atmospheric Administration (NOAA), which encompasses the National Weather Service (NWS) and National Hurricane Center, as well as the National Institute of Standards and Technology (NIST). The Committee also has wide-ranging oversight jurisdiction over all non-military research and development, which touches upon other components of the Department of Commerce.

Issues relating to Mr. Zinser's conduct in office first came to the attention of the Committee in 2012. As some of you may recall, the Chief Financial Officer at the National Weather Service was removed after it was found that he had established an improper and illegal process for moving tens of millions of dollars across appropriated accounts at NWS in violation of the Anti-deficiency Act. Subsequently, the then-head of the NWS also retired as a result of this scandal. The Committee learned of this improper conduct the same way the rest of the world did: we read about it in the Washington Post on May 28, 2012.

However, Inspector Generals are required by the Inspector General Act to notify Congress when they become aware of significant problems in their agency. The Inspector General Act of 1978 as amended says very clearly that it is a purpose of the establishment of inspector generals that they are "to provide a means for keeping the head of the establishment and the Congress fully and currently informed about problems and deficiencies relating to the administration of" that agency.

That act also directs that "[e]ach Inspector General shall report immediately to the head of the establishment involved whenever the Inspector General becomes aware of particularly serious or flagrant problems, abuses, or deficiencies relating to the administration of programs and operations of such establishment. The head of the establishment shall transmit any such report to the appropriate committees or subcommittees of Congress within seven calendar days, together with a report by the head of the establishment containing any comments such head deems appropriate." Mr. Zinser never suggested that he had followed this provision and there is no evidence that the IG ever communicated any report to the Secretary of Commerce regarding ongoing violations of the Anti-deficiency Act within the National Weather Service.

In this case, Mr. Zinser did not notify our Committee by any means that NWS had been running a huge, illegal accounting scam. That failure to notify came as a grave disappointment to me and to other Members of the Committee. When staff met with Mr. Zinser to understand what had happened in this case, and the role of his office in the investigation, they were astonished to learn that in November 2011 the IG had concluded that a violation of the Anti-deficiency Act had likely occurred. That meant that the IG went six months without mentioning this significant matter to the Congress, letting us instead learn of the issue in the press.

In that meeting with staff, Mr. Zinser disclosed that he had no idea that his office had received multiple tips regarding financial misconduct at NWS. He admitted that his office had actually misplaced some of these allegations. The Commerce OIG received its first of several Hotline complaints about this issue in June 2010. Mr. Zinser also claimed he had no idea that his audit staff were conducting an examination of these allegations until a memorandum on the topic—eleven months in the making—hit his desk on November 18, 2011. It seemed impossible that, with his years of experience, he would have established a system for receiving whistleblower tips that could actually lose those tips. It also seemed impossible that he could not know that his staff was conducting a "preliminary audit" on matters involving possible illegal activity by one of the top officials at the NWS.

At the time, his office only had about 120 employees and misconduct at the National Weather Service would be a very, very high profile matter. Even if Mr. Zinser's account is true—and my staff have gathered significant evidence that Mr. Zinser is actually a micromanager who has been personally involved in assignments of hotline complaints and held weekly reviews of ongoing work at the time, back in 2011—such failings suggest an extraordinary lack of personal engagement in the work of his office and a serious lack of competence in Mr. Zinser's management of significant, potentially criminal, allegations.

Most surprising of all the things staff learned in this meeting was that Mr. Zinser declined to conduct a formal investigation into these financial improprieties even after he said he became aware of them. Instead, the IG gave the investigation back to the agency. Given the vast scope of the financial shenanigans that occurred at NWS over many years, it is reasonable to question whether others in the agency knew about this conduct or played some role in allowing it to go on. In letting the agency essentially investigate itself on this violation of the law, the IG created a situation where there could have been a cover-up. In the end, the agency's report on this incident found only one official—the NWS Chief Financial Officer—to have been responsible for years of illegal accounting practices.

IGs exist to carry out investigations precisely when allegations of illegal activity have been made. Members and staff found it impossible to understand why the IG had failed in what can only be described as a "core responsibility" to investigate this misconduct and to keep the Congress informed. My staff has posed this scenario to several other IGs who work at agencies in our jurisdiction, every one of them has said they would never have given such an investigation back to the agency. Such a decision is inexplicable.

These failures to investigate a violation of law, to inform the Congress of significant issues at his agency, or to effectively manage his own office led to doubts among Committee Members regarding Mr. Zinser's reliability as an IG. As a result, our staff began to examine the work of Mr. Zinser's office in more detail.

Let me be clear: Mr. Zinser came to our attention because of Mr. Zinser's own misconduct. We know from sources on other Committees as well as correspondence he has sent, that he has tried to explain away our interest in his conduct as the result of former IG staff with an ax to grind coming to us with false stories, or even that my own Committee staff are personally hostile to Mr. Zinser. Nothing could be further from the truth. Mr. Zinser has only himself to blame for drawing our attention to him.

In the wake of a hearing in which Members heard directly from Mr. Zinser regarding his mishandling of the NWS Anti-Deficiency Act violations, my staff began looking into the IG's hotline system. How could tips involving illegal activity and the potential waste of millions of dollars get set aside without any action? While the staff and Members were wondering how this bizarre conduct on the NWS could be explained, another item in the Washington Post caught our eye. Mr. Zinser's office was the subject of a whistleblower retaliation complaint that had been taken up by the Office of Special Counsel (OSC)—the Federal government's whistleblower protection office.

On December 3, 2012 the Washington Post reported on this case because the OSC had to take the extraordinary step of issuing instructions that Inspector General Zinser vacate a gag agreement with the complainants. This gag agreement, which OSC ultimately found had been essentially extorted from the complainants, had barred them from communicating about their experiences in Mr. Zinser's office to the press, OSC or Congress.

This press account was every bit as shocking as the revelations Mr. Zinser had made to the Committee regarding his mishandling of the NWS case. It seemed impossible that an IG, or his top aides, would establish a gag order to silence former staff from talking to the press, the OSC, or Congress. That such a gag order was the result of retaliation for suspected whistleblowing conduct by the former employees made this situation even more disturbing. By law, IG offices are to be a safe haven for whistleblowers. That an IG, or his senior staff, would attempt to punish and silence whistleblowers within their own office flies in the face of everything we expect of an IG.

This story opened up new lines of communication between whistleblowers remaining in Mr. Zinser's office and our staff. For the remainder of the 113th Congress we worked to understand how the office operated and why so many problems seemed to emerge from the IG's office. Over time, this initiative expanded from work done solely by the Minority staff of the Committee to become a fully bipartisan investigation with participation by the Majority as well. My friend from Wisconsin, the then-Vice Chairman of the Committee, Representative SENSENBRENNER, was particularly

important in driving the investigation forward and forging a bipartisan effort. Mr. SENSENBRENNER has a long history of taking action to protect whistleblowers.

I want to touch on some of the most outrageous things that we uncovered during the two years of our work. I may depart from a chronological treatment in an effort to bring the most disturbing elements to the attention of the House in the most expeditious way.

For those who wonder how I know what I am saying is true, let me share a summary of the work our staff engaged in.

The staff interviewed more than 70 officials who have worked for or with Mr. Zinser, including more than 60 current or former Commerce OIG employees. The Committee has also obtained thousands of pages of supporting documentation, court records and other evidence from informed sources. Most of the material that has informed our investigation has come to the staff through whistleblowers sharing materials. Despite two bipartisan document request letters in the last Congress, Mr. Zinser provided very little responsive material, particularly to our second request in August 2014 that specifically focused on the conduct of Mr. Zinser and some of his senior most officials targeting whistleblowers in his own office.

Coincidentally, and I will discuss this in more detail later, six days—let me repeat, six days—after Mr. Zinser received the Committee's bipartisan document request regarding efforts to identify and retaliate against whistleblowers in his office, he was seen using his personal hand-cart to remove two bankers boxes of materials from his office to his car on a holiday weekend. Although we don't know what was in those boxes, the timing of this removal is extremely suspicious.

Committee staff has built a network of sources that provided accurate, contemporaneous insights into actions within the office. The stories and documents these whistleblowers provided paint a deeply disturbing picture of an IG's office ruled by fear and intimidation, where unethical conduct is rewarded at the top, while the line staff are largely prevented from conducting the good work expected of an IG's office.

Let me start by acknowledging two apparent public successes of Mr. Zinser's: he produced two reports in 2014 on misconduct at the U.S. Patent and Trademark Office (PTO) that received extensive press coverage and inspired a joint hearing by the House Committee on Oversight and Government Reform and the House Judiciary Committee. Each of these seeming successes, though, points to core problems in the credibility of Mr. Zinser and the work of his office.

On July 8, 2014, Mr. Zinser's office released an investigative report about the conduct of Deborah Cohn, the Commissioner for Trademarks at PTO. The report found that Commissioner Cohn violated several federal laws regarding federal officials using their public office for an individual's private gain (5 C.F.R. 2635.702 and 702(a)), providing preferential treatment to an applicant (5 U.S.C. 2302(b), and 5 C.F.R. 2635.101(b)(8)), and violating federal ethics violations (5 C.F.R. 2635.501(a)). What was Ms. Cohn's offense? She had intervened in a hiring decision to assist her daughter's fiancé in getting a job.

In September, in the wake of the report, Deborah Cohn announced plans to retire by the end of 2014. According to her online biography, she worked at PTO for over 30 years, and retired in January, 2015. At the time of the release of the report, IG Zinser was quoted in the press as saying the OIG investigation found Ms. Cohn exerted ''undue influence in the hiring process'' and ''intervened and created an additional position specifically for the applicant.'' The Commerce OIG report also said that beyond the letter of the law, the PTO official's actions ''reflected poor judgment.'' The take away quote for the press: ''As a long-term senior manager in the federal government, she should have known about the federal laws governing hiring and should have steered clear of any appearance of impropriety,'' the report said.

Ms. Cohn was wrong to have intervened in this hiring case in the manner that she did, but she is to be congratulated for choosing to retire in the face of these significant findings that called her judgement into question. But as my staff learned, Mr. Zinser is really not in a very credible position to lecture anyone on hiring irregularities.

Mr. Zinser has his own rather astounding record of inappropriate hiring in the Commerce IG's office. For example, since coming to the IG post in December of 2007, he personally intervened to save the career of one of his closest friends as it was imploding at the Department of Transportation due to mismanagement issues. This person is one of the same people who ultimately had the OSC complaint lodged against him that I referenced above. Mr. Zinser also personally intervened to get his own son's friend an internship position in the OIG and then directed his senior staff to push the Department of Commerce Security Office to issue credentials for the young man when a security issue arose. The friend of Mr. Zinser's son was eventually hired into a permanent position in the OIG with a starting salary of more than $42,000.

Most disturbingly, Mr. Zinser hired a woman that substantial evidence and witness testimony reveals was involved in a ''romantic'' relationship with Mr. Zinser at the time he hired her in August 2010. At that time, she was in the middle of her probationary year as a candidate for the Senior Executive Service (SES) at an office within the Department of Commerce. Notified by her managers that she would be removed from her SES probationary position immediately due to significant conduct problems, she asked her supervisor if she could have an extra day because ''Todd Zinser'' would hire her. Mr. Zinser then personally intervened to have her detailed to his office within days. This required a frantic push among all levels of his office to get the paperwork done and signed before her SES position at DOC was vacated—which would have washed her out of the SES probationary program.

Witnesses in the Commerce IG's office who had been involved in the transfer say there was an extreme, personal urgency in Mr. Zinser's actions to have this employee detailed to his office. In addition, the Committee has confirmed that Mr. Zinser never contacted this woman's former supervisors at the other DOC agency where she worked to ascertain why she was in the process of being removed from her SES position. This would seem to have been a reasonable action for anyone hiring a person into an SES position, even more so for an IG who routinely handles sensitive personal information and criminal investigations.

The morning before the Department of Commerce ''officially'' approved her detail to the IG's office, she was provided with a window office, desk, computer and phone in the Commerce Office of Inspector General, according to former OIG employees and contemporaneous emails. In the wake of this effort, the then-Director of Human Resources in the IG's office e-mailed the Counsel to the IG: ''you can add illegal appointments to my annual performance discussion. With [Todd's son's friend] and this one, I am going to be an entire series in the Washington post [sic].''

Within five weeks of being brought to the OIG on detail, Mr. Zinser appointed his friend to the position of Assistant Inspector General for Administration—a SES position that paid $150,000 a year. Subsequently, Mr. Zinser directly approved three SES Performance Bonuses for her from January 2011 to October 2012 totaling $28,199.

Let me be clear, I am not making any comment on the qualifications or skills of the woman hired by Mr. Zinser, and I am attempting to limit my comments about the broader situation of their relationship out of sensitivity for the feelings of innocent parties. However, Mr. Zinser's personal conduct in this case is deplorable. His conduct undermined the integrity of the SES process and the Federal hiring system more generally.

It is clear that he hired this intimate friend to do her a favor given her difficult professional circumstances. No one interviewed by the Committee staff who worked in the IG's office at the time of her detail or subsequent appointment believes that she was hired because there was a pressing need for someone with her skill set. The universal reaction among the staff was that this behavior was highly irregular, and right from the beginning there were some in the office who had knowledge of his relationship with this person. The result was that rumors began immediately regarding this person's special status. Witnesses indicate she wielded unusual authority in the office due to the close nature of her relationship to Mr. Zinser. This is the kind of personnel action that destroys the effectiveness of an organization and that IGs themselves often investigate.

The Committee has no more interest in Mr. Zinser's private affairs than the Congress would have in Ms. Cohn's daughter's fiancé. However, Todd Zinser just as blatantly entangled his personal affairs with his public duties as Ms. Cohn had done when he used his position of trust to advance a romantic partner's position. This has created not simply ethically troubling behavior on his part but potential violations of federal law. His actions to further the career of a romantic interest compromises the credibility of the IG and his office to investigate inappropriate hiring by others, even when justified.

Mr. Zinser's press comment about Ms. Cohn applies to him as well: ''As a long-term senior manager in the federal government, (h)e should have known about the federal laws governing hiring and should have steered clear of any appearance of impropriety.'' It should go without saying that such a statement is even more true of a person who the Congress has placed in a law enforcement position. The difference between Cohn and Zinser is that there is no IG to hold Mr. Zinser

accountable. That is a job for the Congress and the President.

There is one more twist in this tale. In January 2011, an anonymous complaint about Mr. Zinser's inappropriate hiring of the Assistant IG for Administration was received by the Council of the Inspectors General on Integrity and Efficiency (CIGIE). The complaint went to their Integrity Committee to investigate. On February 22, 2011, CIGIE's Integrity Committee wrote to Mr. Zinser regarding the complaint asking that he respond within 30 days. On April 11, 2011, Mr. Zinser provided a written response completely denying that there was anything improper in his hiring of this woman. He told CIGIE that he had a critical need to hire someone with her skills. In the letter Mr. Zinser wrote, ''. . . her assignment was based solely on business necessity, not on a personal relationship.''

As I mentioned, no one interviewed by Committee staff who worked in the Commerce IG's office at the time believes she was hired because there was a pressing need for someone with her skill set. The position of Assistant IG for Administration had been vacant in the Commerce OIG for over two years before it was given to Mr. Zinser's romantic interest, and numerous former OIG employees recall that Zinser had refused to fill that position on a number of occasions claiming he did not see a need for it. Not until his close friend was in desperate need of a job did Mr. Zinser discover a necessity to fill the post.

In addition, not a single record provided by the Commerce IG in response to our Committee's July 2014 document request regarding records related to Mr. Zinser's hiring of this person supports IG Zinser's declaration to CIGIE that he hired her into the position of Assistant IG for Administration ''based solely on business necessity, not a personal relationship.'' There is no contemporaneous record confirming that Mr. Zinser had been pushing for filling that position prior to the quick detail of his intimate friend to the office.

In his written response to CIGIE, Mr. Zinser acknowledged that he did have a personal relationship with his new Assistant Inspector General for Administration, and that they were ''avid long distance runners and trained together on a fairly regular basis.'' ''Contrary to the insinuations of the anonymous complaint,'' he wrote, ''our relationship is neither romantic nor sexual in nature,'' and while he said there are no rules ''against maintaining personal friendships with colleagues or subordinates, to minimize any potential appearance of impropriety, we curtailed our running together'' after she came to his office. It may be true that their running relationship was ''curtailed'', but the staff has convincing evidence that other aspects of their relationship, more pertinent to the allegation, continued outside of the work place after her hiring and were ongoing at the time of the CIGIE inquiry.

In his response Mr. Zinser also suggested to CIGIE that the anonymous complaint they received was from his friend's husband who was attempting to use the complaint ''as a tool to gain advantage in divorce proceedings.'' It is true that this woman's husband filed for divorce in March 2011—the divorce was granted in January 2012—but it is not true that her now-former husband was the source of the CIGIE complaint. Despite Zinser's speculation, designed to throw the CIGIE Integrity Committee off his trail, Committee staff has spoken at length on multiple occasions to the individual who filed the anonymous complaint. The complainant is a person in the IG community not related to either Zinser's girlfriend or her former husband. This counter-allegation by Mr. Zinser fits with a long pattern of behavior he has displayed in trying to deflect criticism or questions by making assertions about the motivations or integrity of those who question or challenge him.

As to the relationship between Mr. Zinser and his Assistant IG for Administration, The Washington Post asked Mr. Zinser about it for an article they wrote about him on July 17, 2014. According to that article, ''Zinser said there was nothing improper about him hiring a highly qualified manager who was a close personal friend. He said the romantic nature of their relationship predated her coming to work for him.'' Mr. Zinser seems to have forgotten that he told CIGIE that there was no romantic element to their relationship.

The combination of misleading claims Mr. Zinser made to CIGIE regarding both his relationship with the close friend he hired and the ''business'' necessity of hiring her into his office appears to be an intentionally false narrative spun by Mr. Zinser to cover up his own unethical behavior. CIGIE's Integrity Committee accepted Mr. Zinser's explanation on April 28, 2011 and closed the complaint without further investigation. The Integrity Committee was operating in the dark regarding the extensive evidence my own Committee's staff has obtained that this hiring was improper and that Mr. Zinser was misleading them as to the real facts of his conduct.

What have we learned from this case? That Mr. Zinser has corrupted the Federal hiring process and the Senior Executive Service appointment process. That Mr. Zinser was willing to make false allegations about another to avoid having to answer for his own actions. That Mr. Zinser was willing to mislead the Integrity Committee of CIGIE, a body established to investigate questionable activities or mismanagement of IGs. That Mr. Zinser was willing to lecture another senior official for conduct that is no more disturbing than his own. All in all, this does not sound like the conduct we should expect from an Inspector General. We also have learned that Ms. Cohn was willing to act with accountability for her actions—she retired in the wake of the IG's report—while Mr. Zinser clings to his position in the face of substantial evidence that he is not fit to serve.

The second 2014 PTO report by the DOC IG's office to capture public attention involved abuse of time and attendance practices. In July 2014, the DOC OIG released a report entitled, ''Review of Waste and Mismanagement at the Patent Trial and Appeal Board,'' OIG Case 13–1077–I, U.S. Department of Commerce, Office of Inspector General, Office of Investigations, July 28 2014. In a memorandum dated the same day, Zinser wrote to the Under Secretary of Commerce for Intellectual Property regarding their findings. Mr. Zinser's summary of findings said, ''Our investigation uncovered waste in the PTAB that persisted for more than four years (2009–13) and resulted in the misuse of federal resources totaling more than $5 million. The bulk of the wasted resources related to PTAB's paralegals, who had insufficient workloads and considerable idle time during those years.''

According to the July 2014 OIG report as many as 95% of the PTAB paralegals were involved in the PTO's Patent Hoteling Program (PHP), the agency's largest telework program.

This apparent successful report takes on a different light when one realizes that in February 2012 the Commerce OIG released an audit of the PTO's Patent Hoteling Program that labelled it a great success. The title of the IG's audit report, ''The Patent Hoteling Program Is Succeeding as a Business Strategy,'' and news headlines at the time reporting on the IG's findings described how the IG audit praised the PTO's telework program: ''Teleworking PTO employees process more patents, less expensive,'' declared one headline.

It is difficult to know how auditors from the IG's office could have so completely missed the signs of waste, fraud and abuse that have now been widely identified in this program. Just as hard to explain is why Mr. Zinser initially turned these allegations over to the agency to investigate, just as he had in the NWS financial misconduct case. Again, there may have been violations of law, and the sums of money involved were not insignificant.

On November 18, 2014 the House Oversight and Government Reform and Judiciary Committees held a joint congressional hearing about the PTO's telework program. During his sworn testimony Mr. Zinser was asked by my friend, Ms. Lofgren of California, why his office turned the PTAB investigation back to the PTO. His response was because ''none of those allegations made specific allegations against specific individuals that would warrant us opening up a criminal investigation,'' he said.

Mr. Zinser's statement was not accurate, however. One complaint that the IG's office received on its Hotline in February 2013 identified ONE DOZEN specific individuals at the U.S. Patent Trial and Appeal Board (PTAB) by name, including the chief judge of the Board and two administrators, who were knowingly approving non-production time of PTO employees, according to the allegation. Despite the fact that ''specific allegations'' were made ''against specific individuals'' this complaint was referred to PTO by the Commerce OIG, which requested PTO conduct an administrative inquiry.

The Committee has learned that the PTO did a thorough evaluation of the PTAB time and attendance issues, substantiated the allegations, concluded that there were problems with time and attendance reporting, and that steps should be taken to clean up the system with significant savings possible.

The IG's staff received the PTO's audit report of the PTAB time and attendance issues, and senior leadership at the IG's office realized they could not claim the significant monetary savings, in the millions of dollars, associated with the PTO report because they can only claim savings associated with their own work. To attempt to take credit for those savings, the OIG launched an audit that re-did the PTO's work. That OIG report was released in July 2014 and received widespread media coverage with story titles such as ''IG uncovers substantial waste at USPTO, says paralegals 'paid to do nothing,' '' and ''This May Be The Worst Abuse of Federal Telework Ever.'' Thus, to claim savings already identified by the agency, the IG wasted staff time and resources on a repetitive audit, and then worked the press to claim the credit for finding the

problem. All this while conveniently forgetting that nearly 2½ years earlier, the IG was praising the very same telework program that he later said had wasted money during that same time period.

What does this case teach us? That Mr. Zinser was willing to spend taxpayer dollars to get the credit for saving taxpayer dollars. It also shows that he was willing to mislead a senior Member of the House regarding why he had initially passed on carrying out this investigation. Finally, Mr. Zinser promised to provide documentation in response to Ms. Lofgren's questions, but in his submission for the record he went back on that promise by saying he would only provide those materials if he received a letter from the Chairman of the Committee.

Identifying savings is important for this IG because, on balance, Mr. Zinser is one of the least productive IGs in the federal government. According to the GAO, which is working to report on this office's productivity based on my request, the average Cabinet-level IGs recovered $22.64 for each dollar they spent from 2011 to 2013. By comparison, the Commerce OIG recovered just $4.18 for each dollar it spent. In addition, 95% of the Commerce OIG's savings came from joint investigations with other federal law enforcement agencies, and so much of these savings were claimed on work that may have been led by another IG or office.

Now, let me return to the story that gave additional momentum to our investigative activities: the fate of the whistleblower retaliation case before OSC. As I said, I learned of that case through reading of it in the press in December of 2012. Much of my staff's subsequent work was about getting more information regarding that case, which was being investigated by OSC. Everyone in this institution knows that the Congress relies on whistleblowers to do our oversight work. IGs are in the same position: they must be trusted by whistleblowers or they will not learn of problems in their agency. Congress feels so strongly about this that there is an entire section in the IG Act, Section 7, which addresses the role of IGs in receiving allegations and in protecting whistleblowers from retaliation. The idea that senior officials in the IG's office would retaliate against whistleblowers is inconceivable, but that is what the OSC case suggested happened in Mr. Zinser's office.

To its credit, OSC worked that case very, very diligently. The OSC issued a report in September 2013 that found Mr. Zinser's two closest aides—his legal counsel and the Principal Assistant Inspector General for Investigations and Whistleblower Protection—had engaged in what amounted to a coordinated effort to gag whistleblowers in the IG's own office from reporting misconduct to the OSC, the Congress or the press.

The OSC's ''Report on Prohibited Personnel Practices'' concluded: ''In this matter, OSC's investigation uncovered willful, concerted acts of retaliation that necessitate disciplinary action. Holding management accountable for engaging in prohibited personnel practices is essential to assuring employees that they can blow the whistle or engage in other protected activity without fear of reprisal.''

According to the OSC report: ''The record is also replete with evidence establishing that PAIGI [Rick] Beitel retaliated against the whistleblowers by drafting their unfounded failing interim performance appraisals. . . . The evidence demonstrates that PAIGI Beitel was motivated to retaliate against the whistleblowers for their engagement in protected activity and/or their perceived whistleblowing. . . . PAIGI Beitel's behavior is particularly egregious based on his position as the OIG's expert on whistleblower protection,'' the OSC determined.

While the OSC could find no ''documentary evidence'' that Mr. Zinser was involved in the case, every member of Mr. Zinser's staff that the Committee staff has spoken with who had experience of Mr. Zinser's management practices indicates that he rarely writes his directions down, instead relying on face-to-face meetings and oral directions. These witnesses also indicate that the PAIGI, Mr. Beitel, would never act on something this significant without clearing it with the IG. This is the same close, personal friend whose career Mr. Zinser saved by bringing him in from the Department of Transportation. The two had worked together since the early 1990s and were perceived by staff across both IG offices to have a very close working relationship of a mentor and mentee. In court documents unrelated to their federal employment Rick Beitel acknowledged that Todd Zinser was his ''close friend and personal confidant'' and that they routinely socialize with one another outside of work.

Mr. Zinser took no significant steps to punish either his good friend Rick Beitel or the other Commerce OIG official after receiving the OSC report. As a result of the OSC investigation and findings IG Zinser agreed to take twelve minimal actions, including the destruction of the coerced ''interim performance appraisals'' the whistleblowers were forced into signing, Mr. Beitel was removed from ''supervisory'' duties for one year, both officials were required to take ''performance counseling,'' and the Commerce OIG was required to hire an ''employee relations'' specialist.

But two officials who had used their position to threaten to destroy the professional careers of whistleblowers if they did not agree to gag orders denying them access to the Congress or the OSC should really not be in senior leadership positions in any office of the government, and especially not in an IG's office. That is my strong view, and I am not alone in thinking so.

After receiving a copy of this report and learning that no significant punishment had been meted out by Mr. Zinser, all seven Members of our Subcommittee on Oversight—four Republicans and three Democrats—wrote to Mr. Zinser on April 1, 2014. The real driving force in pushing this letter was my friend, Mr. Sensenbrenner. The letter said that Mr. Zinser should ''immediately terminate'' the two senior Commerce OIG officials who were found by OSC to have engaged in prohibited personnel practices against whistleblowers in his office.

Mr. Zinser responded on April 15, 2014, expressing doubts about the credibility of OSC's work and the legal basis for their findings. Incredibly, Mr. Zinser reiterated all of the knowingly inaccurate claims about the whistleblowers—essentially repeating the lies that OSC had found Mr. Beitel to have concocted to damage their careers and reputations. OSC thoroughly documented those claims to be inappropriate, misleading and simply false. Nevertheless, Mr. Zinser knowingly used those false claims again, further defaming his former employees.

This was not the first time Mr. Zinser had used these false, derogatory allegations to protect his office from tough questions. On January 7, 2013, Mr. Zinser wrote a 52 page letter to then Congressman Frank Wolf, Chairman of the Subcommittee on Commerce, Justice, Science, and Related Agencies of the Committee on Appropriations. Mr. Wolf had raised questions regarding the OSC investigation that was then underway.

Mr. Zinser's letter defended the actions of his two top aides and reiterated the false allegations they had made against whistleblowers in the IG's office as if those claims were unshakable truths. For someone who claimed to OSC that he knew nothing about his aides' actions, Zinser seemed very comfortable defending their behavior and attacking the victims.

It is important to note that even after the OSC report found that there was no merit to any of these allegations, Mr. Zinser continued to leave his letter to Chairman Wolf up on his public web site, perpetuating false claims that defamed innocent former employees, and standing as a warning sign to other whistleblowers that their reputations were at risk should they challenge Mr. Zinser.

After this spirited defense of his closest staff and his refusal to take any noteworthy steps to punish them for their significant misdeeds even in the wake of OSCs findings, Mr. Zinser suddenly changed direction in August 2014 when he announced that both officials were to be placed on leave and a decision about termination would be made within 30 days. In the end, Mr. Zinser's legal counsel was terminated and his PAIGI—and close friend—was allowed to retire. This was a dramatic 180 degree turn from his previous public statements about the actions of these top aides.

Despite his outrageous conduct and botched management choices, Mr. Zinser was not found by OSC in their 2013 report to have known about the treatment of the whistleblowers. The OSC, however, was careful to say they found no ''documentary evidence'' regarding Mr. Zinser's knowledge of the actions of his two senior most staff. This lack of documentation saved him from any personal consequences as a result of the OSC report.

However, I believe it is important to tell my colleagues that Mr. Zinser had been named in a prior OSC report. That earlier report found he had personally engaged in retaliation against a whistleblower in his office. The similarities between the 1996 case and this 2013 case—both built around a concocted tissue of lies to remove or silence a whistleblower—are striking enough to suggest that perhaps OSC should have looked harder for evidence of Mr. ZinserIs involvement in the more recent case.

The Committee has uncovered a 1996 case in which Todd Zinser, then the Deputy Assistant IG for Investigations at the Department of Transportation Office of Inspector General (DOT OIG), personally retaliated against Mr. John Deans. We have all the relevant filings and my staff has even spoken with Mr. Deans. Retired from law enforcement now, at the time of this case Mr. Deans was a former FBI agent working as a DOT OIG GS–12 Special Agent, criminal investigator. Deans was assigned to the Denver office, and while there he found what he believed to be compelling evidence that federal funding for the Denver International Airport was being illegally redirected to support local projects.

Deans briefed Mr. Zinser and two other DOT OIG officials on his case. Importantly, Deans suggested to others that very senior Federal officials may have been aware of this possible diversion of federal funds.

Mr. Zinser travelled to Denver a few days after he learned of Deans' comments about the potential knowledge of senior Federal officials regarding this alleged diversion. Soon after, Mr. Zinser flew to San Francisco to see if the Special-Agent-in-Charge (SAC) of the San Francisco office of the DOT OIG would be willing to have Deans detailed to his office. It is not clear what Zinser told the Special Agent in Charge about Deans but the Special Agent advised Zinser to have an ''impartial investigator'' look into the allegations against Deans. Instead, Mr. Zinser decided to investigate the Deans matter himself. Zinser had Mr. Deans transferred to San Francisco, then had him placed on administrative leave and ultimately had him fired.

In response to Mr. Zinser's actions, Deans appealed to the Office of Special Counsel (OSC), which supported his complaint that this was retaliation for his work. OSC sought a stay of the transfer of Deans to San Francisco. On the same day the Merit Systems Protection Board (MSPB) ordered that Mr. Deans be returned to his post in Denver, Mr. Zinser placed Deans on administrative leave.

Todd Zinser's behavior was considered so outlandish by the OSC that the Office filed a ''Petition for Enforcement'' against Todd Zinser with MSPB. OSC asked that, ''The [Merit Systems Protection] Board should order Zinser to immediately assign Deans the duties of his former GS–12 special agent, criminal investigator, position. Moreover . . . the Board should order that Todd Zinser not receive payment for service as an employee from May 23, 1996, until Deans is returned to his former position, i.e., until the agency complies with the Board's May 23, 1996, Opinion and Order.''

What did OSC think of the substance of the case Mr. Zinser had made against Deans to justify his actions? They thoroughly investigated Mr. Zinser's claims—reinterviewed witnesses, collected documents and deposed the principal players. OSC found, ''(A)s addressed in detail below, the evidence established that the specific charges that formed the basis for Deans' removal are unsupportable. . . . The evidence does not support any of these allegations. On the other hand, it is clear that Deans' removal was ordered at the behest of Deputy Assistant Inspector General (DAIG) for Investigations Tod[d] Zinser, who strongly objected to Deans' protected conduct.'' OSC investigators in 1996 concluded that Mr. Zinser's actions towards Deans were ''draconian in nature'' and ''motivated by animus.'' They determined Mr. Zinser took these actions because Deans ''discovered violations and politically embarrassing information about high-level government officials and community leaders.''

As a result of these findings against Mr. Zinser, Deans had to be rehired and restored to a post in Denver. Deans was repaid almost a year of back pay and benefits. On top of this, the government had to pay over $10,000 in Mr. Deans' attorney fees. In short, the taxpayer had to pay the bill for Mr. Zinser's outrageous and indefensible conduct towards this whistleblower.

Mr. Speaker, it is reasonable for Members to wonder how someone with this kind of history of abuse against a whistleblower could possibly have been confirmed by the Senate to the post of Inspector General. I wondered that too. It turns out, based on witness testimony and extant documents, that Mr. Zinser never disclosed the OSC case to either the White House or the Senate during his confirmation process.

The Senate routinely submits questionnaires to potential IGs with questions that must be filled out. That questionnaire asks about legal, ethical or other cases that the Committee should be aware of in considering his nomination. In response to that specific question Mr. Zinser wrote, ''I have never been disciplined or cited for a breach of ethics.'' The questionnaire also asked: ''Please advise the Committee of any additional information, favorable or unfavorable, which you feel should be disclosed in connection with your nomination.'' Mr. Zinser wrote simply ''None.''

None? A potential IG does not think it is relevant to the confirmation process to acknowledge that he was found to have engaged in prohibited personnel practices? Mr. Zinser was asked by a Washington Post reporter why he did not disclose this case during his confirmation. In a story on Mr. Zinser published by the Washington Post on July 17, 2014, Mr. Zinser told the Post that he did not disclose the case because, ''I just never thought of myself as a subject [of the investigation], although maybe I was''.

More recently, in January 2015, Mr. Zinser responded to a Question For the Record (QFR) from my friend, Ms. LOFGREN, regarding the same matter. In that response, Mr. Zinser gave a lawyerly answer, ''it is my understanding that the subject [of the investigation] was the Department of Transportation, Office of Inspector General.'' Technically that is true because under the law, cases filed with the OSC name the office that is responsible for the alleged misconduct, not the individual. Similarly, lawsuits filed against an agency name the head of the agency in their official capacity regardless of whether that official has any personal knowledge of the matter or not. However, this artful response suggests that the case had nothing to do with Mr. Zinser. Let me be clear: The case only existed because of Mr. Zinser's personal misconduct, and he was squarely the subject of the allegations of prohibited personnel practices.

The OSC's key document in the John Deans case—the OSC's ''request for stay''—refers to Todd Zinser BY NAME 53 separate times in a 26-page report. In addition, this document makes it exceedingly evident that Todd Zinser was the sole individual in the Department of Transportation IG's office who was believed to have retaliated against John Deans. Looking at the OSC records, it is evident that the Office found Mr. Zinser personally investigated Deans, personally constructed unsupported findings against Deans to be used to justify adverse employment actions, personally ordered those actions, and personally resisted setting things right when OSC and the MPRB ordered the DOT OIG to do so. Of all the employees at the DOT OIG's office, only Todd Zinser was singled out by OSC for punishment by way of seeking that his salary be withheld.

The 1996 case was specifically built on Mr. Zinser's misconduct just as the 2013 report by OSC is specifically about misconduct by Mr. Zinser's two closest (now former) aides. Had Mr. Zinser divulged his role in the Deans case at the time of his confirmation, it is highly unlikely he would have been confirmed as the Commerce Inspector General. The actions taken by Mr. Zinser in the John Deans case, and described in detail in the OSC documents, are all antithetical to the behavior and ethical grounding that the public deserves and that Congress expects of an Inspector General. He showed no remorse about his conduct at that time. Similarly, he showed no sympathy for the victims of his aides' abuse in 2013. His initial reaction to the 2013 report was to protect those officials from the consequences of their actions as documented in the OSC report. He maintained that position for months, even under pressure from the Committee on Science, Space & Technology where I am the Ranking Member.

For any IG to be associated with two whistleblower retaliation cases of this kind would be an indelible stain on their reputation. However, as my staff talked to more employees of the IG's office, we learned that these two cases do not mark the end of whistleblower retaliation at his office. We know of other recent instances of Mr. Zinser expressing his belief that specific individuals that he personally named were cooperating with our Committee or making protected complaints to OSC. We also know that these individuals were targeted in different ways for adverse actions in order to convince them to leave or to remove them from the office. Separately, one senior OIG official was placed on ''Administrative Leave'' immediately after they contacted the Office of Special Counsel. That individual has since left the IG's office for another federal agency. We also know that the current Deputy Inspector General had, as of several months ago, obtained and retained the entire email records of two former and one current high level IG staff, including two of her predecessors—all of whom were viewed by Mr. Zinser as disloyal to him or untrustworthy with the secrets of his office. One of those predecessors is a sitting, Senate-confirmed Inspector General at another Federal agency.

There is no legitimate reason to have collected and then retained the emails of those three senior staff, including two former Deputy IGs. There is certainly no justification for the current Deputy IG, widely viewed as being the closest current personal aide to Mr. Zinser, to be carrying those records on her laptop computer's hard drive. What would such records be used for? It is impossible to know, but we do know that there was a search and analysis of one of those former Deputy IG's email records. A memorandum was prepared based on that search documenting the exchanges between the former-Deputy and a woman who had applied for a position within the OIG, who was a family friend. Mr. Zinser was clearly aware of this relationship since the woman was a reference for the former Deputy IG who was called as a reference by Mr. Zinser when the former Deputy IC applied for his job.

Based on information obtained by Committee staff it seems clear that Mr. Zinser was simply searching for anything he might uncover in his former Deputy's emails that Mr. Zinser might be able to use against him, since the former Deputy had fallen out of favor with Mr. Zinser.

When employee emails are to be pulled, there is a policy in place at the DOC Office of Inspector General that requires Mr. Zinser to personally sign a memorandum to the Chief

Information Officer requesting specific materials be produced. This policy has been in place since October 2012. However, in the last year, in particular, this policy has been largely set aside, permitting other OIG staff in Mr. Zinser's chain of command to authorize the collection of Commerce OIG employees' e-mails invoking Zinser's authority and with his clear knowledge and, in some cases, specific direction but without his actual signature. That occurred in the case of the former Deputy IG.

The IT staff in the IG's office has had to comply with these requests even though they violate a policy Mr. Zinser himself put in place. This is an example of a long-standing issue in Mr. Zinser's management style—he establishes policies and then ignores or stretches them without any warning to those who work for him. This creates an environment where it is easy for the IG to claim someone has violated policy if he wants to punish them because the policy environment is constantly and mysteriously shifting.

The pulls of email records, the targeting of suspected whistleblowers, the adverse employee actions taken in retaliation for protected disclosures are all widely known and discussed by employees within the Department of Commerce OIG's office. We have heard from many whistleblowers that they fear that if Mr. Zinser is not removed, there will be—in the words of more than one of these individuals—''a bloodbath''—in the office. As soon as Mr. Zinser believes no one is looking, he will begin to take steps to invent allegations against individuals he wants to retaliate against—as he did against Mr. Deans and as his close aides did against OIG investigative staff in 2011—the case which led to the 2013 OSC report—and then take steps to remove them. People are frightened, and given Mr. Zinsers prior conduct they have good reason to fear him and his potential actions.

The last whistleblower issue I wish to raise, Mr. Speaker, is that Mr. Zinser has let his office fall out of compliance with the U.S. Code 33 specifically, 5 U.S. Code § 2302 (prohibited personnel practices). That provision establishes the Office of Special Counsel's (OSC's) 2302(c) Certification Program and requires that Federal agency managers participate in training regarding the rights of whistleblowers and their right to make protected disclosures.

Last year the White House directed agencies to take affirmative steps to complete the OSC certification program. According to the Commerce OIG's own web-site ''That provision charges '[t]he head of each agency' '' with responsibility for ''ensuring (in consultation with the Office of Special Counsel) that agency employees are informed of the rights and remedies available to them'' under the prohibited personnel practice and whistleblower retaliation protection provisions of Title 5.'' As the head of the IG's office it is Todd Zinser's responsibility to ensure his office is certified under this program. The Commerce OIG website currently states ''OIG has been certified by the U.S. Office of Special Counsel (OSC) for conducting training and promoting awareness of provisions of the Whistleblower Protection Act, 5 U.S.C. § 2302(c).''

However, the OSC has confirmed to Committee staff that the Commerce OIG's whistleblower protection certification required under 5 U.S. Code § 2302 lapsed in September 2014. Six months later the Commerce IG's office still has made no attempts to recertify. According to multiple Commerce OIG sources as well as documentary evidence obtained by the Committee, Mr. Zinser's new Deputy IG Morgan Kim has specifically directed multiple OIG staff not to attempt to recertify.

I wish that I could provide more definitive accounts of all the misconduct that has been going on in Mr. Zinser's office, but the truth is that Mr. Zinser refused to comply with the Committee's document requests. Mr. Zinser and his Deputy IG actively worked to obstruct the Committee's investigation. These two top officials have been behind a campaign to intimidate staff into not cooperating with the Committee by pushing some to get lawyers, even though they were not the target of the investigation, and by reminding people that if they say something quotable during interviews with the Committee it may end up in the Washington Post or a Committee Report.

One individual widely known within the office to be particularly close to Mr. Zinser pressured OIG staff to call the Committee to report the ''positive'' aspects of Mr. Zinser's management. Several individuals have told the Committee they felt this was both completely inappropriate and an attempt to coerce individuals into taking part in these efforts to obstruct the Committee's investigation.

IG Zinser has also attempted to ''paper'' the Committee with a voluminous production of materials wildly unresponsive to our document requests. Since the Committee's August 2014 request letter, the Committee has received less than two boxes of responsive materials and 17 boxes of completely unresponsive material. Some material provided showed a complete lack of concern for their contents for they included sensitive personally identifiable information, such as social security numbers of Commerce OIG employees, private phone numbers and birthdates.

Meanwhile, we know that the materials we were seeking were going through an extraordinarily slow search and review process within the OIG. None of that material was ever delivered to the Committee. Committee investigators cannot recall any comparable example of such a complete failure to comply with a document request—even from private parties—across a quarter century of Committee investigations. The idea that an Inspector General, who has an obligation to cooperate with Congress that goes beyond that expected of any other Executive branch official, would fail to comply with a request from a Committee of the House is simply unfathomable.

The Committee sent two bipartisan document request letters to IG Todd Zinser on July 16, 2014 and August 26, 2014. The July letter requested documents related to Mr. Zinser's inappropriate hiring of the former Assistant IG for Administration and Rick Beitel, including copies of relevant records from his personal work journals. The letter warned Mr. Zinser: ''These journals represent official records and we remind you that such records should not be removed from the office nor tampered with in any way. The Committee intends to continue to examine the conduct and productivity of your office, and we consider your journals to be important evidence in that effort,'' the letter said. On August 26th the Committee sent a second letter to IG Zinser demanding documents concerning multiple allegations that Mr. Zinser was inappropriate collecting and monitoring his employees' e-mails in a hunt for potential whistleblowers in his office.

Six days after IG Todd Zinser received that second letter informing him of the Committee's knowledge that he was hunting for whistleblowers in his own office, the Inspector General was seen using his personal hand-truck to remove two banker's boxes of materials to his car. This occurred on Labor Day, Monday, September 1, 2014, a federal holiday when few witnesses would have been on site at the Department of Commerce. Furthermore, the Committee has evidence that IG Zinser conducted his removal of this materiel with great haste. He was in and out of his office with his two boxes of material inside of 30 minutes. Although there is no way to know what Mr. Zinser removed from his office over Labor Day weekend, the timing of his actions is highly suspicious and raises serious questions about his efforts to obstruct the Committee's investigation.

The Committee is aware of at least one more incident where records were removed from his office and destroyed. Since he is under a microscope, actions of removing or destroying records cannot help but be seen as obstructionist in nature and his cavalier disregard for the effects of this on his reputation and the opinion of others—even senior members of a Committee with broad jurisdiction over his Department—highlights the serious mismatch between Mr. Zinser and the ethical and professional requirements of serving as an Inspector General.

Mr. Zinser also invoked attorney-client privilege to prevent witnesses from fulfilling their obligation to speak to the Committee, and to withhold materials responsive to our request. As a common law, non-Constitutionally derived concept, attorney-client privilege is not recognized by Congress as a legitimate reason to withhold information during Congressional inquiries. While I understand that private parties sometimes have a particular concern with defending this privilege, I cannot fathom how a Senate-confirmed government employee, using government lawyers paid with tax dollars, can think that the work of those attorneys could be considered privileged from review by Congress.

Never in the last quarter century of Committee investigations has an official in a statutorily-established Federal office attempted to withhold materials or testimony using this claim of attorney-client ''privilege.'' The usual accommodation is for an agency to provide the records or testimony, while noting that they believe the materials should be treated with care. Frankly, OIG attorneys are routinely released from this privilege in order to cooperate with OSC and EEO investigations. The Congress should not be treated any less cooperatively than those offices, but Mr. Zinser would not release the attorneys to answer questions. His former counsel, who had been found by OSC to have engaged in prohibited personnel practices, very much wanted to speak with the Committee as he believed he had evidence that might exonerate him as well as implicate Mr. Zinser. IG Zinser specifically intervened to prevent this former employee from talking to Committee staff about illegal activities that he believes he had witnessed during his work for Mr. Zinser. This misuse of attorney-client privilege, with a hidden threat to seek punishment by the Bar if an attorney decided their obligation to the Constitution outweighed Mr. Zinser's personal desire, is clearly abusive and appears motivated by a desire

to hide evidence of his misconduct from the Congress.

I have not reached the end of the account of failed management and misconduct by Mr. Zinser. Just last month, the Department of Commerce's Office of Civil Rights issued its findings in an Equal Employment Opportunity (EEO case related to age discrimination and retaliation filed by a former Commerce OIG employee. The detailed 282-page report found that the Commerce OIG discriminated against the complainant in violation of the Age Discrimination in Employment Act of 1967 and retaliated against him for filing his EEOC complaint " in violation of non-retaliation provisions of Title VII of the Civil Rights Act of 1964," the Age Discrimination in Employment Act of 1967 and "in violation of the EEOC regulations prohibiting retaliation." In sworn testimony to EEOC investigators regarding the monitoring and examination of the former employee's e-mails and files, the EEOC also found that Mr. Zinser's "testimony does not fully mesh with the documentary evidence. . . ."

The Commerce OIG has been ordered to compensate the employee for "backpay to remedy the change to lower grade he took due to the hostile work environment" in the IG's office; expunge its official files of the inaccurate interim performance appraisal the employee was coerced into signing and any related document; provide all supervisors in the Commerce OIG, including the IG and Deputy IG, with at least 8 hours of EEO training and require IG Todd Zinser to sign and post (for 60 days) a notice to all OIG employees that the office has been found in violation of age discrimination and retaliated against former Commerce OIG employee. The notice states that the OIG will abide by federal requirements, equal employment opportunity laws and will not retaliate against employees who file EEO complaints in the future. The notice is supposed to be placed in center within the IG's office or on the OIG intranet and is required to be signed by IG Zinser. Mr. Zinser refused for two solid weeks to sign that notice. Only after my friend, Mr. Honda, asked IG Zinser about this matter during an appearance before the Appropriations Committee did Mr. Zinser finally sign the notice on February 25.

Not for the first time, Mr. Zinser is going to rely on the taxpayer to cover the costs of his misconduct. There are more claims out there that will also cost the taxpayer to defend against and settle. In fact, during the last two years six employees in the IG's office have filed complaints of retaliation with the Office of Special Counsel. The Department of Energy's OIG, which is nearly twice as large as the Commerce IG's office has had zero complaints of retaliation filed with OSC during this same period. The Department of Health and Human Services (HHS) OIG, which has a staff of more than 1,200 people and is nearly seven times the current size of the Commerce OIG had a single alleged case of retaliation filed with OSC in the same time frame.

The issues I have identified reveal an endemic failing in Mr. Zinser's leadership. There is a sustained pattern of misconduct and malfeasance that would be unacceptable in any senior federal official but is particularly troubling for an Inspector General. Based on the exhaustive work by Committee staff, as well as Mr. Zinser's representations to other Members, we have convincingly shown that:

During his Senate confirmation for the Commerce IG post, Mr. Zinser failed to disclose a significant case against him involving his personal retaliation against a whistleblower;

Over a period of many years, Mr. Zinser and his closest staff have engaged in efforts to identify and retaliate against whistleblowers in his office;

Mr. Zinser has repeatedly misled the Congress about his conduct, and took steps to obstruct the Committee's investigation into allegations of misconduct;

Mr. Zinser has been disingenuous in his official correspondence with the Council of the Inspectors General on Integrity and Efficiency (CIGIE) regarding inappropriate hiring in his office;

Mr. Zinser has failed to conduct himself by ethical standards expected of an Inspector General;

Mr. Zinser has engaged in inappropriate hiring practices that undermine the integrity of federal hiring; and,

Mr. Zinser has failed to establish policies and procedures in his office that would guarantee accountability and efficiency.

Mr. Speaker, how can this person still hold a high position of public trust? His continued presence in Federal service stands as a blot on our record, in that we have tolerated such conduct by an IG. We could impeach him, and I believe there is adequate information to justify that. However, it would be time consuming and expensive, and while we worked through that process, the taxpayer would still be paying the senior leadership of DOC OIG, and whistleblowers would still be legitimately worried for their careers. That is unacceptable.

We could ask CIGIE to redo the investigation my staff and the Committee did in the 113th Congress. I respect the CIGIE, but the cold truth is that CIGIE's Integrity Committee is slow moving, and their prior failure to do diligent work into a serious allegation against Mr. Zinser leads me to question their responsiveness—or at least the responsiveness they displayed four years ago. And as with impeachment, it would be slow and expensive and whistleblowers would stand in danger every day the process dragged on.

The law provides that the President can remove an IG without any requirement that CIGIE has first done an investigation. If an IG conducts themselves in an outrageous and disreputable way, it would be irresponsible to leave them in office once that has been established. I believe that Mr. Zinser's wide-ranging misconduct, supported by just a tiny coterie of current senior staff, is sufficient in and of itself to justify immediate removal. I intend to ask the President to do just that.

Mr. Speaker, I believe I have established the need for immediate change in the senior leadership of this office. The current leadership must be replaced with individuals who can serve as beacons of integrity and stewards of appropriate and diligent federal oversight. If any Member wants a fuller recounting of the evidence in this case, I will be happy to provide them with additional information.

That information provides as much documentation for my account as we can provide without compromising the position of whistleblowers whose careers still stand at risk so long as Mr. Zinser and his closest senior leaders remain in their positions. I will extend that same offer to the President as I believe that his role under law complements my own obligations as a Member to reveal significant violations of law that I believe we have uncovered.

THE SUSTAINABLE GROWTH RATE

(Mrs. WATSON COLEMAN asked and was given permission to address the House for 1 minute.)

Mrs. WATSON COLEMAN. Mr. Speaker, I haven't been in this office very long, but it doesn't take long to pick up certain patterns of my Republican colleagues. They find a way to hamstring immigration reform or prevent women from getting the right to choose at every possible opportunity. In the case of the SGR fix, a very important bill that I am proud to have also voted for, Republicans have chosen the latter.

At the risk of pointing out the obvious, Mr. Speaker, this is 2015. We can talk to our TV remotes. We have phones that show us in 3–D the nearest restaurants, and printers that print prosthetic limbs.

In 1973, Motorola gave us the world's first mobile phone. But 1973 was also the last time there was any question of whether or not a woman had the right to make her own decisions about her health, according to the U.S. Supreme Court.

I am not the youngest Member of Congress, but I am one of the newest. So I would like to take this opportunity to invite my Republican colleagues to join me in the 21st century. Moving forward, I urge my colleagues to stop waging war on women's right to make their own choices.

194TH ANNIVERSARY OF GREEK INDEPENDENCE

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

Mr. SARBANES. Mr. Speaker, I rise today to mark the 194th anniversary of Greek independence, to recall the day that the Greek people established modern Greece as a free and independent nation.

America's Founding Fathers drew upon the example of the ancient Greeks in forming our constitutional Republic. The relationship between Greece and the United States is based on shared democratic values and respect for individual freedom. The spirit that guided the Greek people in securing their freedom nearly 200 years ago resides with them still.

Today Greece faces tremendous challenges. We all acknowledge that. But I am confident that Greece will ultimately overcome its economic and humanitarian crisis and thrive again. A strong Greece will be able to take full advantage of new opportunities that are emerging in the eastern Mediterranean and move forward as a vital economic and cultural resource for a critical region of the world.

As we say each year when celebrating Greek Independence Day, long live Greece, long live America, long live freedom—Zito Ellada, Zito Ameriki, Zito Eleftheria.

BOKO HARAM

(Ms. WILSON of Florida asked and was given permission to address the House for 1 minute.)

Ms. WILSON of Florida. Mr. Speaker, April 14 will mark 1 year since Boko Haram kidnapped over 200 Nigerian schoolgirls. Since the schoolgirls' kidnapping, Boko Haram has continued to torment and commit atrocities.

Boko Haram has declared its allegiance to ISIS. They are beheading, raping, and stoning their victims, ramping up their use of social media, and making surprise attacks to inflict maximum casualties and spread fear.

Mr. Speaker, just this morning, ABC News reported that Boko Haram is using hundreds of civilians as human shields, and the terrorist group reportedly abducted another 500 women and children just 48 hours before the Nigerian Presidential elections. Nigerian officials remain very concerned about Boko Haram's impact on Saturday's Presidential election. President Obama issued a statement calling for calm in Nigeria.

We cannot stand by, Mr. Speaker, while Boko Haram aligns itself with ISIS. Mr. Speaker, I call on my fellow Members of the House to join me in condemning the actions of Boko Haram.

We will be watching what happens in Nigeria closely. And by tweeting #bringbackourgirls, #joinrepwilson, the world will know we have not forgotten.

Tweet, tweet, tweet.

PROVIDING FOR THE REAPPOINTMENT OF DAVID M. RUBENSTEIN AS A CITIZEN REGENT OF THE BOARD OF REGENTS OF THE SMITHSONIAN INSTITUTION

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that the Committee on House Administration be discharged from further consideration of the joint resolution (H.J. Res. 10) providing for the reappointment of David M. Rubenstein as a citizen regent of the Board of Regents of the Smithsonian Institution, and ask for its immediate consideration in the House.

The Clerk read the title of the joint resolution.

The SPEAKER pro tempore (Mr. RATCLIFFE). Is there objection to the request of the gentleman from Illinois?

There was no objection.

The text of the joint resolution is as follows:

H.J. RES. 10

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That, in accordance with section 5581 of the Revised Statutes (20 U.S.C. 43), the vacancy on the Board of Regents of the Smithsonian Institution, in the class other than Members of Congress, occurring by reason of the expiration of the term of David M. Rubenstein of Maryland on May 7, 2015, is filled by the reappointment of the incumbent. The reappointment is for a term of 6 years, beginning on May 8, 2015, or the date of the enactment of this joint resolution, whichever occurs later.

The joint resolution was ordered to be engrossed and read a third time, was read the third time, and passed, and a motion to reconsider was laid on the table.

□ 1230

ELECTING MEMBERS TO THE JOINT COMMITTEE OF CONGRESS ON THE LIBRARY AND THE JOINT COMMITTEE ON PRINTING

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that the Committee on House Administration be discharged from further consideration of H. Res. 171, and ask for its immediate consideration in the House.

The Clerk read the title of the resolution.

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

There was no objection.

The text of the resolution is as follows:

H. RES. 171

Resolved,

SECTION 1. ELECTION OF MEMBERS TO JOINT COMMITTEE OF CONGRESS ON THE LIBRARY AND JOINT COMMITTEE ON PRINTING.

(a) JOINT COMMITTEE OF CONGRESS ON THE LIBRARY.—The following Members are hereby elected to the Joint Committee of Congress on the Library, to serve with the chair of the Committee on House Administration and the chair of the Subcommittee on the Legislative Branch of the Committee on Appropriations:

(1) Mr. Harper.
(2) Mr. Brady of Pennsylvania.
(3) Ms. Zoe Lofgren of California.

(b) JOINT COMMITTEE ON PRINTING.—The following Members are hereby elected to the Joint Committee on Printing, to serve with the chair of the Committee on House Administration:

(1) Mr. Harper.
(2) Mr. Rodney Davis of Illinois.
(3) Mr. Brady of Pennsylvania.
(4) Mr. Vargas.

The resolution was agreed to.

A motion to reconsider was laid on the table.

PROVIDING FOR AN ADJOURNMENT OF THE HOUSE

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I send to the desk a concurrent resolution and ask unanimous consent for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

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

There was no objection.

The text of the concurrent resolution is as follows:

H. CON. RES. 31

Resolved by the House of Representatives (the Senate concurring), That when the House adjourns on any legislative day from Thursday, March 26, 2015, through Friday, April 10, 2015, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned until 2 p.m. on Monday, April 13, 2015, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first.

SEC. 2. (a) The Speaker or his designee, after consultation with the Minority Leader of the House, shall notify the Members of the House to reassemble at such place and time as he may designate if, in his opinion, the public interest shall warrant it.

(b) After reassembling pursuant to subsection (a), when the House adjourns on a motion offered pursuant to this subsection by its Majority Leader or his designee, the House shall again stand adjourned pursuant to the first section of this concurrent resolution.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

PROVIDING FOR AN ADJOURNMENT OF THE SENATE

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I send to the desk a concurrent resolution and ask unanimous consent for its immediate consideration in the House.

The Clerk read the title of the concurrent resolution.

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

There was no objection.

The text of the concurrent resolution is as follows:

H. CON. RES. 32

Resolved by the House of Representatives (the Senate concurring), That when the Senate recesses or adjourns on any day from Friday, March 27, 2015, through Monday, March 30, 2015, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until noon on Monday, April 13, 2015, or such other time on that day as may be specified by its Majority Leader or his designee in the motion to recess or adjourn, or until the time of any reassembly pursuant to section 2 of this concurrent resolution, whichever occurs first.

SEC. 2. (a) The Majority Leader of the Senate or his designee, after concurrence with the Minority Leader of the Senate, shall notify the Members of the Senate to reassemble at such place and time as he may designate if, in his opinion, the public interest shall warrant it.

(b) After reassembling pursuant to subsection (a), when the Senate recesses or adjourns on a motion offered pursuant to this subsection by its Majority Leader or his designee, the Senate shall again stand recessed or adjourned pursuant to the first section of this concurrent resolution.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

ADJOURNMENT FROM THURSDAY, MARCH 26, 2015, TO MONDAY, MARCH 30, 2015

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I ask unanimous consent that

when the House adjourns today on a motion offered pursuant to this order, it adjourn to meet at 1 p.m. on Monday, March 30, 2015, unless it sooner has received a message from the Senate transmitting its concurrence in H. Con. Res. 31, in which case the House shall stand adjourned pursuant to that concurrent resolution.

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

There was no objection.

APPOINTMENT OF INDIVIDUALS TO COMMISSION TO STUDY THE POTENTIAL CREATION OF A NATIONAL WOMEN'S HISTORY MUSEUM

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to section 3056 of the Carl Levin and Howard P. ''Buck'' McKeon National Defense Authorization Act for Fiscal Year 2015 (Public Law 113–291), and the order of the House of January 6, 2015, of the following individuals on the part of the House to the Commission to Study the Potential Creation of a National Women's History Museum:

Mrs. Kathy Wills Wright, Arlington, Virginia

The Honorable Marilyn Musgrave, Fort Morgan, Colorado

APPOINTMENT OF MEMBERS TO BOARD OF REGENTS OF THE SMITHSONIAN INSTITUTION

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to sections 5580 and 5581 of the revised statutes (20 U.S.C. 42–43), and the order of the House of January 6, 2015, of the following Members on the part of the House to the Board of Regents of the Smithsonian Institution:

Mr. SAM JOHNSON, Texas

Mr. COLE, Oklahoma

APPOINTMENT OF MEMBERS TO BRITISH-AMERICAN INTERPARLIAMENTARY GROUP

The SPEAKER pro tempore. The Chair announces the Speaker's appointment, pursuant to 22 U.S.C. 2761, and the order of the House of January 6, 2015, of the following Members on the part of the House to the British-American Interparliamentary Group:

Mr. CRENSHAW, Florida, Chairman

Mr. LATTA, Ohio

Mr. ADERHOLT, Alabama

Mr. HOLDING, North Carolina

Mr. WHITFIELD, Kentucky

Mr. ROE, Tennessee

EXPRESSING GRATITUDE FOR THE HONOR TO SERVE THE 18TH DISTRICT OF ILLINOIS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2015, the gentleman from Illinois (Mr. SCHOCK) is recognized for 60 minutes as the designee of the majority leader.

Mr. SCHOCK. Mr. Speaker, 6 years ago, I entered this Chamber and raised my right arm to take the oath of office as a Member of the United States House of Representatives. I remember feeling so excited about the opportunity that lay ahead. I remember vividly this Chamber and all that it meant to me and to the country: the men and women debating the big issues of the day, not always agreeing, but always fighting without apology for what they believe in.

Over the past 6 years, I have come to understand that this institution is far bigger than any one person, and that freedom itself is even more important than this institution. Some of the world's greatest debates have occurred right here in this Chamber, for what happens here affects more than just the people of my district or even my country.

Over those 6 years, I have done my best to contribute constructively to the process and to serve the people of my district and my country. My guiding principle has always been rooted in the belief that Washington should only do what people cannot do for themselves.

I fought and opposed the billion-dollar surplus bill, the government takeover of our health care, and the massive new regulations put on small businesses. But, more importantly, I fought for the people of my district so that their voice would be heard and respected by my colleagues, for I heard that voice in every vote that I have cast.

But I also knew that being in the majority was key to making a difference. So I am proud of the work I have done to contribute to a Republican majority here in Congress—to begin to scale back the overreaches of a bloated Federal Government and to begin to bend the curve on out-of-control spending. That has only happened because of a Republican majority, and I am proud to have played a role in building it.

During this time, I saw how slow the Federal Government can be and how frustrating Congress can get, but I also learned that one man can make a difference. Working with my Republican colleagues and across the aisle with my Democrat friends, we have been able to pass legislation that helped businesses across America create millions of jobs. Some of them have been located in my home district, but many more across this great country. There was, is, and will be so much to do, and I am honored to have played a small part in making a real difference.

But these accomplishments come with some frustrations as well, that this body doesn't move quickly enough or as efficiently as it could to confront the challenges facing our country. I regret that I won't be here when we finally pass a smarter, simpler Tax Code so that every hard-working taxpayer in my district and across the country will know that Washington not only cares about them, but respects them and their sacrifice. And I will miss joining my colleagues in saving and strengthening Social Security and Medicare that will directly improve the quality of life for millions of Americans for generations to come.

To my constituents back home, the good, hard-working taxpayers whom I have been lucky enough to call friends, I will never be able to thank you enough for the opportunity you have given me to serve. Together we have tackled some of the big problems at home, like economic development projects, helping businesses expand, improving our locks and dams along our riverways, and so much more, projects that have helped improve the quality of life in our community.

We have also tackled some small problems, but big problems to the people who have been facing them—folks looking for help adopting children overseas or simply trying to get answers from an unresponsive bureaucracy here in D.C. Solving those individual cases has been extremely fulfilling.

I am particularly grateful to have played a role in helping so many veterans get the respect they deserve and the benefits that they earned.

I am proud of the good work that my team has delivered to the tens of thousands of constituents who have turned to our office in their time in need. My staff delivered for me because they delivered for you every day, 24/7.

I was never more excited than the day I walked into this Chamber 6 years ago. I leave here with sadness and humility. For those whom I have let down, I will work tirelessly to make it up to you.

I know that God has a plan for my life. The Good Book tells us that before I formed you in the womb, I knew you. I also know that every person faces adversity in life. Abraham Lincoln held this seat in Congress for one term, but few faced as many defeats in his personal, business, and public life as he did. His continual perseverance in the face of these trials, never giving up, is something all of us Americans should be inspired by, especially when going through a valley in life.

I believe that through life's struggles, we learn from our mistakes, and we learn more about ourselves. And I know that this is not the end of a story but, rather, the beginning of a new chapter.

Thank you for the honor to serve. I look forward to keeping in touch with my friends in this Chamber and my friends across the 18th District. May God continue to bless this awesome institution and the important role that it plays for America and the rest of the world.

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

BUDGET WEEK

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2015, the gentleman from Georgia (Mr. WOODALL) is recognized for the remainder of the hour as the designee of the majority leader.

Mr WOODALL. Mr. Speaker, I appreciate the time, and I would like to start our time tonight by yielding to my friend from Florida (Ms. WILSON).

WE BROUGHT BACK FIVE OF THE KIDNAPPED GIRLS

Ms. WILSON of Florida. Thank you, Representative WOODALL, for this honor and this pleasure. I am indebted to you forever. Thank you.

I just finished making a speech about Boko Haram and girls who were kidnapped in Nigeria. Five of them are in the gallery today, and I thought it not robbery to recognize them and ask you who are listening to please tweet #bringbackourgirls and tweet #joinrepwilson. These young ladies were kidnapped, and they had the courage—the courage—to come to America to continue their education. They are right there in the gallery.

Thank you, Representative WOODALL.

Mr WOODALL. Mr. Speaker, as you know, this is the conclusion of budget week here. I sit on the Budget Committee. I enjoy budget week. It is a statement of our values as a nation. Where you put your money is where you are putting your emphasis. A lot of folks don't want to put their money where their mouth is. We have a lot of mouths in this town. This is the week where everybody gets to put their money where their mouth is.

One of those issues that we have been struggling with has been the issue of transportation funding. I come from a very conservative district in Georgia, Mr. Speaker, and one of the counties—I only represent two—one of those counties, Forsyth County, just voted to tax itself with a $200 million bond initiative to widen a highway. Because we are the fastest growing county in the State, we sit in traffic hour upon hour upon hour.

It is not that conservatives don't want to tax themselves. It is that conservatives don't want to tax themselves and then throw that money down a rat hole. If we can develop a trust that, if you tax a family a dollar that they will get a dollar's worth of services—needed services, desired services—for that dollar, we would have a very different relationship with the Federal Government.

□ 1245

Mr. Speaker, I have up here a reference to article I, section 8, clause 7 of the United States Constitution which says:

> The Congress shall have the power to establish post offices and post roads.

Commerce, at the time of the writing of our Constitution, Mr. Speaker, took place through the post office and those post roads. There was an obligation that our Founding Fathers recognized to develop routes of commerce so that goods could travel, so that messages could travel, so that people could travel.

I say that because too often the conversation in Washington devolves into: Should we spend money at all, or should we spend obscene amounts of it that we have to borrow from our children? That is not the conversation we are having. We have a constitutional obligation to maintain, establish and maintain the post roads, those corridors of commerce around this Nation. The Federal Government took that responsibility on in one of the great building projects of our history, building the Eisenhower Interstate Highway System.

I want to build things, Mr. Speaker. So often this Congress gets involved in doing things that my community is doing just fine back home, that my county is doing just fine back home, that my State is doing just fine back home. And for some reason we think when the 435 of us gather together, we are going to come up with a better idea about how to better serve my community back home than my community back home has about how to serve my community. I think we get off track there. I think we get into those unconstitutional uses of power. Establishing post roads—one of those things our Founding Fathers asked the government to do, because, quite simply, no one else can build an interstate highway system. It does no good for Georgia to have 12 lanes running to the Alabama border if Alabama doesn't have a road when we get there. This is a collaborative decision, and rightfully so.

So how do we fund these highways, Mr. Speaker? We fund them primarily through what is called the highway trust fund, and the highway trust fund is funded through taxes on users of the highway system. I am a huge fan of user fees. If you don't like to sit in traffic every morning, if you want to build an extra lane on your highway, as we are in Forsyth County, you should pay to build that extra lane on your highway. You shouldn't ask somebody in Wyoming to pay to build the road in Georgia. We should build the road in Georgia. Users of the roads should pay for the roads. So that is what we do.

What you can't see here, Mr. Speaker, is a graph of how the highway trust fund is funded. Primarily, it is through a gas tax. It is 18.4 cents that comes out of every gallon of gas that Americans buy. That gas tax is primarily the funding mechanism.

But we also tax diesel, so all the truckers who are on the road, every time you are driving down that two-lane highway and you wish the guy in front of you was going a little bit faster, just know that he is paying a lot in taxes while he is on that road. He is helping to build that road. Diesel taxes are higher than gasoline taxes, but because there are fewer diesel vehicles on the road, bring in less revenue.

We also have a tax on all trucks and trailers. We have a tax in this blue line on heavy vehicles, and we have a tax on tires. Again, all of these taxes come together not to tax one group of people to pay for another, but to tax users of our roads to pay for our roads. It has been a system that has served us fairly well in this Nation.

But we haven't raised that gas tax since the early 1990s. In the early 1990s, we set the gas tax at 18.4 cents a gallon, and we haven't raised it since. Mr. Speaker, I am not in favor of raising taxes. I am in favor of paying less taxes. I am in favor of taking on more of that responsibility back home.

But, again, in the case of post roads, we have to take on this responsibility. And the reason I am having this Special Order tonight, Mr. Speaker, is because the highway trust fund expires in May. We have about 2 months to sort out all of the challenges of how do we fund the Interstate Highway System going forward.

And for folks who say, Well, we have been funding it with an 18.4 cent gas tax for 25 years, why isn't that good enough today? the answer is, it may be, it may be good enough today. But understand that the buying power that we are getting out of that 18.4 cents has declined each and every year. Of course it has. The price of a Big Mac has gone up over the past 20 years, the price of a car has gone up over the past 20 years, the price of a home has gone up, the price of building roads has gone up, so the purchasing power that we are getting for our gas tax has gone down and down and down and down. Right now we are getting about 60 percent of the value out of that gas tax that we were getting when it was last changed in the early 1990s.

Now, what is the impact of that? Well, it is not just that the value of the purchasing power is going down; the mileage we are getting in our cars is going up.

My first car, Mr. Speaker—I don't know what your first car was—mine was a 1971 Volkswagen camper. I had 59 horsepower in the back of that camper to drive me anywhere I wanted to go. If I coasted downhill and only used the accelerator a little bit uphill, I would max out about 35 miles an hour. But I could get 14 miles a gallon if I tried. If I tried to drive that camper as efficiently as I could, I could get 14 miles to the gallon.

Today, Mr. Speaker, I am driving a Chevy Volt. Most of my driving is free. It is coming off the battery. I am not paying any gas taxes at all. When I do have to turn on the electric generator in that Chevy Volt, I am getting 40 miles to the gallon. Just in my lifetime, the fuel efficiency is either triple, based on an engine, or no gas tax at all because I am using electricity.

This is what has happened. You go back to 1975, Mr. Speaker, this is the average miles per gallon that passenger cars and light trucks were getting. You get into the last half of the last decade,

you see that fuel efficiency is driving sharply forward, and the Obama administration wants to drive that fuel efficiency even higher. I am in favor of using private industry to create more efficient solutions. I am in favor of being able to reduce the fuel costs of families across this country. But what that is going to do as families are buying fewer and fewer gallons of gasoline is that the highway trust fund is going to get smaller and smaller and smaller.

Take a look at what has happened with the highway trust fund, Mr. Speaker. Beginning back in, I would say, the early 1990s, when folks were buying lots of gasoline and fuel costs were relatively low, the economy was doing well. We were running a trust fund surplus. Again, all of this gas tax money is coming in from all of these sources. We were spending it on those priorities that we have in the Interstate Highway System. Some of those priorities were building new interstate highways, some of those priorities were maintaining old interstate highways, some of those priorities were simply widening part of the Interstate Highway System. But we operated with a bit of a surplus in the transportation trust fund.

The reason this conversation has to happen today, Mr. Speaker, is that folks are returning to their districts for 2 weeks, where they are going to be hearing from folks who are sitting in that traffic, where they are going to be hearing from folks whose contracts to build those highways are about to expire. They are going to hear from their Governors and their state legislators who are no longer able to let the contracts for needed projects. Why? Because the money is expiring in 2 months. We are starting to run a trust fund deficit. There is not enough money coming in to meet the current needs.

Mr. Speaker, I don't really enjoy talking about the current needs. I didn't run for Congress to be in the maintenance business. I ran for Congress to be in the transformation business. I am more than a little embarrassed that what we are talking about here is, How do we maintain and improve the Eisenhower Interstate Highway System. Eisenhower was long gone from office before I was even born.

We are talking about how to maintain this infrastructure. I would like to be in the driverless car infrastructure business. I would like to be in the hypersonic jet infrastructure business. But where we are, because the calendar dictates it, is: How do we continue to maintain safe highways just 2 months from now?

You can't see these tick marks, Mr. Speaker, but we are talking about in the ballpark of $50 billion a year that goes into this effort, thousands and thousands and thousands of miles of interstate highways around the country, about $50 billion a year. The deficits are running down ultimately, by the end of our 10-year budget window, to almost $130 billion in highway deficits. We have to find a way to meet those needs.

We had a hearing in our committee just the other day, the Transportation Committee, Mr. Speaker, and I want to quote the mayor of Salt Lake City. He was there on behalf of the National League of Cities. This is not a notoriously conservative organization. Mayors are a practical bunch by nature. They have to respond to the needs of all of their citizens. They are a relatively liberal bunch by nature. But he says this:

I can tell you as someone who has spent a career working as a NEPA planner and lawyer that what has happened with what I view as an absolutely great environmental law, the National Environmental Policy Act, is truly unfortunate. We have gone from processes that should be a year or year and a half to processes that are 5 to 7 years in many big transportation projects.

NEPA is the Environmental Policy Act. That is what federally regulates all environmental decisions across the country, particularly as it relates to construction.

Time is money, Mr. Speaker, in transportation projects. There is not a Member in this Chamber who wants to see environmental degradation in this country. There is not a Member in this Chamber who wants to see the sky is less blue or the grass less green. Every Member in this Chamber cares about children and grandchildren and the next generation.

But here we have an advocate for the environmental protection laws that are available to us in this country and he says: Something has gone awry. We wrote this wonderful law in order to protect our environment, but now, instead of being able to complete needed projects in a year or 18 months, with litigation, special interest groups, these processes get dragged on for 5, 6, or 7 years, and that time means more money out of the highway trust fund in order to complete that project.

So what are we going to do, Mr. Speaker, about these coming trust fund deficits? Well, one thing we can do is help to address the policy failures that are delivering less than a dollar's worth of value to my constituents and your constituents for their dollar's worth of gas tax. If I could build a project today with that dollar, I could get a dollar's worth of value out of it, if I have to litigate the issue for 7 years, the value of that dollar is going to erode. I am going to have to waste that dollar on litigation costs.

We can change the law, and we can do so in a bipartisan way that absolutely respects all of our commitments to environmental protection but allows us to complete these needed taxes. Because I will tell you what doesn't help global warming, Mr. Speaker, and that is folks sitting on Atlanta highways for an hour every day not moving. If you are concerned about the use of fossil fuels in this country, I promise you that having people move slower in Atlanta is not helping. We need those folks to be able to move more quickly to their goal. We will reduce emissions as a result.

What else can we do, Mr. Speaker, as a body? What I have here—and I just chose the State of Georgia because it is that area that I know best—these are the Georgia statewide designated freight corridors. I live right up here, just outside of Atlanta, Mr. Speaker. I am right off I–85. That is Interstate 85, Federal Interstate 85, and that is designated as a freight corridor.

Our use of the roads is not just to get to and from the grocery store, of course, not just to get to and from school, but for farmers to get their produce from Iowa to our grocery store, for manufacturers to get their products from the computer factory in California to our schools. We had a national interest in these freight corridors.

One of these freight corridors runs out I–16. It runs out to the Port of Savannah. The Port of Savannah, Mr. Speaker, I don't know if you know, it is the fastest-growing container port in the country, a container port being those ports that specialize in getting those 18-wheeler cargo containers off the ships, onto a chassis, delivering goods to where they need to go. Fastest-growing container port in the country, it sits out here at the end of I–16. We have major construction projects to get all the product off those ships out across the southeastern United States.

So this map of red lines, Mr. Speaker, represents not only interstate highways, but also some major Federal roads. I have got U.S. 1 listed here. U.S. 1, Mr. Speaker, as you may know, runs about, golly, about 2½ miles from this building. About 2½ miles west from this building you are going to hit U.S. 1.

□ 1300

U.S. 1 runs all the way down the eastern coast, from the great Northeast all the way down to Florida. It is a Federal transportation corridor. What is not on this list, Mr. Speaker, for example, is U.S. Highway 29. It runs right past my house in Gwinnett County.

It is a U.S. highway, and it consumes U.S. transportation dollars. While once upon a time it was a major corridor for moving nationally important equipment—freight, produce—today, it has become a sidebar.

My question is: If we are limited with our dollars, can we be more discriminating in choosing which roads have national importance?

I told you the tale of Forsyth County, which I represent, Mr. Speaker, and of its having the $200 million bond initiative to expand its major highway. Georgia 400 is its major highway. We don't need the Federal Government to take care of every single square inch of pavement in this country.

When we talked about establishing postal roads in 1787, there was kind of

the understanding that—of course, they had not contemplated pavement at all—if this were going to be a major maintained thoroughfare, we might have a Federal interest in it—not so anymore.

I talked about U.S. 1, Mr. Speaker. U.S. 1 is right out here, about 2½ miles away, but it is just between Washington, D.C., and Baltimore. The Federal Government, with Federal tax dollars that are collected from all across the Nation, maintains three separate Federal roads.

We maintain the Baltimore-Washington Parkway, which is a National Park Service road. We take care of U.S. 1, and we take care of Interstate 95. Those roads are never more than 5 miles from each other; yet, because tradition dictates it, we are spending national dollars to maintain three relatively duplicative pieces of highway.

We have got to have that conversation. Maybe there is a reason unbeknownst to me why it is we can't just maintain one of those roads and why we have to maintain them all.

The Federal Government doesn't have to do everything for everybody, Mr. Speaker. We just have to make sure that those interstate corridors are being maintained, that those primary nationally designated freight corridors are being maintained.

It is okay to leave the rest for communities and States to handle. I want to give you an example. I am not picking on anybody in particular. These projects go on all across the country, Mr. Speaker.

You can see someone's home right here. They have got some holly bushes out in front and a little maple tree here that has been planted on the right-of-way. What you see here are brand-new curbs and sidewalks and about a 3½-foot bike lane that we spent a million Federal dollars to build.

Now, assuming this family wants a giant curb and a big sidewalk and a bike lane in their front yard, I am glad they were able to get it. I am glad that we are planting maple trees in the right-of-way there. We are not quite mowing the grass in that space, but I hope the community is going to take on that challenge.

This is not a major freight corridor. This is not an Interstate Highway System. This is a small, small road somewhere in America that $1 million worth of Federal taxpayer dollars are going to in order to beautify a street.

Mr. Speaker, it comes from a program called the Transportation Alternatives Program. Over the last 2 years, that has been more than $1 billion going towards these kinds of projects, almost $2 billion.

Let me tell you what kinds of big, important Federal projects are kind of rising to that constitutional level of building post roads for commerce.

Anything that you build that relates to a sidewalk counts. Anything that you create relating to bicycle infrastructure counts. Traffic calming techniques—I don't know what a traffic calming technique is, but if you can identify one, Mr. Speaker, we can pay for it out of this multibillion-dollar trust fund.

The construction of turnouts, overlooks, and viewing areas—Mr. Speaker, you do not want to be behind me when I am riding through a national park. You do not want to be behind me while I am going down that beautiful highway in Virginia that is running all the way down to the great State of Georgia because I am driving slowly, sucking it all in, and am turning in to every turnout along the way and am taking pictures.

I love a good drive, particularly in the fall, but I promise you I do not need one taxpayer dollar paying for one turnout on one highway so that I can get a better picture. We have got an entire Georgia transportation and tourism board, Mr. Speaker.

If we need a turnout in the great State of Georgia, if it is going to bring more tourist traffic to our area, if it is going to allow us to put in a small restaurant where folks can stop and eat and enjoy our beautiful scenery, we will build that because tourists will demand it, and it will grow our economy.

At a time when trust fund dollars have been eroded by inflation, at a time when we know we don't have enough money coming in to maintain our current Interstate Highway System, at a time that we are talking about raising taxes on the American consumer in order to provide those resources, isn't it also time to end the non-Federal priority spending that is currently embedded in the Federal gas tax, like turnouts?

Mr. Speaker, one of the projects that was built with that multibillion-dollar trust fund was down in the great State of Georgia. It is called the Silver Comet Trail. The truth is that we only have one really good, long bike trail in the entire metropolitan Atlanta area. It is the Silver Comet Trail, and it is fabulous. It is absolutely fabulous.

If you go out there on any beautiful day, you are going to have joggers; you are going to have walkers; you are going to have bike riders; folks are going to be pushing strollers. It is a festival of humanity there on that bike trail. It is a wonderful, wonderful way to spend your day. We spent 3.7 million Federal dollars so that my neighbors and I could have a fabulous biking and walking trail in our backyard. It was not my idea. I was not in Congress at the time.

We have got to ask ourselves: Is it worth raising taxes on the American driver and on American industry, which uses our roads, so that more local communities can build more fabulous bike trails in their own backyards?

I don't ask my colleagues, Mr. Speaker, whether bike trails are valuable or not. I believe them to be so. I ask my colleagues whether or not metropolitan Atlanta, which is the most prosperous major metropolitan city in the entire Southeastern United States, can afford to build its own bike trails or whether or not we need to call on the rest of the Nation to aid us in that effort.

Mr. Speaker, I have got another project here. It was only $60,000. Isn't that sad when we get to this place where we start talking about projects that are only thousands and thousands of dollars? When you are managing a $3.8 trillion budget, Mr. Speaker, it is hard to keep track of the thousands. That is why we don't want a big Federal budget. We don't want to be in the business of wasting money.

$60,000 went to a project called Ped Flag. Now, this is in a small downtown area out West, and there is a crosswalk going across the street, and folks are concerned about pedestrian safety. There are pedestrian tragedies every year in this country and every year in my community. We certainly want to do everything we can to stop them.

The $60,000 Ped Flag program goes to each end of a crosswalk, and it puts yellow flags in big buckets on each end of the crosswalk, Mr. Speaker, so that, when you are prepared to walk across the street, you can grab one of these flags, and you can wave it as you cross the street.

The street is two lanes, but you can wave it as you cross those two lanes to make sure that drivers coming down that low speed limit thoroughfare don't run into you. I think that is fabulous. I like a good parade, Mr. Speaker, and I love waving flags.

My question to you is: With all of the challenges facing this Chamber—we have got Social Security that is going bankrupt; we have got Medicare that is going bankrupt; we live in a dangerous world with ISIS and Russia and Iran—is it the priority for the tax dollars that we have been entrusted with—really, that we have confiscated from the American people—to spend 60,000 of those tax dollars to have buckets of flags on both sides of a two-lane street so that pedestrians can wave them as they cross?

If folks love parades as much as I do, Mr. Speaker, that local community can put those flags in place. A Federal grant program is not necessary to do so.

I have got an article here, Mr. Speaker, from just last month. It is talking about this program that allows these grant dollars to go out for all of these non-high-priority Federal purposes. They cite a $112,000 grant for a white squirrel sanctuary.

Mr. Speaker, I have nothing against white squirrels. I will slow down when I am driving as the gray squirrels in my community cross the street, but I have no interest in confiscating Federal tax dollars that were intended to maintain a critically important national highway infrastructure and having a local community who views that as free money spend it to create a white squirrel sanctuary.

Mr. Speaker, these dollars are going to build boardwalks in our beach communities. They are going to resurface bike trails. They are even going to buy driving simulators at car museums because that is kind of peripherally related to transportation.

In my day, Mr. Speaker, it was just that Atari 2600 on which you could do the night driving program. Today, we can spend 198,000 Federal gas tax dollars to buy driving simulators to go into museums so that, when folks come by—after they have driven on the ratty roads that were unmaintained to get to the museum—they can have a wonderful driving experience inside the federally taxpayer paid simulator.

Mr. Speaker, I don't fault museums for wanting simulators. I don't fault communities for wanting bike trails. I don't fault communities for wanting flag-waving crosswalks. I fault this Congress for facing a fiscal challenge of: How do we complete our constitutional responsibility to maintain our roads and to even have the discussion of raising tax dollars before we have completed making the current accounts more effective, more efficient, and more accountable?

Mr. Speaker, I do not value Members who simply talk about everything that is wrong and who make no recommendations about how to fix it. We need to narrow the number of roads that qualify for Federal support. We need to prioritize what are those roads that fall into that constitutional responsibility and which ones, obviously, do not. Prioritize that spending. Take care of only those mission critical roads. Leave the rest to local communities.

Two, deal with our environmental regulations that are slowing needed construction, not abolish our environmental regulations, not ignore our environmental stewardship responsibilities, but recognize that advocates for the environment, advocates for the NEPA Act—as the mayor of Salt Lake City suggested, even those advocates realize we have gone far afield from what was intended as we have years of expense and delay for projects that we ought to be able to complete in a year and in 18 months. Let's streamline that. That is two.

Three, take all of these feel-good projects that every one of us has heard of in our districts—those projects that don't have anything to do with major national thoroughfares, those projects that don't have anything to do with our constitutional responsibility to maintain our interstate corridors—and abolish those altogether.

□ 1315

Mr. Speaker, they did a poll the other day amongst young people in this country. Young people, of course, when you get your first job at 16, you get that paycheck, you thought you were making $8 an hour. It turns out after the government gets its share you are only making about $5 an hour. We find out we get lots of new voters when they get their first paycheck because folks realize the importance of having your voice heard.

The largest tax that 80 percent of American families pay, Mr. Speaker, is that payroll tax that is taken out of that paycheck before you even see it, that FICA line in your paycheck. The largest tax that 80 percent of American families pay, it goes to fund Social Security and Medicare; and yet in a recent poll among young people, more American young people believed they would see a UFO in their lifetime than believed they would see a Social Security check in their lifetime. Mr. Speaker, you cannot break promises to taxpayers in that way.

We have serious responsibilities in this Chamber. They do not include feel-good projects in local communities. They do not include squirrel sanctuaries, flag-waving projects, and boardwalk resurfacings. What they include is maintaining those mission-critical interstate corridors.

As we gather together to reauthorize the surface transportation bill, as we gather together to sort out the diminishing value of the highway trust fund, let us come together to restore some of that faith with the American taxpayer that we will be accountable, that we will be efficient, and that we will be effective in the use of every one of their taxpayer dollars. We cannot ask them for more until we have proven to them that we have used responsibly what they sent to us yesterday.

Mr. Speaker, we have talked transportation on the surface level. I want to briefly talk transportation at a port level.

I mentioned the port of Savannah, Mr. Speaker, that fastest growing container port in the world. You can't see it here on the map, but I have got one of those container ships coming into the port of Savannah, just loaded full. These giant cranes, it is amazing how quickly they can load and unload these giant container ships.

Funding for these kind of nationally important projects, these kind of projects that deliver value to the American taxpayer, that allow them to get the goods and products that they want from around the globe into their local markets for a lower cost—we are dredging the Savannah River right now in order to expand the Savannah harbor, this port, so that it can handle the New Panamax ships that are going to come through the new Panama Canal. These ships are giant, Mr. Speaker. If you haven't been to see them, you should take a look. They can bring in the order of three times more cargo in one ship. When you are taking a multiweek voyage across the Pacific Ocean, that is a big deal.

This project is going to cost $706 million, and it will benefit the entire eastern seaboard in greater value and lower costs. But it is going to benefit Georgia more than it is going to benefit most places. Why? Because we are going to have workers there, because our rest stops are going to be full, because our gasoline stations are going to be full. So the State of Georgia, even though this is a nationally significant project, is funding 40 percent of it out of our local coffers. We believe it is important to put your money where your mouth is.

Thinking about those delays that run up costs, we first started talking about doing this in the late 1990s, Mr. Speaker. We finally got Federal approval to begin last year. This was not a $700 million project 17 years ago when we wanted to begin it, but we couldn't begin it 17 years ago. We have only been able to begin it now. About $100 million is going to go out the door, Mr. Speaker, to get this project under way. If all goes well, we can finish this in about 5 years, but we are going to have to have that Federal-State partnership. For these projects that are not uniquely Federal, for these projects that are not uniquely State, we need both entities putting skin in the game to make these projects successful.

Mr. Speaker, what we are talking about is about $100 million from the State coming this year, about $100 million from the Feds coming next year. What I want to ask my colleagues, as we talk about how to prioritize funding, how can we get together to squeeze out those projects that are of local import—and leave those to local dollars and local concerns—and include these projects that are of national import to make sure we get them done on time and under budget?

Mr. Speaker, back-of-the-envelope calculating that folks doing the construction at the port have done tell us that it is about $174 million annually in lost benefits as this project is delayed—lost benefits on the one hand, added costs on the other. I am always skeptical when somebody says: ROB, if you will only spend $1 on this project, I will get you $18 in return. I say: Good news. We have got an $18 trillion Federal debt. Let me give you $1 trillion for your project this year; you can give me back $18 trillion next year.

A lot of funny numbers go on in this Washington, D.C., math game that folks play.

But, undeniably, if we cannot compete at a local level, if American products begin to cost more to export relative to their foreign competitors because we can't handle the big Panamax ships, American workers will lose; American consumers will lose. These are national priorities that bring people together.

I want to set expectations, Mr. Speaker, on how we are going to get this done. Again, I want to go back. 1996 was when we first had this conversation, completed the very first study of getting this done; the very first conditional approval at the Federal level, 1999. In 2012, folks finally made the decision; South Carolina and Georgia sorted out their issues in May of 2013; final project permits came out

in July of 2013; State of Georgia, Johnny on the spot, funding it with $266 million. Another round of bond initiatives will go out this summer.

Mr. Speaker, 2019 is when this project is expected to be done. A project that could have started in 1997, a project that could have been done by 2003, a project that could have been a nation-leading project so that American goods could get out to the world in a competitive way as the new Panama Canal comes on line for us to be ready to go as a nation, what could have been a story of planning ahead and of success has become a story of decades-long delay and being behind.

Mr. Speaker, those are not academic conversations. Those are conversations that are represented with dollars and cents. It is American jobs lost; it is American productivity lost; it is international competitiveness lost. Item after item after item after item. We are in the midst of a surface transportation reauthorization bill and our highway trust fund; we are in the midst of an FAA reauthorization bill and our aviation funding mechanisms. Hopefully, we will be back to a water resources development bill again, as we were last year, dealing with developing our water resources.

The question in this Chamber, Mr. Speaker, is never will we be involved in generating American productivity or will we not. The question is we will be involved, but on what and how. Let us move these low-priority projects off of the Federal budget, off of the Federal taxpayer, and back into local hands, where they can be accomplished more quickly and more efficiently at a lower dollar cost. Before we decide to raise taxes on the American people, let us ensure that every single dollar that we raise today is giving a dollar's worth of value for a dollar's worth of tax.

Mr. Speaker, I am proud to be on the Committee on Transportation and Infrastructure. We have big things in store for this year. They will be collaborative things. These are not Republican concerns; these are not Democratic concerns; these are American concerns. These are concerns of America's most deliberative and engaging body, the United States House of Representatives.

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

UPLIFTING STORIES FROM THE CINCINNATI AREA

The SPEAKER pro tempore (Mr. ROUZER). Under the Speaker's announced policy of January 6, 2015, the Chair recognizes the gentleman from Ohio (Mr. CHABOT) for 30 minutes.

Mr. CHABOT. I will not take that much time.

Mr. Speaker, there seems to be a lot of bad news these days and negative stories, but I would like to take this opportunity to highlight some uplifting stories from the Cincinnati area, the area that I happen to represent here in the United States Congress.

First, I would like to congratulate a Cincinnati broadcasting legend on a storied career. A week from tomorrow, Friday, April 3, Cincinnati will say good-bye to a longtime morning show host, Jim Scott, who is retiring after 47 years on the radio in Cincinnati.

Over the years, Mr. Scott has been synonymous with mornings, as hundreds of thousands, if not millions, of Cincinnatians started their day listening to him cover the topics of the day. From politics and local news to entertainment and sports, Jim Scott covered every story in a style uniquely his own. His excellence was recognized back in 2002 when he won the Marconi Award for large market personality of the year.

Jim Scott has also been a pillar of the community, helping out with numerous charities and community service organizations, activities I am sure that he will continue. He has become a staple of the opening day parade for the Cincinnati Reds, who I hope have a great year this year.

I want to congratulate Jim Scott on his retirement and his outstanding career. Mornings in Cincinnati will not be the same without him.

Mr. Speaker, Cincinnati has also been blessed by the inspiring stories of two young ladies battling pediatric cancer, and I would like to take a moment to thank each of them for the example that they have provided and the hope that they have given to millions.

First, I would like to talk about Lauren Hill. For those who haven't heard Lauren's story, there really aren't words to describe her courage and resiliency in the face of insurmountable odds. Lauren loves to play basketball, a sport she had planned to play throughout her college years at Mount St. Joseph University. Unfortunately, Lauren was diagnosed with a rare form of inoperable, terminal brain cancer, DIPG, and doctors really weren't sure how long she would live.

For most people, the story would end there, but not for Lauren. She was determined to play in a college basketball game, and back on November 2, she joined her teammates on the court, and in front of a sold-out crowd at Xavier University's Cintas Center, she scored the opening basket.

That wasn't enough for Lauren. She also wanted to dedicate her remaining time to raising awareness of pediatric cancer. Through Layup 4 Lauren and other charitable efforts, she has helped raise over $1 million for research to combat pediatric cancer.

Mr. Speaker, I like to believe that each one of us is put on this Earth for a reason, and it is clear to me that Lauren's purpose was to inspire a city and a nation and to raise awareness for a terrible disease, a purpose she has fulfilled with a dignity and grace that is an inspiration to me and countless others. I am deeply grateful for Lauren's spirit and the example that she has provided for our community and for our Nation.

□ 1330

Our thoughts and prayers are with Lauren and her family.

But Lauren is not the only young lady with Cincinnati ties inspiring our Nation. We have also been blessed to learn the story of Leah Still, the 4-year-old daughter of Cincinnati Bengals' defensive lineman Devon Still.

Last year, Leah was also diagnosed with a rare form of pediatric cancer. Faced with this devastating news, Devon Still was determined to help his little girl in whatever way he could. Part of his effort was to use their story to help raise money to combat pediatric cancer and give hope to other families facing the same struggle they were.

The Cincinnati Bengals and the NFL joined Mr. Still in his efforts by agreeing to donate the proceeds of sales of Devon's number 75 Bengals jersey to Cincinnati Children's Hospital, which, by the way, is the number one children's hospital in the Nation in combating pediatric cancer. Together, they also raised over $1 million for pediatric cancer research.

While that is certainly great news, the story has an even happier ending. Yesterday, I, along with millions of others, was thrilled to learn that Leah's cancer was in remission.

Leah still has treatments ahead of her, and she should remain in our thoughts and prayers. But that was wonderful news, and a reason to be grateful.

May God bless all three of the remarkable people that I have just talked about.

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

THE WEEK IN REVIEW

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2015, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Mr. Speaker, first of all, I want to address this. The bill we passed today is something that needed to be addressed. It was a problem that has been growing for about 16 years, or so.

The cut that was put into law has been changed 17 times in the last 16 or so years. It made cuts to healthcare providers. We have caused some healthcare providers to retire early.

It was $716 billion that ObamaCare took from Medicare in order to, supposedly, fund 30 million or so that we were told didn't have insurance. Now we have cost millions their health insurance policy they liked. And I say ''we.'' Not a single Republican voted for that bill. It has cost Americans, millions of Americans, the doctor that they wanted to use.

We have seen promise after promise that was made about ObamaCare that was broken. It absolutely wasn't true. Then we find out that there were advisers around the White House who were

advising all along: They are not going to be able to keep their insurance policy. They are not going to be able to keep their doctors.

Maybe we want to change the way that kind of thing is said. It did major damage—and continues to do major damage—to health care.

So, on top of that overlay, we had these ongoing cuts to the healthcare providers. If we didn't step in each year and temporarily pause them, it would have put so many healthcare providers out of business and made it extremely difficult for Americans to get the health care they need, even more than it already is, even more than ObamaCare has jeopardized. So something needed to be done.

My friend, Dr. MIKE BURGESS, had pushed through a fix, a remedy, last year of 63 pages. It was very well thought out. He is a very bright, terrific doctor, a great Congressman, and a friend. We have spent a lot of time this week talking about the fix to the cuts to reimbursement for physicians.

And the bill today, on the good side, provided a permanent fix. If this becomes law, if the Senate passes what we did, it stops the slow deletion of some healthcare providers' efforts and work.

This provides a framework from which Medicare can be reformed for the future. It is valued at $175 billion. And the best estimate we have gotten is that $140 billion of the $175 billion is not offset with any cuts anywhere else. This would be a straight addition of $140 billion to our children's and grandchildren's enormous debt—what some refer to as ''intergenerational theft.''

It does have Henry Hyde language protecting against Federal funds being used for abortion. I have always thought the world of Henry Hyde and was honored to overlap with him 2 years. His work in standing for the unborn children, the most innocent among us, is just an extraordinary life's work that he did.

I don't know that Federal funds for abortions for people on Medicare is as big an issue as some might think. Anyway, the Hyde language is in there. It puts it in the Tax Code. That is a big deal. Some of my Democratic friends were not big on that.

There is also reauthorization for CHIP. There are the secure rural schools. Our rural schools, especially those in national parks, have been cheated for many years from the income that they were supposed to have by giving up land they couldn't tax any more, by giving up other sources of revenue from the land.

They agreed to allow land to be used or become national forests, and they were to be reimbursed by proceeds from the sale of timber. But we have a Forest Service administration—not just this one; it has been going for a while—where production has either slowed dramatically or completely been eliminated, even though pine trees where I live are an entirely renewable resource. You plant them, and you are ready to harvest them in 15, 20 years. We are not talking sequoias. We are just talking a renewable resource. It is well managed in east Texas and other places around the country.

But since production has stopped and we are buying so much lumber from other countries now, it is not good for America, not good for our trade imbalance, but it has been a Federal Government policy. And it has put schools in an extremely detrimental position, especially in rural areas, especially in areas where there have been national forests.

So it is nice to have another bandaid, so to speak, to address that issue. It should have been in here. It should have been done before now.

But, on the other side, getting back to $140 billion that is not offset by cuts anywhere else, adding it into the intergenerational theft—and it also concerns me, we had 212 Republicans today that voted for this SGR fix. It would have been so easy to have enough of an adjustment into this bill that we could add six more Republicans, and it would have been able to pass without any Republican leader begging for support from the Democrats, without coming to support from conservatives.

With the vote on DHS funding, we saw 167 Republicans voted against it because it didn't keep our promise to stop the illegal, unconstitutional amnesty that DHS had done, as ordered by the President; and there were 75 Republicans, some of whom are very conservative, but they did vote with the Speaker on that bill and with the majority of Democrats to pass that funding.

But I think that gives us an indication that out of the Republican Conference—the massive portion of the Republican Conference represents very conservative districts, and there are Republicans that, thank God, we have that are from more moderate areas, but somewhere between one-fourth and one-third, perhaps.

It just seems like this bill today was one of those bills where we would be better off if we negotiated a deal among the Republicans and go through regular order. That is what we promised. You put us in the majority; we will go through regular order. We will have hearings on this entire bill. There will be open opportunities to discuss it, to amend it, to have legislative hearings, before you even do the votes on it in committee. We didn't do that.

The bill was filed 2 days ago, on the 24th. We had a couple of days with this bill. That is not adequate for something this important.

It does add some means testing for seniors. It appears very clear it is going to cause healthcare providers to have to add more clerical workers—people that don't do health care; they just do paperwork. So there will be more costs.

So we didn't have a chance to adequately investigate the terminology of this bill and the long-term effects it will have on health care. It is kind of important.

This also came 1 day after we voted for a budget that was important to get to the point where we could have reconciliation that let us deal with important issues like ObamaCare. We passed the budget easily, and we had a number of different budgets we could vote for. I thought TOM PRICE did a good job of marshalling the efforts on that.

But the point is most of us were so focused on the budget through the vote yesterday that we really had one night to prepare on this SGR with the actual language that was filed on Tuesday.

I was good with the 63 pages Dr. BURGESS had used last year, but there were over 200 pages. I really don't know the long-term effects of what we did; and that is why, though I have been clamoring for an SGR fix, I couldn't vote for it.

This isn't how we do things. We are supposed to first do no harm. We don't know what harm we may have done in that bill. We know we did some good, but we don't know what harm. We should have had some more time to analyze this and take the language back to our physicians, our healthcare providers, and say: You're the one doing this, you're the one trying to save lives, enhance lives, what will this do to you? What will this language do to you? Then come back and have the vote.

So I appreciate the work for those that have been spending so much time on what is often referred to as the ''doctor fix.'' We definitely needed that as another fix. This is more permanent. We don't know what the Senate will do, and that is another one of our problems.

There is some rather breathtaking news that has come out today about what the Obama administration has done in the way of damage to the nation of Israel—it sounds like this action was extremely petty—in an effort to slap Israel, without proper regard for the fact that they are the most important ally we have anywhere in the Middle East and one of the very most important allies we have in the world.

□ 1345

It is just breathtaking what was done. Actually, to put this in perspective, this article, March 23, from Joel Pollak, says, ''Obama's Chief of Staff Fires up J Street: Israel's Occupation Must End.''

The article says:

> White House Chief of Staff Denis McDonough earned raucous cheers from the leftwing activists gathered at J Street's fifth annual conference in Washington on Monday when he attacked Israel's occupation of the West Bank. ''An occupation that has lasted almost 50 years must end.''
>
> J Street was founded to disrupt the close U.S.-Israel alliance and to serve as an alternative to the American Israel Public Affairs Committee, the powerful pro-Israel group.

Well, that is interesting. If we use Mr. McDonough's rationale about the

Israel occupation and how it must end, then that would mean that, at the turn of the 20th century, if he had been around clamoring for, on behalf of this President—were he President around the end of the 1800s—he would have been saying: it is time to end America's occupation of Texas.

Had he been around in, say, 1823, speaking for President Obama back then, had he been President then, if he used this same reasoning, he would have been saying: it is time for the occupation of our Thirteen Colonies to stop, and we give all the land back to England. This is no time for the Thirteen Colonies to continue to occupy what we are calling the United States.

It is time to give that back to England. It was theirs originally. The French had some at one time. There were differing claims, but basically time to quit occupying the United States and give this all back to England.

It is time to give the West of the United States, you might have heard him say, if he had been around in the early 20th century, time to give back all the West to whoever had it before, whether it was Mexico, Spain, whoever may have been claiming it; we have been occupying it.

That is not the way the world works. That is not the way the United States worked. Native American tribes were constantly taking each other on, different parts of the country, taking over others' land. That has gone on around the world.

When you have a group of people living in the nation of Israel saying, We refuse to ever recognize Israel's right to exist, we want to wipe the Jewish people off the map, we want to wipe Israel off the map, then that is not a nation that you sit down with.

Then when you have a nation like Iran, that is doing—they make clear, even as of last week, that the top leaders in Iran want death to America. Well, apparently, when this administration hears a religious fanatic that has killed American soldiers, killed American civilians, has really been at the lead of killing Americans wherever they could find them and have an opportunity to kill them and want to wipe Israel off the map, as the Little Satan, and wipe America off the map, as the Great Satan—they have continued to pursue nuclear weapons, and while this administration was rushing and continue to rush to talk to the leaders in Iran, it leaves some of us aghast at how blind the administration can be as to who is our friend and who is our enemy.

It was Denis McDonough, this article talks about, speaking to the group, according to this article, that was founded to disrupt the close relationship between U.S. and Israel, and he fired them up, saying the occupation that lasted almost 50 years must end.

It reminded me, oh, yeah, I remember another speech he gave, and this transcript is from the White House Web site. This was March 6 of 2011, and Denis McDonough, the same guy that thinks we need to run Israel out of the land of Israel, he said this—and I am quoting from the speech from the White House Web site.

''Thank you, Imam Magid, for your very kind introduction and welcome. I know that President Obama was very grateful that you led the prayer at last summer's Iftar dinner at the White House which, as the President noted, is a tradition stretching back more than two centuries to when Thomas Jefferson hosted the first Iftar at the White House. Thank you also for being one of our''—I might parenthetically interject here into Mr. McDonough's speech, glowing praise for Imam Magid, that actually this is Imam Magid who was president of the Islamic Society of North America.

The Islamic Society of North America, a little background on them, they were named as a coconspirator to fund terrorism in the largest prosecution in the United States history for funding of terrorism—this was in a United States district court in Dallas—in short, referred to as the Holy Land Foundation trial. They were the main defendant, their principals.

The list of unindicted coconspirators from that trial included the Council on American Islamic Relations, CAIR; the Islamic Society of North America, ISNA; and the North American Islamic Trust, NAIT. These coconspirators were not tried in the first round of prosecutions in Dallas under the Bush administration, but in November of 2008, all five defendants were convicted on a massive number of charges of supporting terrorism.

The evidence utilized in the first round of the prosecutions, some that participated anticipate would be used in another trial against other named coconspirators if they were successful in getting the first convictions, which they did.

However, before the convictions were finalized, there was an election. President Obama was elected President, and we got a new Attorney General, and they decided, despite what the evidence showed, despite what the courts had found, they are not going to prosecute the Islamic Society of North America and CAIR—CAIR has a very lovely building just down the street from us here. I can see CAIR from my window.

In the case in Dallas, CAIR, NAIT, ISNA, they filed pleadings demanding that the judge remove their names as coconspirators in supporting terrorism. The judge reviewed all the evidence, had the hearing, and he ruled that their names would not be struck as coconspirators because there was plenty of evidence to support them as coconspirators supporting terrorism.

They appealed that to the Fifth Circuit Court of Appeals for the United States, and the fifth circuit, in their order, confirmed that there was a prima facie case made that the entities, CAIR, NAIT, ISNA, those associations have strong associations with the Muslim Brotherhood, namely Hamas, its Palestinian branch, which was specifically designated as a terrorist organization by the U.S. Government.

Anyway, the organization here that the Federal courts found had plenty of evidence to make a case against them, as supporters of terrorism, have become partners with this administration, and that is why Denis McDonough, who was getting the acclaim for demanding Israel leave part of Israeli territory, he was there back in 2011, giving praise to Imam Magid, thanking him for his wonderful prayers at the White House.

This is a guy that is president of what two Federal courts have said had plenty of evidence to show they are coconspirators in supporting terrorism.

This business about, oh, the long tradition going back to Thomas Jefferson of Iftar at the White House, Iftar is the celebration during the month of August—or after the fasting during the month of August for the religious observance of Muslims, and Iftar is the feast after the fasting.

If you go back to what they say was the first Iftar under Thomas Jefferson, it doesn't appear to me that Jefferson realized he was having an Iftar dinner. He wanted to have a dinner with a Muslim leader, and he couldn't do it until the fasting was over, and so when he could eat, they had a meal.

It is kind of like hearing people say: Well, Thomas Jefferson, having a copy of the Koran shows how open-minded it was.

No, it shows the fact that he had been a diplomat negotiating with radical Islamists called Barbary pirates as to why they kept capturing United States Navy—not Navy—but seamen and holding them for ransom.

They had so many of our sailors that they held in captivity, we were paying a massive part of our budget for ransom to get these back. Jefferson was one of those that went over and negotiated and apparently asked: Why do you keep attacking us? We don't even have a navy. Why you are attacking us? We are not a threat to you.

He was reportedly told: In our religion, we believe that if we die while attacking you, an infidel, we go to paradise.

Jefferson was so well read, he couldn't believe there was a religion that thought you could go to paradise if you die killing innocent people, so he got his own English translation of the Koran.

His ultimate action was to create and send a new thing called United States Marines to the shores of Tripoli because he realized there is not going to be any negotiation that is adequate to deal with these radical Islamists. There is only one way to beat them, and that is to physically beat them in a fight to the finish. It kept them off our backs for some time.

Well, that is Denis McDonough, speaking for the President in 2011 and

now. Then we know that the White House is doing everything it can to bend over backwards, the State Department: Oh, Iran, what can we do for you?

Okay. Now, we find out today they are going to let them have centrifuges spinning in their secret facility they didn't even disclose until we found out about it, and they are going to let them keep having centrifuges spin there.

Look, they will almost do anything to get them to sign some kind of agreement, bending over backwards; but they can't spare a minute to meet with the leader of Israel, can't spare the President, Vice President, or one of the Cabinet to come listen to Netanyahu—oh, no.

Then, today, this outrage has come to light, that the United States, the Obama administration, has declassified a document that reveals Israel's nuclear program to the world, especially to Iran and to those who want to destroy Israel, so they will know exactly what they are after, what they are up against.

□ 1400

What has happened, what has come to light today of this administration declassifying a document, obviously, it is a slap at Netanyahu. It is a slap at the Israeli people for coming out in droves to support a group of representatives that this President doesn't approve of.

We are betraying this great ally of ours: Israel. If you believe the Bible, judgment will be coming down on our country for what our elected officials and appointed officials have done in betraying Israel. There will be problems for this.

If you don't believe the Bible, then just use common sense. When you betray your most trusted ally in this torn-apart Middle East, then you are going to have problems galore.

I have talked with leaders in those countries. I can't now because the Speaker won't let me go talk to them overseas anymore. That is what you call retribution if you don't support the Speaker. I get that. I am fine with that. As a result of him canceling my trip this weekend, I get to be on FOX News. Anyway, thank you, Mr. Speaker.

Somebody needs to be friendly to our allies and stand up against our enemies, and this administration is not doing it.

This betrayal is going to do more damage in the world than the snotty little act that was intended to slap at Netanyahu and the Israeli voters than we could possibly imagine. This is just unbelievable.

Now, if you believe that there are lessons worth noting in the Bible, you could go back to King Hezekiah, who entertained the Babylonian leaders. If you believe the account in the Bible, God sent Isaiah to Hezekiah and asked him: What have you done?

He already knew; but Hezekiah said, in effect—and this is Texas paraphrase—well, we met with these lovely, wonderful leaders from Babylon, and we showed them all of our treasure.

In the most correct translation, he adds: And we showed them all of the defenses we have in our arsenal.

Isaiah basically says: Because you have done that, you fool, you will lose the country.

This is the kind of thing that brings down nations. It was petty, and it was a betrayal, and people need to be called to account for it.

I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. PAYNE (at the request of Ms. PELOSI) for today on account of foot surgery.

PUBLICATION OF COMMITTEE RULES

AMENDMENT TO THE RULES OF THE COMMITTEE ON HOMELAND SECURITY FOR THE 114TH CONGRESS

HOUSE OF REPRESENTATIVES,
COMMITTEE ON HOMELAND SECURITY,
Washington, DC, March 26, 2015.

Hon. JOHN A. BOEHNER,
Speaker, House of Representatives,
Washington, DC.

DEAR MR. SPEAKER: Pursuant to clause 2(a) of rule XI of the Rules of the House of Representatives, I submit the Rules of the Committee on Homeland Security for the 114th Congress for publication in the Congressional Record. On January 21, 2015, the Committee on Homeland Security met in open session and adopted these Committee Rules by unanimous consent, a quorum being present; on March 26, 2015, the Committee agreed to modify the Committee Rules, by voice vote, a quorum being present. Attached are the Rules of Committee on Homeland Security for the 114th Congress, as amended.

Sincerely,

MICHAEL T. MCCAUL,
Chairman.

Enclosure.

Adopted January 21, 2015
Modified March 26, 2015

RULE I.—GENERAL PROVISIONS.

(A) *Applicability of the Rules of the U.S. House of Representatives.*—The Rules of the U.S. House of Representatives (the ''House'') are the rules of the Committee on Homeland Security (the ''Committee'') and its subcommittees insofar as applicable.

(B) *Applicability to Subcommittees.*—Except where the terms ''Full Committee'' and ''subcommittee'' are specifically mentioned, the following rules shall apply to the Committee's subcommittees and their respective Chairmen and Ranking Minority Members to the same extent as they apply to the Full Committee and its Chairman and Ranking Minority Member.

(C) *Appointments by the Chairman.*—Clause 2(d) of Rule XI of the House shall govern the designation of a Vice Chairman of the Full Committee.

(D) *Recommendation of Conferees.*—Whenever the Speaker of the House is to appoint a conference committee on a matter within the jurisdiction of the Full Committee, the Chairman shall recommend to the Speaker of the House conferees from the Full Committee. In making recommendations of Minority Members as conferees, the Chairman shall do so with the concurrence of the Ranking Minority Member of the Committee.

(E) *Motions to Disagree.*—The Chairman is authorized to offer a motion under clause 1 of Rule XXII of the Rules of the House whenever the Chairman considers it appropriate.

(F) *Committee Website.*—The Chairman shall maintain an official Committee web site for the purposes of furthering the Committee's legislative and oversight responsibilities, including communicating information about the Committee's activities to Committee Members, other Members, and the public at large. The Ranking Minority Member may maintain a similar web site for the same purposes. The official Committee web site shall display a link on its home page to the web site maintained by the Ranking Minority Member.

(G) *Activity Report.*—Not later than January 2 of each odd numbered year, the Committee shall submit to the House a report on the activities of the Committee. After adjournment *sine die* of the last regular session of a Congress, or after December 15 of an even-numbered year, whichever occurs first, the Chair may file the report with the Clerk at any time and without approval of the Committee provided that a copy of the report has been available to each Member of the Committee for at least seven calendar days and the report includes any supplemental, minority, additional, or dissenting views submitted by a Member of the Committee.

RULE II.—COMMITTEE PANELS

(A) *Designation.*—The Chairman of the Full Committee, with the concurrence of the Ranking Minority Member, may designate a panel of the Committee consisting of Members of the Committee to inquire into and take testimony on a matter or matters that warrant enhanced consideration and to report to the Committee.

(B) *Duration.*—No panel appointed by the Chairman shall continue in existence for more than six months after the appointment.

(C) *Party Ratios and Appointment*—The ratio of Majority to Minority Members shall be comparable to the Full Committee, consistent with the party ratios established by the Majority party, with all Majority members of the panels appointed by the Chairman of the Committee and all Minority members appointed by the Ranking Minority Member of the Committee. The Chairman of the Committee shall choose one of the Majority Members so appointed who does not currently chair another Subcommittee of the Committee to serve as Chairman of the panel. The Ranking Minority Member of the Committee shall similarly choose the Ranking Minority Member of the panel.

(D) *Ex Officio Members.*—The Chairman and Ranking Minority Member of the Full Committee may serve as ex-officio Members of each committee panel but are not authorized to vote on matters that arise before a committee panel and shall not be counted to satisfy the quorum requirement for any purpose other than taking testimony.

(E) *Jurisdiction.*—No panel shall have legislative jurisdiction.

(F) *Applicability of Committee Rules.*—Any designated panel shall be subject to all Committee Rules herein.

RULE III—SUBCOMMITTEES.

(A) *Generally.*—The Full Committee shall be organized into the following six standing subcommittees and each shall have specific responsibility for such measures or matters as the Chairman refers to it:

(1) Subcommittee on Counterterrorism and Intelligence;

(2) Subcommittee on Border and Maritime Security;

(3) Subcommittee on Cybersecurity, Infrastructure Protection and Security Technologies;

(4) Subcommittee on Oversight and Management Efficiency;

(5) Subcommittee on Transportation Security; and

(6) Subcommittee on Emergency Preparedness, Response and Communications.

(B) *Selection and Ratio of Subcommittee Members.*—The Chairman and Ranking Minority Member of the Full Committee shall select their respective Members of each subcommittee. The ratio of Majority to Minority Members shall be comparable to the Full Committee, consistent with the party ratios established by the Majority party, except that each subcommittee shall have at least two more Majority Members than Minority Members.

(C) *Ex Officio Members.*—The Chairman and Ranking Minority Member of the Full Committee shall be *ex officio* members of each subcommittee but are not authorized to vote on matters that arise before each subcommittee. The Chairman and Ranking Minority Member of the Full Committee shall only be counted to satisfy the quorum requirement for the purpose of taking testimony and receiving evidence.

(D) *Powers and Duties of Subcommittees.*—Except as otherwise directed by the Chairman of the Full Committee, each subcommittee is authorized to meet, hold hearings, receive testimony, mark up legislation, and report to the Full Committee on all matters within its purview. Subcommittee Chairmen shall set hearing and meeting dates only with the approval of the Chairman of the Full Committee. To the greatest extent practicable, no more than one meeting and hearing should be scheduled for a given time.

(E) *Special Voting Provision.*—If a tie vote occurs in a Subcommittee on the question of forwarding any measure to the Full Committee, the measure shall be placed on the agenda for Full Committee consideration as if it had been ordered reported by the Subcommittee without recommendation.

RULE IV.—TIME OF MEETINGS.

(A) *Regular Meeting Date.*—The regular meeting date and time for the transaction of business of the Full Committee shall be at 10:00 a.m. on the first Wednesday that the House is in Session each month, unless otherwise directed by the Chairman.

(B) *Additional Meetings.*—At the discretion of the Chairman, additional meetings of the Committee may be scheduled for the consideration of any legislation or other matters pending before the Committee or to conduct other Committee business. The Committee shall meet for such purposes pursuant to the call of the Chairman.

(C) *Consideration*—Except in the case of a special meeting held under clause 2(c)(2) of House Rule XI, the determination of the business to be considered at each meeting of the Committee shall be made by the Chairman.

RULE V.—NOTICE AND PUBLICATION.

(A) *Notice.*—

(1) Hearings.—Pursuant to clause 2(g)(3) of rule XI of the Rules of the House of Representatives, the Chairman of the Committee shall make public announcement of the date, place, and subject matter of any hearing before the Full Committee or subcommittee, which may not commence earlier than one week after such notice. However, if the Chairman of the Committee, with the concurrence of the Ranking Minority Member, determines that there is good cause to begin the hearing sooner, or if the Committee so determines by majority vote, a quorum being present for the transaction of business, the Chairman shall make the announcement at the earliest possible date. The names of all witnesses scheduled to appear at such hearing shall be provided to Members no later than 48 hours prior to the commencement of such hearing.

(2) Meetings.—The date, time, place and subject matter of any meeting, which could be a briefing, other than a hearing or a regularly scheduled meeting, may not commence earlier than the third day on which Members have notice thereof except in the case of a special meeting called under clause 2(c)(2) of House Rule XI. These notice requirements may be waived if the Chairman with the concurrence of the Ranking Minority Member, determines that there is good cause to begin the meeting sooner or if the Committee so determines by majority vote, a quorum being present for the transaction of business.

(a) At least 48 hours prior to the commencement of a meeting for the markup of legislation, or at the time of announcement of the meeting, if less than 48 hours under Rule V(A)(2), the text of such legislation to be marked up shall be provided to the Members, made publicly available in electronic form, and posted on the official Committee web site.

(b) Not later than 24 hours after concluding a meeting to consider legislation, the text of such legislation as ordered forwarded or reported, including any amendments adopted or defeated, shall be made publicly available in electronic form and posted on the official Committee web site.

(3) Publication—The meeting or hearing announcement shall be promptly published in the Daily Digest portion of the Congressional Record. To the greatest extent practicable, meeting announcements shall be entered into the Committee scheduling service of the House Information Resources.

RULE VI.—OPEN MEETINGS AND HEARINGS; BROADCASTING.

(A) *Open Meetings.*—All meetings and hearings of the Committee shall be open to the public including to radio, television, and still photography coverage, except as provided by Rule XI of the Rules of the House or when the Committee, in open session and with a majority present, determines by recorded vote that all or part of the remainder of that hearing on that day shall be closed to the public because disclosure of testimony, evidence, or other matters to be considered would endanger the national security, compromise sensitive law enforcement information, tend to defame, degrade or incriminate a witness, or violate any law or rule of the House of Representatives.

(B) *Broadcasting.*—Whenever any hearing or meeting conducted by the Committee is open to the public, the Committee shall permit that hearing or meeting to be covered by television broadcast, internet broadcast, print media, and still photography, or by any of such methods of coverage, in accordance with the provisions of clause 4 of Rule XI of the Rules of the House. Operation and use of any Committee operated broadcast system shall be fair and nonpartisan and in accordance with clause 4(b) of Rule XI and all other applicable rules of the Committee and the House. Priority shall be given by the Committee to members of the Press Galleries. Pursuant to clause 2(e) of rule XI of the Rules of the House of Representatives, the Committee shall, to the greatest extent practicable, provide audio and video coverage of each hearing or meeting in a manner that allows the public to easily listen to and view the proceedings and shall maintain the recordings of such coverage in a manner that is easily accessible to the public.

(C) *Transcripts.*—A transcript shall be made of the testimony of each witness appearing before the Committee during a Committee hearing. All transcripts of meetings or hearings that are open to the public shall be made available.

RULE VII.—PROCEDURES FOR MEETINGS AND HEARINGS.

(A) *Opening Statements.*—At any meeting of the Committee, the Chairman and Ranking Minority Member shall be entitled to present oral opening statements of five minutes each. Other Members may submit written opening statements for the record. The Chairman presiding over the meeting may permit additional opening statements by other Members of the Full Committee or of that subcommittee, with the concurrence of the Ranking Minority Member.

(B) *The Five-Minute Rule.*—The time any one Member may address the Committee on any bill, motion, or other matter under consideration by the Committee shall not exceed five minutes, and then only when the Member has been recognized by the Chairman, except that this time limit may be extended when permitted by unanimous consent.

(C) *Postponement of Vote.*—The Chairman may postpone further proceedings when a record vote is ordered on the question of approving any measure or matter or adopting an amendment. The Chairman may resume proceedings on a postponed vote at any time, provided that all reasonable steps have been taken to notify Members of the resumption of such proceedings, including circulation of notice by the Clerk of the Committee, or other designee of the Chair. When proceedings resume on a postponed question, notwithstanding any intervening order for the previous question, an underlying proposition shall remain subject to further debate or amendment to the same extent as when the question was postponed.

(D) *Contempt Procedures.*—No recommendation that a person be cited for contempt of Congress shall be forwarded to the House unless and until the Full Committee has, upon notice to all its Members, met and considered the alleged contempt. The person to be cited for contempt shall be afforded, upon notice of at least 72 hours, an opportunity to state why he or she should not be held in contempt prior to a vote of the Full Committee, with a quorum being present, on the question whether to forward such recommendation to the House. Such statement shall be, in the discretion of the Chairman, either in writing or in person before the Full Committee.

(E) *Record.*—Members may have 10 business days to submit to the Chief Clerk of the Committee their statements for the record, and, in the case of a hearing, additional questions for the hearing record to be directed towards a witness at the hearing.

RULE VIII.—WITNESSES.

(A) *Questioning of Witnesses.*—

(1) Questioning of witnesses by Members will be conducted under the five- minute rule unless the Committee adopts a motion permitted by clause 2(j)(2) of House Rule XI.

(2) In questioning witnesses under the five-minute rule, the Chairman and the Ranking Minority Member shall first be recognized. In a subcommittee meeting or hearing, the Chairman and Ranking Minority Member of the Full Committee are then recognized. All other Members who are present before the commencement of the meeting or hearing will be recognized in the order of seniority on the Committee, alternating between Majority and Minority Members. Committee Members arriving after the commencement of the hearing shall be recognized in order of appearance, alternating between Majority

and Minority Members, after all Members present at the beginning of the hearing have been recognized. Each Member shall be recognized at least once before any Member is given a second opportunity to question a witness.

(3) The Chairman, in consultation with the Ranking Minority Member, or the Committee by motion, may permit an extension of the period of questioning of a witness beyond five minutes but the time allotted must be equally apportioned to the Majority party and the Minority and may not exceed one hour in the aggregate.

(4) The Chairman, in consultation with the Ranking Minority Member, or the Committee by motion, may permit Committee staff of the Majority and Minority to question a witness for a specified period of time, but the time allotted must be equally apportioned to the Majority and Minority staff and may not exceed one hour in the aggregate.

(B) *Minority Witnesses.*—Whenever a hearing is conducted by the Committee upon any measure or matter, the Minority party Members on the Committee shall be entitled, upon request to the Chairman by a majority of those Minority Members before the completion of such hearing, to call witnesses selected by the Minority to testify with respect to that measure or matter during at least one day of hearing thereon.

(C) *Oath or Affirmation.*—The Chairman of the Committee or any Member designated by the Chairman, may administer an oath to any witness.

(D) *Statements by Witnesses.*—

(1) Consistent with the notice given, and to the greatest extent practicable, witnesses shall submit a prepared or written statement for the record of the proceedings (including, where practicable, an electronic copy) with the Clerk of the Committee no less than 48 hours in advance of the witness's appearance before the Committee. Unless the 48 hour requirement is waived or otherwise modified by the Chairman, after consultation with the Ranking Minority Member, the failure to comply with this requirement may result in the exclusion of the written testimony from the healing record and/or the barring of an oral presentation of the testimony. The Clerk of the Committee shall provide any such prepared or written statement submitted to the Clerk prior to the hearing to the Members of the Committee prior to the commencement of the hearing.

(2) In the case of a witness appearing in a non-governmental capacity, a written statement of proposed testimony shall include a curriculum vita and a disclosure of any Federal grants or contracts, or contracts or payments originating with a foreign government, received during the current calendar year or either of the two preceding calendar years by the witness or by an entity represented by the witness and related to the subject matter of the hearing. Such disclosures shall include the amount and source of each Federal grant (or subgrant thereof) or contract (or subcontract thereof) related to the subject matter of the hearing, and the amount and country of origin of any payment or contract related to the subject matter jurisdiction of the hearing originating with a foreign government. Such statements, with the appropriate redactions to protect the privacy or security of the witness, shall be made publicly available in electronic form not later than one day after the witness appears.

RULE IX.—QUORUM.

Quorum Requirements.—Two Members shall constitute a quorum for purposes of taking testimony and receiving evidence. One-third of the Members of the Committee shall constitute a quorum for conducting business, except for (1) reporting a measure or recommendation; (2) closing Committee meetings to the public, pursuant to Committee Rule IV; (3) any other action for which an actual majority quorum is required by any rule of the House of Representatives or by law. The Chairman's staff shall consult with the Ranking Minority Member's staff when scheduling meetings and hearings, to ensure that a quorum for any purpose will include at least one Minority Member of the Committee.

RULE X.—DECORUM.

(A) *Breaches of Decorum.*—The Chairman may punish breaches of order and decorum, by censure and exclusion from the hearing; and the Committee may cite the offender to the House for contempt.

(B) *Access to Dais.*—Access to the dais before, during, and after a hearing, markup, or other meeting of the Committee shall be limited to Members and staff of the Committee. Subject to availability of space on the dais, Committee Members' personal staff may be present on the dais during a hearing if their employing Member is seated on the dais and during a markup or other meeting if their employing Member is the author of a measure or amendment under consideration by the Committee, but only during the time that the measure or amendment is under active consideration by the Committee, or otherwise at the discretion of the Chairman, or of the Ranking Minority Member for personal staff employed by a Minority Member.

(C) *Wireless Communications Use Prohibited.*—During a hearing, mark-up, or other meeting of the Committee, ringing or audible sounds or conversational use of cellular telephones or other electronic devices is prohibited in the Committee room.

RULE XI.—REFERRALS TO SUBCOMMITTEES.

Referral of Bills and Other Matters by Chairman.—Except for bills and other matters retained by the Chairman for Full Committee consideration, each bill or other matter referred to the Full Committee shall be referred by the Chairman to one or more subcommittees within two weeks of receipt by the Committee. In referring any measure or matter to a subcommittee, the Chair may specify a date by which the subcommittee shall report thereon to the Full Committee. Bills or other matters referred to subcommittees may be reassigned or discharged by the Chairman.

RULE XII.—SUBPOENAS.

(A) *Authorization.*—The power to authorize and issue subpoenas is delegated to the Chairman of the Full Committee, as provided for under clause 2(m)(3)(A)(i) of Rule XI of the Rules of the House of Representatives. The Chairman shall notify the Ranking Minority Member prior to issuing any subpoena under such authority. To the extent practicable, the Chairman shall consult with the Ranking Minority Member at least 24 hours in advance of a subpoena being issued under such authority, excluding Saturdays, Sundays, and Federal holidays. The Chairman of the Full Committee shall notify Members of the Committee of the authorization and issuance of a subpoena under this rule as soon as practicable, but in no event later than one week after service of such subpoena.

(B) *Disclosure.*—Provisions may be included in a subpoena with the concurrence of the Chairman and the Ranking Minority Member of the Full Committee, or by the Committee, to prevent the disclosure of the Full Committee's demands for information when deemed necessary for the security of information or the progress of an investigation, including but not limited to prohibiting the revelation by witnesses and their counsel of Full Committee's inquiries.

(C) *Subpoena duces tecum.*—A subpoena *duces tecum* may be issued whose return to the Committee Clerk shall occur at a time and place other than that of a regularly scheduled meeting.

RULE XIII.—COMMITTEE STAFF.

(A) *Generally.*—Committee staff members are subject to the provisions of clause 9 of House Rule X and must be eligible to be considered for routine access to classified information.

(B) *Staff Assignments.*—For purposes of these rules, Committee staff means the employees of the Committee, detailees, fellows, or any other person engaged by contract or otherwise to perform services for, or at the request of, the Committee. All such persons shall be either Majority, Minority, or shared staff. The Chairman shall appoint, supervise, where applicable determine remuneration of, and may remove Majority staff The Ranking Minority Member shall appoint, supervise, where applicable determine remuneration of, and may remove Minority staff. In consultation with the Ranking Minority Member, the Chairman may appoint, supervise, determine remuneration of and may remove shared staff that is assigned to service of the Committee. The Chairman shall certify Committee staff appointments, including appointments by the Ranking Minority Member, as required.

(C) *Divulgence of Information.*—Prior to the public acknowledgement by the Chairman or the Committee of a decision to initiate an investigation of a particular person, entity, or subject, no member of the Committee staff shall knowingly divulge to any person any information, including non-classified information, which comes into his or her possession by virtue of his or her status as a member of the Committee staff, if the member of the Committee staff has a reasonable expectation that such information may alert the subject of a Committee investigation to the existence, nature, or substance of such investigation, unless authorized to do so by the Chairman or the Committee.

RULE XIV.—COMMITTEE MEMBER AND COMMITTEE STAFF TRAVEL.

(A) *Approval of Travel.*—Consistent with the primary expense resolution and such additional expense resolutions as may have been approved, travel to be reimbursed from funds set aside for the Committee for any Committee Member or Committee staff shall be paid only upon the prior authorization of the Chairman. Travel may be authorized by the Chairman for any Committee Member or Committee staff only in connection with official Committee business, such as the attendance of hearings conducted by the Committee and meetings, conferences, site visits, and investigations that involve activities or subject matters under the general jurisdiction of the Full Committee.

(1) *Proposed Travel by Majority Party Committee Members and Committee Staff.*—In the case of proposed travel by Majority party Committee Members or Committee staff, before such authorization is given, there shall be submitted to the Chairman in writing the following: (a) the purpose of the travel; (b) the dates during which the travel is to be made and the date or dates of the event for which the travel is being made; (c) the location of the event for which the travel is to be made; (d) the estimated total cost of the travel; and (e) the names of Members and staff seeking authorization. On the basis of that information, the Chairman shall determine whether the proposed travel is for official Committee business, concerns a subject matter under the jurisdiction of the Full Committee, and is not excessively costly in

view of the Committee business proposed to be conducted.

(2) *Proposed Travel by Minority Party Committee Members and Committee Staff.*—In the case of proposed travel by Minority party Committee Members or Committee staff, the Ranking Minority Member shall provide to the Chairman a written representation setting forth the information specified in items (a), (b), (c), (d) and (e) of subparagraph (1) and his or her determination that such travel complies with the other requirements of subparagraph (1).

(B) *Foreign Travel.*—Committee Member and Committee staff requests for foreign travel must include a written representation setting forth the information specified in items (a), (b), (c), (d) and (e) of subparagraph (A)(1) and be submitted to the Chairman and, absent extenuating circumstances, to the Ranking Minority Member, not fewer than ten business days prior to the start of the travel. Within thirty days of the conclusion of any such foreign travel authorized under this rule, there shall be submitted to the Chairman a written report summarizing the information gained as a result of the travel in question, or other Committee objectives served by such travel. The requirements of this section may be waived or abridged by the Chairman.

(C) *Compliance with Committee Travel Policy and Guidelines.*—Travel must be in accordance with the Committee Travel Policy and Guidelines, as well as with House Rules, the Travel Guidelines and Regulations and any additional guidance set forth by the Committee on Ethics and the Committee on House Administration. Committee Members and staff shall follow these rules, policies, guidelines, and regulations in requesting and proceeding with any Committee-related travel.

RULE XV.—CLASSIFIED AND CONTROLLED UNCLASSIFIED INFORMATION.

(A) *Security Precautions.*—Committee staff offices, including Majority and Minority offices, shall operate under strict security precautions administered by the Security Officer of the Committee. A security officer shall be on duty at all times during normal office hours. Classified documents and controlled unclassified information (CUI—formerly known as sensitive but unclassified (SBU) information—may be destroyed, discussed, examined, handled, reviewed, stored, transported and used only in an appropriately secure manner in accordance with all applicable laws, executive orders, and other governing authorities. Such documents may be removed from the Committee's offices only in furtherance of official Committee business. Appropriate security procedures, as determined by the Chairman in consultation with the Ranking Minority Member, shall govern the handling of such documents removed from the Committee's offices.

(B) *Temporary Custody of Executive Branch Material.*—Executive branch documents or other materials containing classified information in any form that were not made part of the record of a Committee hearing, did not originate in the Committee or the House, and are not otherwise records of the Committee shall, while in the custody of the Committee, be segregated and maintained by the Committee in the same manner as Committee records that are classified. Such documents and other materials shall be returned to the Executive branch agency from which they were obtained at the earliest practicable time.

(C) *Access by Committee Staff.*—Access to classified information supplied to the Committee shall be limited to Committee staff members with appropriate security clearances and a need-toknow, as determined by the Chairman or Ranking Minority Member, and under the direction of the Majority or Minority Staff Directors.

(D) *Maintaining Confidentiality.*—No Committee Member or Committee staff shall disclose, in whole or in part or by way of summary, to any person who is not a Committee Member or authorized Committee staff for any purpose or in connection with any proceeding, judicial or otherwise, any testimony given before the Committee in executive session except for purposes of obtaining an official classification of such testimony. Classified information and controlled unclassified information (CUI) shall be handled in accordance with all applicable laws, executive orders, and other governing authorities and consistently with the provisions of these rules and Committee procedures.

(E) *Oath.*—Before a Committee Member or Committee staff may have access to classified information, the following oath (or affirmation) shall be executed:

I do solemnly swear (or affirm) that I will not disclose any classified information received in the course of my service on the Committee on Homeland Security, except as authorized by the Committee or the House of Representatives or in accordance with the Rules of such Committee or the Rules of the House.

Copies of the executed oath (or affirmation) shall be retained by the Clerk of the Committee as part of the records of the Committee.

(F) *Disciplinary Action.*—The Chairman shall immediately consider disciplinary action in the event any Committee Member or Committee staff member fails to conform to the provisions of these rules governing the disclosure of classified or unclassified information. Such disciplinary action may include, but shall not be limited to, immediate dismissal from the Committee staff, criminal referral to the Justice Department, and notification of the Speaker of the House. With respect to Minority staff, the Chairman shall consider such disciplinary action in consultation with the Ranking Minority Member.

RULE XVI.—COMMITTEE RECORDS.

(A) *Committee Records.*—Committee Records shall constitute all data, charts and files in possession of the Committee and shall be maintained in accordance with clause 2(e) of House Rule XI.

(B) *Legislative Calendar.*—The Clerk of the Committee shall maintain a printed calendar for the information of each Committee Member showing any procedural or legislative measures considered or scheduled to be considered by the Committee, and the status of such measures and such other matters as the Committee determines shall be included. The calendar shall be revised from time to time to show pertinent changes. A copy of such revisions shall be made available to each Member of the Committee upon request.

(C) *Members Right To Access.*—Members of the Committee and of the House shall have access to all official Committee Records. Access to Committee files shall be limited to examination within the Committee offices at reasonable times. Access to Committee Records that contain classified information shall be provided in a manner consistent with these rules.

(D) *Removal of Committee Records.*—Files and records of the Committee are not to be removed from the Committee offices. No Committee files or records that are not made publicly available shall be photocopied by any Member.

(E) *Executive Session Records.*—Evidence or testimony received by the Committee in executive session shall not be released or made available to the public unless agreed to by the Committee. Such information may be made available to appropriate government personnel for purposes of classification. Such information Members may examine the Conunittee's executive session records, but may not make copies of, or take personal notes from, such records.

(F) *Availability of Committee Records.*—The Committee shall keep a complete record of all Committee action including recorded votes and attendance at hearings and meetings. Information so available for public inspection shall include a description of each amendment, motion, order, or other proposition, including the name of the Member who offered the amendment, motion, order, or other proposition, and the name of each Member voting for and each Member voting against each such amendment, motion, order, or proposition, as well as the names of those Members present but not voting. Such record shall be made available to the public at reasonable times within the Committee offices and also made publicly available in electronic form and posted on the official Committee web site within 48 hours of such record vote.

(G) *Separate and Distinct.*—All Committee records and files must be kept separate and distinct from the office records of the Members serving as Chairman and Ranking Minority Member. Records and files of Members' personal offices shall not be considered records or files of the Committee.

(H) *Disposition of Committee Records.*—At the conclusion of each Congress, non-current records of the Committee shall be delivered to the Archivist of the United States in accordance with Rule VII of the Rules of the House.

(I) *Archived Records.*—The records of the Committee at the National Archives and Records Administration shall be made available for public use in accordance with Rule VII of the Rules of the House. The Chairman shall notify the Ranking Minority Member of any decision, pursuant to clause 3(b)(3) or clause 4(b) of the Rule, to withhold a record otherwise available, and the matter shall be presented to the Committee for a determination on the written request of any member of the Committee. The Chairman shall consult with the Ranking Minority Member on any communication from the Archivist of the United States or the Clerk of the House concerning the disposition of noncurrent records pursuant to clause 3(b) of the Rule.

RULE XVII.—COMMITTEE RULES.

(A) *Availability of Committee Rules in Electronic Form.*—Pursuant to clause 2(a) of rule XI of the Rules of the House of Representatives, the Committee shall make its rules publicly available in electronic form and posted on the official Committee web site and shall submit such rules for publication in the Congressional Record not later than 30 days after the Chairman of the Committee is elected in each odd-numbered year.

(B) *Changes to Committee Rules.*—These rules may be modified, amended, or repealed by the Full Committee provided that a notice in writing of the proposed change has been given to each Member at least 48 hours prior to the meeting at which action thereon is to be taken and such changes are not inconsistent with the Rules of the House of Representatives.

ADJOURNMENT

Mr. GOHMERT. Mr. Speaker, pursuant to the order of the House of today, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 2 o'clock and 3 minutes p.m.),

under its previous order, the House adjourned until Monday, March 30, 2015, at 1 p.m., unless it sooner has received a message from the Senate transmitting its adoption of House Concurrent Resolution 31, in which case the House shall stand adjourned pursuant to that concurrent resolution.

EXECUTIVE COMMUNICATIONS, ETC.

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

856. A letter from the Director, Office of Management and Budget, Executive Office of the President, transmitting a letter notifying the Congress that the Department of Homeland Security Appropriations Act, 2015 (Pub. L. 114-4) does not breach the current discretionary spending limits, pursuant to Sec. 254(g) of the Balanced Budget and Emergency Deficit Control Act of 1985; to the Committee on Appropriations.

857. A letter from the Under Secretary, Acquisition, Technology, and Logistics, Department of Defense, transmitting the Department's 2015 Major Automated Information System Annual Reports, pursuant to 10 U.S.C. 2445b(a); to the Committee on Armed Services.

858. A letter from the Staff performing the duties of the Assistant Secretary, Legislative Affairs, Department of Defense, transmitting additional legislative proposals for the proposed legislation titled ''National Defense Authorization Act for Fiscal Year 2016''; to the Committee on Armed Services.

859. A letter from the Under Secretary, Policy, Department of Defense, transmitting the Department's report on Training of Special Operations Forces for the period ending September 30, 2014, pursuant to 10 U.S.C. 2011(e); to the Committee on Armed Services.

860. A letter from the Principal Deputy, Reserve Affairs, Office of the Assistant Secretary, Department of Defense, transmitting the Department's National Guard and Reserve Equipment Report for Fiscal Year 2016, in accordance with 10 U.S.C. 10541; to the Committee on Armed Services.

861. A letter from the Acting Director, Defense Procurement and Acquisition Policy, OUSD(AT&L) DPAP/DARS, Department of Defense, transmitting the Department's final rule — Defense Federal Acquisition Regulation Supplement: Deletion of Text Implementing 10 U.S.C. 2323 (DFARS Case 2011-D038) (RIN: 0750-AH45) received March 23, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

862. A letter from the Acting Director, Defense Procurement and Acquisition Policy, OUSD(AT&L) DPAP/DARS, Department of Defense, transmitting the Department's interim rule — Defense Federal Acquisition Regulation Supplement: Use of Military Construction Funds (DFARS Case 2015-D006) (RIN: 0750-AI52) received March 23, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

863. A letter from the General Counsel, Federal Housing Finance Agency, transmitting the Agency's final rule — Housing Trust Fund (RIN: 2590-AA73) received March 20, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

864. A letter from the Director, Office of Management and Budget, Executive Office of the President, transmitting a report on discretionary appropriations legislation for the Department of Homeland Security Appropriation Act, 2015 (Pub. L. 114-4), pursuant to Sec. 251(a)(7) of the Balanced Budget and Emergency Deficit Control Act of 1985, as amended; to the Committee on the Budget.

865. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Department of Energy, transmitting the Department's final rule — Acquisition Regulation: Technical and Administrative Changes to Department of Energy Acquisition Regulation (RIN: 1991-AC07) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

866. A letter from the Assistant Secretary for Legislation, Department of Health and Human Services, transmitting the Department's FY 2014 Performance Report to Congress for the Medical Device User Fee Amendments of 2012; to the Committee on Energy and Commerce.

867. A letter from the Director, Regulations Policy and Management Staff, FDA, Department of Health and Human Services, transmitting the Department's final rule — Advisory Committee; Antiviral Drugs Advisory Committee; Termination [Docket No.: FDA-2012-N-0218] received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

868. A letter from the Deputy Assistant Administrator, Office of Diversion Control, DEA, Department of Justice, transmitting the Department's final rule — Technical Amendments to Regulation Listing Substances Temporarily Controlled under Schedule I of the Controlled Substances Act [Docket No.: DEA-406] received March 23, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

869. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — 2-Propanoic acid, 2-methyl-, 2-methylpropyl ester, homopolymer; Tolerance Exemption [EPA-HQ-OPP-2014-0677; FRL-9924-33] received March 24 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

870. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's withdrawal of direct final rule — Approval and Promulgation of Air Quality Implementation Plans; New Mexico; Albuquerque/Bernalillo County; Revisions to Emission Inventory Requirements, and General Provisions [EPA-R06-OAR-2008-0636; FRL-9925-11-Region 6] received March 24, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

871. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Approval and Promulgation of Air Quality Implementation Plans; Pennsylvania; Plan Approval and Operating Permit Fees [EPA-R03-OAR-2014-0634; FRL-9925-17-Region 3] received March 24, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

872. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Texas; Reasonably Available Control Technology for the 1997 8-Hour Ozone National Ambient Air Quality Standard [EPA-R06-OAR-2013-0804; FRL-9925-13-Region 6] received March 24, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

873. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval, Disapproval, and Limited Approval and Disapproval of Air Quality Implementation Plans; California; Monterey Bay Unified Air Pollution Control District; Stationary Source Permits [EPA-R09-OAR-2014-0746; FRL-9924-49-Region 9] received March 24, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

874. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Deltamethrin; Pesticide Tolerances [EPA-HQ-OPP-2014-0209; FRL-9924-60] received March 24, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

875. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — National Priorities List [EPA-HQ-SFUND-2014-0624, 0625; FRL-9924-32-OSWER] received March 24, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

876. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Revisions to the California State Implementation Plan, Placer County Air Pollution Control District and the Ventura County Air Pollution Control District [EPA-R09-OAR-2015-0083; FRL-9924-73-Region 9] received March 24, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

877. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Tennessee: Final Authorization of State Hazardous Waste Management Program Revisions [EPA-R04-RCRA-2014-0712; FRL-9924-83-Region 4] received March 24, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

878. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Thiram; Pesticide Tolerance [EPA-HQ-OPP-2014-0632; FRL-9924-86] received March 24, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

879. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Withdrawal of Partial Exemption for Certain Chemical Substances [EPA-HQ-OPPT-2014-0809; FRL-9924-84] (RIN: 2070-AK01) received March 24, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

880. A letter from the Chief of Staff, Mobility Division, Federal Communications Commission, transmitting the Commission's final rule — Amendment of Part 90 of the Commission's Rules [WP Docket No.: 07-100] received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

881. A letter from the Director, Office of Congressional Affairs, Nuclear Regulatory Commission, transmitting the Commission's final rule — Laboratory Investigations of Soils and Rocks for Engineering Analysis and Design of Nuclear Power Plants [Regulatory Guide RG 1.138, Revision 3] received March 20, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

882. A letter from the Assistant Secretary for Export Administration, Bureau of Industry and Security, Department of Commerce, transmitting the Department's final rule — Revisions to Support Document Requirements for License Applications under the Export Administration Regulations [Docket No.: 131018874-5199-02] (RIN: 0694-AG00) received March 20, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Foreign Affairs.

883. A letter from the Acting Assistant Secretary, Legislative Affairs, Department

of State, transmitting a certification pursuant to the reporting requirements of Sec. 36(c) of the Arms Export Control Act (Transmittal No.: DDTC 14-140); to the Committee on Foreign Affairs.

884. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a certification pursuant to the reporting requirements of Sec. 36(c) of the Arms Export Control Act (Transmittal No.: DDTC 14-121); to the Committee on Foreign Affairs.

885. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a certification pursuant to the reporting requirements of Sec. 36(c) of the Arms Export Control Act (Transmittal No.: DDTC 14-147); to the Committee on Foreign Affairs.

886. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a certification pursuant to the reporting requirements of Sec. 36(c) of the Arms Export Control Act (Transmittal No.: DDTC 14-153); to the Committee on Foreign Affairs.

887. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a certification pursuant to the reporting requirements of Sec. 36(c) of the Arms Export Control Act (Transmittal No.: DDTC 14-151); to the Committee on Foreign Affairs.

888. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a certification pursuant to the reporting requirements of Sec. 36(c) of the Arms Export Control Act (Transmittal No.: 14-141); to the Committee on Foreign Affairs.

889. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a certification pursuant to the reporting requirements of Sec. 36(c) of the Arms Export Control Act (Transmittal No.: 14-110); to the Committee on Foreign Affairs.

890. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting consistent with Title II of the Foreign Operations, Export Financing and Related Programs Appropriations Act, 2002 (Pub. L. 107-115), Executive Order 12163, as amended by Executive Order 13346, and further delegations of authority, the Deputy Secretary has extended the waiver of Sec. 907 of the FREEDOM Support Act, Pub. L. 102-511, with respect to the Government of Azerbaijan; to the Committee on Foreign Affairs.

891. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's annual International Narcotics Control Strategy Report, prepared in accordance with Sec. 489 of the Foreign Assistance Act of 1961, as amended; to the Committee on Foreign Affairs.

892. A letter from the Assistant General Counsel, General Law, Ethics, and Regulation, Department of the Treasury, transmitting two reports pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

893. A letter from the District of Columbia Auditor, transmitting a report entitled ''Oversight Improvements Must Continue to Ensure Accountability in Use of Public Funds by D.C. Public Charter Schools''; to the Committee on Oversight and Government Reform.

894. A letter from the Co-Chief Privacy Officers, Federal Election Commission, transmitting the Commission's Sec. 522 Privacy Report for FY 2014, pursuant to 42 U.S.C. Sec. 2000ee-2; to the Committee on Oversight and Government Reform.

895. A letter from the Executive Vice President and Chief Financial Officer, Federal Home Loan Bank of Chicago, transmitting the 2014 management reports for the Federal Home Loan Bank of Chicago, pursuant to Sec. 306 of the Chief Financial Offers Act of 1990 (31 U.S.C. 9106); to the Committee on Oversight and Government Reform.

896. A letter from the Counsel to the Inspector General, Office of the Inspector General, General Services Administration, transmitting a report pursuant to the Federal Vacancies Reform Act of 1998; to the Committee on Oversight and Government Reform.

897. A letter from the Chairman and General Counsel, National Labor Relations Board, transmitting the Board's annual report, pursuant to the Buy American Act (Pub. L. 108-447, Sec. 641); to the Committee on Oversight and Government Reform.

898. A letter from the Director, National Science Foundation, transmitting the National Science Foundation's FY 2014 Agency Financial Report; to the Committee on Oversight and Government Reform.

899. A letter from the Director, Office of Economic Impact and Diversity, Department of Energy, transmitting the Department's annual report for FY 2014 prepared in accordance with the Office of Personnel Management regulation 5 CFR Sec. 724.302: No FEAR Act; to the Committee on Oversight and Government Reform.

900. A letter from the Director, Office of Personnel Management, transmitting the Office's final rule — Prevailing Rate Systems; Redefinition of Certain Appropriated Fund Federal Wage System Wage Areas (RIN: 3206-AN10) received March 23, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Oversight and Government Reform.

901. A letter from the Chief Human Resources Officer and Executive Vice President, Postal Service, transmitting the Service's annual report to Congress for Fiscal Year 2014, in compliance with the Notification and Federal Employee Antidiscrimination and Retaliation Act of 2002 (Pub. L. 107-174, Sec. 203); to the Committee on Oversight and Government Reform.

902. A letter from the Chairman, Labor Member, and Management Member, Railroad Retirement Board, transmitting a report in accordance with 5 U.S.C. 552b(j), the annual report for Calendar Year 2014, of the United States Railroad Retirement Board, in compliance with the Government in the Sunshine Act, Pub. L. 94-409, as amended; to the Committee on Oversight and Government Reform.

903. A letter from the Director, Government Publishing Office, transmitting the annual report of the U.S. Government Publishing Office for the fiscal year ending September 30, 2014; to the Committee on House Administration.

904. A letter from the Director, Office of Surface Mining Reclamation and Enforcement, Department of the Interior, transmitting the Department's final rule — Mississippi Abandoned Mine Land Plan [SATS No.: MS-024-FOR; Docket No.: OSM-2014-0005; S1D1SSS08011000SX066A00067F154S180110; S2D2SSS08011000SX066A00033F15XS501520] received March 23, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

905. A letter from the Division Chief, Regulatory Affairs, Bureau of Land Management, Department of the Interior, transmitting the Department's final rule — Oil and Gas; Hydraulic Fracturing on Federal and Indian Lands (RIN: 1004-AE26) received March 26, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

906. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Big Skate in the Central Regulatory Area of the Gulf of Alaska [Docket No.: 130925836-4174-02] (RIN: 0648-XD761) received March 20, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

907. A letter from the Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Reallocation of Pollock in the Bering Sea and Aleutian Islands [Docket No.: 141021887-5172-02] (RIN: 0648-XD813) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

908. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Bering Sea and Aleutian Islands; 2015 and 2016 Harvest Specifications for Groundfish [Docket No.: 141021887-5172-02] (RIN: 0648-XD587) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

909. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Gulf of Alaska; Final 2015 and 2016 Harvest Specifications for Groundfish [Docket No.: 140918791-4999-02] (RIN: 0648-XD516) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

910. A letter from the Deputy Director, Office of National Marine Sanctuaries, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Expansion of Gulf of the Farallones and Cordell Bank National Marine Sanctuaries, and Regulatory Changes [Docket No.: 130405335-4999-02] (RIN: 0648-BD18) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

911. A letter from the Deputy Director, Office of National Marine Sanctuaries, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Gulf of the Farallones and Monterey Bay National Marine Sanctuaries Regulations on Introduced Species [Docket No.: 120809321-4999-03] (RIN: 0648-BC26) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

912. A letter from the Deputy Director, Office of National Marine Sanctuaries, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Olympic Coast National Marine Sanctuary Regulations; Correction [Docket No.: 140903747-4747-01] (RIN: 0648-BE48) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

913. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Coastal Migratory Pelagic Resources of the Gulf of Mexico and South Atlantic; Trip Limit Increase [Docket No.: 101206604-1758-02] (RIN: 0648-XD790) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

914. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Northeastern

United States; Summer Flounder Fishery; Quota Transfer [Docket No.: 140117 052-4402-02] (RIN: 0648-XD778) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

915. A letter from the Director, Office of Sustainable Fisheries, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; 2015 Commercial Accountability Measure and Closure for South Atlantic Golden Tilefish Longline Component [Docket No.: 120404257-3325-02] (RIN: 0648-XD735) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

916. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Coastal Migratory Pelagic Resources in the Gulf of Mexico and Atlantic Region; Amendment 20B; Correction [Docket No.: 131211999-5045-02] (RIN: 0648-BD86) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

917. A letter from the Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Vessels Using Jig Gear in the Central Regulatory Area of the Gulf of Alaska [Docket No.: 140918791-4999-02] (RIN: 0648-XD800) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

918. A letter from the Acting Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's temporary rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod in the Aleutian Islands Subarea of the Bering Sea and Aleutian Islands Management Area [Docket No.: 131021878-4158-02] (RIN: 0648-XD803) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

919. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, Southeast Regional Office Protected Resources Division, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Taking of Marine Mammals Incidental to Commercial Fishing Operations; Bottlenose Dolphin Take Reduction Plan; Sea Turtle Conservation; Modification to Fishing Activities [Docket No.: 110812495-4999-03] (RIN: 0648-BB37) received March 25, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

920. A letter from the Secretary, Judicial Conference of the United States, transmitting the Conference's Article III judgeship recommendations and corresponding draft legislation for the 114th Congress; to the Committee on the Judiciary.

921. A letter from the Federal Liaison Officer, Patent and Trademark Office, Department of Commerce, transmitting the Department's final rule — Changes to Implement the Hague Agreement Concerning International Registration of Industrial Designs [Docket No.: PTO-P-2013-0025] (RIN: 0651-AC87) received March 23, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on the Judiciary.

922. A letter from the Assistant Attorney General, Office of Legislative Affairs, Department of Justice, transmitting the report on the administration of the Foreign Agents Registration Act of 1938, as amended for the six months ending June 30, 2014; to the Committee on the Judiciary.

923. A letter from the Secretary, Judicial Conference of the United States, transmitting the Conference's bankruptcy judgeship recommendations and corresponding draft legislation for the 114th Congress; to the Committee on the Judiciary.

924. A letter from the Acting Director, Office of Regulations and Reports Clearance, Social Security Administration, transmitting the Administration's Major final rule — Submission of Evidence in Disability Claims [Docket No.: SSA-2012-0068] (RIN: 0960-AH53) received March 23, 2015, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

925. A letter from the Secretary, Department of Health and Human Services; Attorney General, Department of Justice, transmitting the Annual Report on the Health Care Fraud and Abuse Control Program for FY 2014, pursuant to 42 U.S.C. 1395i of the Social Security Act; jointly to the Committees on Energy and Commerce and Ways and Means.

926. A letter from the Assistant Secretary, Legislative Affairs, Department of State, transmitting a report to Congress on counter-ISIL train and equip program and regional strategy, pursuant to Sec. 1209(b)(2) of Pub. L. 113-291; jointly to the Committees on Foreign Affairs and Armed Services.

927. A letter from the Assistant Secretary, Department of Defense, transmitting additional legislative proposals that the Department of Defense requests be enacted during the first session of the 114th Congress; jointly to the Committees on Armed Services, Education and the Workforce, and Oversight and Government Reform.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. GUTHRIE (for himself, Ms. MATSUI, Mr. WALDEN, and Ms. ESHOO):

H.R. 1641. A bill to amend the National Telecommunications and Information Administration Organization Act to provide incentives for the reallocation of Federal Government spectrum for commercial use, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. JONES (for himself and Mr. BUTTERFIELD):

H.R. 1642. A bill to designate the building utilized as a United States courthouse located at 150 Reade Circle in Greenville, North Carolina, as the ''Randy D. Doub United States Courthouse''; to the Committee on Transportation and Infrastructure.

By Mr. SMITH of Texas (for himself, Mr. COHEN, Mr. CHABOT, and Mr. FRANKS of Arizona):

H.R. 1643. A bill to promote neutrality, simplicity, and fairness in the taxation of digital goods and digital services; to the Committee on the Judiciary.

By Mr. MOONEY of West Virginia (for himself, Mr. LAMBORN, and Mr. JOHNSON of Ohio):

H.R. 1644. A bill to amend the Surface Mining Control and Reclamation Act of 1977 to ensure transparency in the development of environmental regulations, and for other purposes; to the Committee on Natural Resources.

By Mr. VEASEY:

H.R. 1645. A bill to amend title 49, United States Code, with respect to urbanized area formula grants, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mrs. WATSON COLEMAN (for herself and Mr. THOMPSON of Mississippi):

H.R. 1646. A bill to require the Secretary of Homeland Security to research how small and medium sized unmanned aerial systems could be used in an attack, how to prevent or mitigate the effects of such an attack, and for other purposes; to the Committee on Homeland Security, and in addition to the Committee on Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. FLORES:

H.R. 1647. A bill to recognize States' authority to regulate oil and gas operations and promote American energy security, development, and job creation; to the Committee on Natural Resources.

By Mr. LAMBORN:

H.R. 1648. A bill to authorize the Secretary of Interior to establish the Ronald Reagan Birthplace National Historic Site in Tampico, Illinois, and for other purposes; to the Committee on Natural Resources.

By Mr. LAMBORN:

H.R. 1649. A bill to authorize the Secretary of Defense to enter into partnerships with Israel and other allies of the United States to develop technology to detect tunnels, and for other purposes; to the Committee on Armed Services, and in addition to the Committees on Foreign Affairs, and Intelligence (Permanent Select), for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. TOM PRICE of Georgia (for himself, Mr. BURGESS, Mr. TIBERI, Mr. HARRIS, Mr. SESSIONS, Mr. ROE of Tennessee, and Mr. BUCSHON):

H.R. 1650. A bill to amend title XVIII of the Social Security Act to establish a Medicare payment option for patients and eligible professionals to freely contract, without penalty, for Medicare fee-for-service items and services, while allowing Medicare beneficiaries to use their Medicare benefits; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. NEWHOUSE (for himself, Mrs. LUMMIS, Mr. ROHRABACHER, Mr. GOSAR, Mr. STEWART, Mr. GRIJALVA, Mr. SIMPSON, Ms. DELBENE, Mr. COFFMAN, Mr. LABRADOR, and Mr. BEN RAY LUJÁN of New Mexico):

H.R. 1651. A bill to reauthorize the Federal Land Transaction Facilitation Act, and for other purposes; to the Committee on Natural Resources.

By Mr. CARTWRIGHT (for himself, Ms. BROWNLEY of California, Mr. CUMMINGS, Mr. ELLISON, Ms. JACKSON LEE, Mr. KILMER, Ms. LEE, Mr. LIPINSKI, Mr. NEAL, Ms. TSONGAS, Mr. JONES, Mr. NOLAN, Mr. ENGEL, Mr. FATTAH, Mr. HUFFMAN, Mr. TONKO, and Ms. KAPTUR):

H.R. 1652. A bill to amend title 31, United States Code, to require the Secretary of the Treasury to provide for the purchase of paper United States savings bonds with tax refunds; to the Committee on Ways and Means.

By Mrs. DINGELL:

H.R. 1653. A bill to amend title XVIII of the Social Security Act to remove the exclusion of Medicare coverage for hearing aids and examinations therefor, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROYCE (for himself, Mr. ENGEL, Mr. NUNES, Mr. CONNOLLY, Mr. MCCAUL, Mr. DEUTCH, Ms. ROS-LEHTINEN, Mr. SHERMAN, Mr. CHABOT, Ms. MENG, Mr. POE of Texas, Ms. GABBARD, Mr. ROHRABACHER, Mrs. BLACKBURN, Mr. DUNCAN of South Carolina, Mr. KINZINGER of Illinois, Mr. COOK, Mr. DESANTIS, Mr. DIAZ-BALART, Mr. PERRY, Mr. MARINO, Mr. FRANKS of Arizona, Mr. FITZPATRICK, Mr. HUNTER, Mr. ROONEY of Florida, Mr. TURNER, Mr. ADERHOLT, Mr. ZINKE, Mr. POLIS, Mr. MILLER of Florida, Mr. HIGGINS, Mr. CONAWAY, Mr. VAN HOLLEN, and Mr. ISSA):

H.R. 1654. A bill to authorize the direct provision of defense articles, defense services, and related training to the Kurdistan Regional Government, and for other purposes; to the Committee on Foreign Affairs.

By Mr. FITZPATRICK (for himself, Ms. MCCOLLUM, Mr. GOODLATTE, Mr. COSTA, Mr. HANNA, Mr. THOMPSON of Pennsylvania, Mr. DENT, and Mr. BARLETTA):

H.R. 1655. A bill to amend the Community Services Block Grant Act to reauthorize and modernize the Act; to the Committee on Education and the Workforce.

By Mr. GOODLATTE (for himself, Mr. CONYERS, Mr. SENSENBRENNER, Ms. JACKSON LEE, and Mr. MCCAUL):

H.R. 1656. A bill to provide for additional resources for the Secret Service, and to improve protections for restricted areas; to the Committee on the Judiciary.

By Mr. MARCHANT:

H.R. 1657. A bill to amend the Internal Revenue Code of 1986 to prevent claims of the earned income tax credit by individuals receiving work authorizations pursuant to deferred action programs, and for other purposes; to the Committee on Ways and Means.

By Mr. JODY B. HICE of Georgia (for himself, Mr. GOSAR, Mr. LONG, Mr. MCCLINTOCK, Mr. SAM JOHNSON of Texas, Mr. PITTENGER, Mr. FRANKS of Arizona, Mr. HENSARLING, Mrs. HARTZLER, Mr. ROSS, Mr. LATTA, Mr. GROTHMAN, Mr. WEBER of Texas, and Mr. SALMON):

H.R. 1658. A bill to amend title 5, United States Code, to limit the circumstances in which official time may be used by a Federal employee; to the Committee on Oversight and Government Reform.

By Mr. FINCHER (for himself and Mr. DELANEY):

H.R. 1659. A bill to amend certain provisions of the securities laws relating to the treatment of emerging growth companies; to the Committee on Financial Services.

By Mr. ROTHFUS (for himself and Mr. HIMES):

H.R. 1660. A bill to amend the Home Owners' Loan Act to allow Federal savings associations to elect to operate as national banks, and for other purposes; to the Committee on Financial Services.

By Mr. ROTHFUS (for himself, Mr. STIVERS, and Mr. BARR):

H.R. 1661. A bill to amend the Federal Deposit Insurance Act to allow mutual capital certificates to satisfy capital requirements for mutual depositories; to the Committee on Financial Services.

By Mr. ELLISON (for himself, Mr. CONYERS, Ms. EDWARDS, Ms. LEE, Mr. RUSH, and Mr. SCOTT of Virginia):

H.R. 1662. A bill to amend the Internal Revenue Code of 1986 to replace the mortgage interest deduction with a nonrefundable credit for indebtedness secured by a residence, to provide affordable housing to extremely low-income families, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MURPHY of Pennsylvania (for himself, Mr. MCKINLEY, Mr. HARPER, and Mr. KELLY of Pennsylvania):

H.R. 1663. A bill to greatly enhance America's path toward energy independence and economic and national security, to rebuild our Nation's aging roads, bridges, locks, and dams, and for other purposes; to the Committee on Natural Resources, and in addition to the Committees on Energy and Commerce, the Judiciary, Rules, the Budget, and Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CULBERSON:

H.R. 1664. A bill to authorize health insurance issuers to continue to offer for sale current group and individual health insurance coverage in satisfaction of the minimum essential health insurance coverage requirement, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. YOUNG of Indiana (for himself, Mr. LARSON of Connecticut, Mr. THORNBERRY, and Mr. KIND):

H.R. 1665. A bill to amend the Internal Revenue Code of 1986 to equalize the excise tax on liquefied natural gas and liquefied petroleum gas; to the Committee on Ways and Means.

By Mr. GRAVES of Missouri (for himself and Mr. TIBERI):

H.R. 1666. A bill to require the use of two-phase selection procedures when design-build contracts are suitable for award to small business concerns; to the Committee on Oversight and Government Reform, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. LUMMIS (for herself, Mr. NEUGEBAUER, Mr. HUIZENGA of Michigan, and Mr. COLLINS of Georgia):

H.R. 1667. A bill to amend the Endangered Species Act of 1973 to require publication of the basis for determinations that species are endangered species or threatened species, and for other purposes; to the Committee on Natural Resources.

By Mr. MCCLINTOCK:

H.R. 1668. A bill to amend the Endangered Species Act of 1973 to provide for suspension of application of the Act to water releases by Federal and State agencies in river basins that are affected by drought, and for other purposes; to the Committee on Natural Resources.

By Mr. STEWART (for himself and Mr. BURGESS):

H.R. 1669. A bill to amend title 31, United States Code, to provide for transparency of payments made from the Judgment Fund; to the Committee on the Judiciary.

By Mr. LYNCH (for himself, Mr. BENISHEK, Mr. BISHOP of Utah, Ms. BORDALLO, Mr. CARTWRIGHT, Ms. CLARK of Massachusetts, Mr. DEUTCH, Mr. JOLLY, Mr. JONES, Mr. KEATING, Mr. KENNEDY, Mr. KING of New York, Mr. LANCE, Mr. MCGOVERN, Mr. PETERSON, Mr. RANGEL, Mr. RICE of South Carolina, Mr. ROE of Tennessee, and Ms. TSONGAS):

H.R. 1670. A bill to direct the Architect of the Capitol to place in the United States Capitol a chair honoring American Prisoners of War/Missing in Action; to the Committee on House Administration.

By Mr. MULVANEY (for himself, Mr. HARRIS, Mr. YODER, Mr. SALMON, Mr. GOSAR, Mrs. COMSTOCK, Mr. TROTT, Mr. MOOLENAAR, Mr. WALKER, Mr. WALBERG, Mr. GROTHMAN, Mr. ALLEN, Mr. DUNCAN of Tennessee, and Mr. WOMACK):

H.R. 1671. A bill to preserve open competition and Federal Government neutrality towards the labor relations of Federal Government contractors on Federal and federally funded construction projects; to the Committee on Oversight and Government Reform.

By Mr. FATTAH (for himself, Ms. BASS, Mr. CÁRDENAS, Mr. CLAY, and Mr. CUMMINGS):

H.R. 1672. A bill to provide for the sealing or expungement of records relating to Federal nonviolent criminal offenses, and for other purposes; to the Committee on the Judiciary, and in addition to the Committees on Agriculture, and Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. BLACKBURN:

H.R. 1673. A bill to amend the Federal Housing Enterprises Financial Safety and Soundness Act of 1992 to establish a secondary reserve fund for a housing enterprise under conservatorship to protect taxpayers against loss in the event of a housing downturn, and for other purposes; to the Committee on Financial Services.

By Mr. COHEN (for himself, Mr. DANNY K. DAVIS of Illinois, and Mr. SWALWELL of California):

H.R. 1674. A bill to amend title 11 of the United States Code to modify the dischargeability of debts for certain educational payments and loans; to the Committee on the Judiciary.

By Mr. HULTGREN (for himself, Mr. DELANEY, Mr. FITZPATRICK, and Mr. POLIS):

H.R. 1675. A bill to direct the Securities and Exchange Commission to revise its rules so as to increase the threshold amount for requiring issuers to provide certain disclosures relating to compensatory benefit plans; to the Committee on Financial Services.

By Ms. TITUS (for herself, Mr. RANGEL, Ms. NORTON, Mr. RUSH, Ms. FUDGE, Ms. SEWELL of Alabama, Mr. VARGAS, Mr. DEUTCH, Mr. GRIJALVA, Ms. MOORE, and Mrs. LAWRENCE):

H.R. 1676. A bill to amend the Richard B. Russell National School Lunch Act to establish a weekend and holiday feeding program to provide nutritious food to at-risk school children on weekends and during extended school holidays during the school year; to the Committee on Education and the Workforce.

By Mr. GOSAR (for himself, Mr. SALMON, Mr. TIPTON, Mr. BABIN, Mr. KELLY of Pennsylvania, Mr. MEADOWS, Mr. AMODEI, Mr. HECK of Nevada, Mr. JONES, Mr. YOUNG of Alaska, Mr. YOHO, Mr. FARR, Mr. DAVID SCOTT of Georgia, Mr. BLUMENAUER, Mr. CLAY,

Mr. ROE of Tennessee, Mr. STIVERS, Mr. HUFFMAN, Ms. LOFGREN, and Mr. GRIFFITH):

H.R. 1677. A bill to amend the Employee Retirement Income Security Act of 1974 to ensure health care coverage value and transparency for dental benefits under group health plans; to the Committee on Education and the Workforce.

By Mr. GARAMENDI (for himself, Mr. HUNTER, Mr. DEFAZIO, and Mr. LOBIONDO):

H.R. 1678. A bill to require the Secretary of Defense to establish a backup for the global positioning system, and for other purposes; to the Committee on Armed Services.

By Mr. GARAMENDI:

H.R. 1679. A bill to ensure the safe transportation of Bakken crude oil by rail, and for other purposes; to the Committee on Transportation and Infrastructure.

By Ms. BROWN of Florida (for herself, Mr. ELLISON, Mr. CUMMINGS, and Mrs. LAWRENCE):

H.R. 1680. A bill to establish a pilot grant program to assist State and local law enforcement agencies in purchasing body-worn cameras for law enforcement officers; to the Committee on the Judiciary.

By Mr. COFFMAN:

H.R. 1681. A bill to extend the authorization for the major medical facility project to replace the Department of Veterans Affairs Medical Center in Denver, Colorado, to direct the Secretary of Veterans Affairs to enter into an agreement with the Army Corps of Engineers to manage the construction of such project, to transfer the authority to carry out future major medical facility projects of the Department from the Secretary to the Army Corps of Engineers, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. CONYERS (for himself, Mr. RANGEL, Mr. GRIJALVA, Ms. SLAUGHTER, Mr. HASTINGS, Mr. COHEN, Ms. JUDY CHU of California, Ms. KAPTUR, Mr. RICHMOND, and Ms. LEE):

H.R. 1682. A bill to preserve knowledge and promote education about jazz in the United States and abroad; to the Committee on House Administration, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. COURTNEY (for himself, Mr. HUNTER, Mr. BISHOP of Georgia, Ms. BORDALLO, Ms. BROWN of Florida, Mr. CARTWRIGHT, Mr. CLEAVER, Mr. CONNOLLY, Mr. CUMMINGS, Mr. DELANEY, Mr. MICHAEL F. DOYLE of Pennsylvania, Ms. EDWARDS, Mr. FRANKS of Arizona, Mr. GUTHRIE, Mr. HIMES, Ms. KAPTUR, Mr. LANCE, Mr. LARSON of Connecticut, Mr. LEVIN, Mr. LIPINSKI, Mr. LOEBSACK, Mr. MEEKS, Ms. PINGREE, Mr. PITTENGER, Mr. POCAN, Mr. RYAN of Ohio, Mr. AUSTIN SCOTT of Georgia, Mr. WALZ, Mr. CROWLEY, Mr. VAN HOLLEN, Mr. RUIZ, Mr. TONKO, Ms. MCCOLLUM, Mr. FORBES, Mr. COLE, Mr. FOSTER, Ms. BROWNLEY of California, Ms. CLARK of Massachusetts, Mr. TAKANO, Ms. ESHOO, Mr. MCGOVERN, Ms. MATSUI, Mr. PIERLUISI, Mr. BUTTERFIELD, Mr. HARPER, Ms. DELBENE, Mr. ISRAEL, Mr. THOMPSON of Pennsylvania, Mr. ROSS, Ms. GABBARD, Mr. WELCH, Ms. ESTY, Mrs. WALORSKI, Mr. ROGERS of Kentucky, Mr. HUFFMAN, Mr. COFFMAN, Mr. KENNEDY, Mr. SENSENBRENNER, Mr. O'ROURKE, Mr. FITZPATRICK, Mr. MCDERMOTT, Ms. SEWELL of Alabama, Mr. MEEHAN, Mr. PRICE of North Carolina, Ms. NORTON, Mr. HONDA, Mr. PALAZZO, Ms. CLARKE of New York, Mr. SMITH of Washington, Mr. LAMBORN, Ms. SPEIER, Mrs. BUSTOS, Ms. TSONGAS, Mrs. KIRKPATRICK, Mr. JONES, Mr. BOUSTANY, Mr. DAVID SCOTT of Georgia, Mr. HECK of Washington, Mr. DENT, Mr. RUPPERSBERGER, Mr. LATTA, Mr. SERRANO, Mr. GIBSON, Mr. JEFFRIES, Mr. GRIJALVA, Mr. SIRES, Mr. SCOTT of Virginia, Ms. HAHN, Ms. ROYBAL-ALLARD, Mr. THOMPSON of Mississippi, Mrs. BEATTY, Mr. CHABOT, Mr. COOPER, Mr. RUSH, Mr. SABLAN, Mr. GARAMENDI, Mrs. LOWEY, Ms. DELAURO, Mr. CONAWAY, Mr. PERLMUTTER, Mr. YARMUTH, Mr. KINZINGER of Illinois, Mrs. HARTZLER, Mr. VALADAO, Mr. LONG, Mr. VISCLOSKY, and Mr. WITTMAN):

H.R. 1683. A bill to require the Secretary of the Treasury to mint coins in commemoration of the United States Coast Guard; to the Committee on Financial Services.

By Mr. CURBELO of Florida (for himself, Mr. MURPHY of Florida, Mr. YOUNG of Alaska, Mr. SIRES, and Ms. ROS-LEHTINEN):

H.R. 1684. A bill to amend the Oil Pollution Act of 1990 and the Federal Water Pollution Control Act to impose penalties and provide for the recovery of removal costs and damages in connection with certain discharges of oil from foreign offshore units, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. RODNEY DAVIS of Illinois (for himself, Mr. SHIMKUS, Mrs. BUSTOS, Mr. BOST, and Mr. KINZINGER of Illinois):

H.R. 1685. A bill to require rulemaking by the Administrator of the Federal Emergency Management Agency to address considerations in evaluating the need for public and individual disaster assistance, and for other purposes; to the Committee on Transportation and Infrastructure.

By Ms. DEGETTE (for herself and Mr. WHITFIELD):

H.R. 1686. A bill to amend title XVIII of the Social Security Act to reduce the occurrence of diabetes in Medicare beneficiaries by extending coverage under Medicare for medical nutrition therapy services to such beneficiaries with pre-diabetes or with risk factors for developing type 2 diabetes; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. DELAURO (for herself, Ms. NORTON, and Mr. RUSH):

H.R. 1687. A bill to amend the Internal Revenue Code of 1986 to impose an excise tax on sugar-sweetened beverages, to dedicate the revenues from such tax to the prevention, treatment, and research of diet-related health conditions in priority populations, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. DENHAM:

H.R. 1688. A bill to amend the Veterans Access, Choice, and Accountability Act of 2014 to designate 20 graduate medical education residency positions specifically for the study of optometry; to the Committee on Veterans' Affairs.

By Mr. DESANTIS (for himself, Mr. MEADOWS, Mr. CLAWSON of Florida, Mr. SALMON, and Mr. PERRY):

H.R. 1689. A bill to prohibit the provision of certain foreign assistance to countries receiving certain detainees transferred from United States Naval Station, Guantanamo Bay, Cuba; to the Committee on Foreign Affairs.

By Mr. MICHAEL F. DOYLE of Pennsylvania (for himself and Mr. MURPHY of Pennsylvania):

H.R. 1690. A bill to designate the United States courthouse located at 700 Grant Street in Pittsburgh, Pennsylvania, as the "Joseph F. Weis Jr. United States Courthouse"; to the Committee on Transportation and Infrastructure.

By Mr. DUFFY (for himself, Mr. FORTENBERRY, and Mr. NEWHOUSE):

H.R. 1691. A bill to amend the Higher Education Act of 1965 to prohibit an institution of higher education located in the United States from participating in student assistance programs under title IV of such Act if the institution bans the display of the flag of the United States on its campus; to the Committee on Education and the Workforce.

By Ms. EDWARDS (for herself and Ms. NORTON):

H.R. 1692. A bill to require public employees to perform the inspection of State and local surface transportation projects, and related essential public functions, to ensure public safety, the cost-effective use of transportation funding, and timely project delivery; to the Committee on Transportation and Infrastructure.

By Mrs. ELLMERS of North Carolina:

H.R. 1693. A bill to rescind unobligated amounts for White House salaries and expenses; to the Committee on Appropriations.

By Mr. FITZPATRICK (for himself, Mrs. BUSTOS, Mr. YOUNG of Alaska, and Mr. KING of New York):

H.R. 1694. A bill to amend MAP-21 to improve contracting opportunities for veteran-owned small business concerns, and for other purposes; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Small Business, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GOHMERT (for himself, Mr. DUNCAN of South Carolina, Mr. NEUGEBAUER, Mr. JORDAN, Mr. WEBER of Texas, Mr. LATTA, Mr. JONES, and Mr. OLSON):

H.R. 1695. A bill to provide for parental notification and intervention in the case of an unemancipated minor seeking an abortion; to the Committee on the Judiciary.

By Ms. GRAHAM (for herself and Mr. MILLER of Florida):

H.R. 1696. A bill to amend the Harmonized Tariff Schedule of the United States to extend the tariff preference level on imports of certain cotton and man-made fiber, fabric, apparel, and made-up goods from Bahrain under the United States-Bahrain Free Trade Agreement; to the Committee on Ways and Means.

By Ms. HAHN:

H.R. 1697. A bill to amend the Internal Revenue Code of 1986 to extend and modify the tax credit for electric vehicle recharging property; to the Committee on Ways and Means.

By Mr. HUIZENGA of Michigan (for himself and Mrs. CAROLYN B. MALONEY of New York):

H.R. 1698. A bill to amend design and content requirements for certain gold and silver coins, and for other purposes; to the Committee on Financial Services.

By Mr. HUIZENGA of Michigan:

H.R. 1699. A bill to amend title 18, United States Code, to require Federal Prison Industries to compete for its contracts minimizing its unfair competition with private sector firms and their non-inmate workers and empowering Federal agencies to get the best

value for taxpayers' dollars, to provide a five-year period during which Federal Prison Industries adjusts to obtaining inmate work opportunities through other than its mandatory source status, to enhance inmate access to remedial and vocational opportunities and other rehabilitative opportunities to better prepare inmates for a successful return to society, to authorize alternative inmate work opportunities in support of non-profit organizations and other public service programs, and for other purposes; to the Committee on the Judiciary.

By Mr. JEFFRIES (for himself, Ms. BASS, Mr. DEUTCH, Ms. JUDY CHU of California, Ms. LEE, Mr. SERRANO, Ms. NORTON, and Mr. MCGOVERN):

H.R. 1700. A bill to amend section 292 of the Immigration and Nationality Act to require the Attorney General to appoint counsel for unaccompanied alien children and aliens with serious mental disabilities, and for other purposes; to the Committee on the Judiciary.

By Mr. JORDAN:

H.R. 1701. A bill to restore Second Amendment rights in the District of Columbia; to the Committee on Oversight and Government Reform.

By Mr. KING of New York (for himself, Mr. PASCRELL, Mr. LOBIONDO, Mr. PIERLUISI, and Mr. FITZPATRICK):

H.R. 1702. A bill to amend title 5, United States Code, to provide that for purposes of computing the annuity of certain law enforcement officers, any hours worked in excess of the limitation applicable to law enforcement availability pay and administratively uncontrollable overtime shall be included in such computation, and for other purposes; to the Committee on Oversight and Government Reform.

By Mr. LANGEVIN (for himself, Mr. LYNCH, Ms. CLARK of Massachusetts, and Mr. CÁRDENAS):

H.R. 1703. A bill to amend the Fair Credit Reporting Act to create protected credit reports for minors and protect the credit of minors, and for other purposes; to the Committee on Financial Services.

By Mr. LANGEVIN:

H.R. 1704. A bill to establish a nation data breach notification standard, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. LATTA (for himself and Mr. WALZ):

H.R. 1705. A bill to amend the Federal Water Pollution Control Act to assist municipalities and regional sewer authorities that would experience a significant hardship raising the revenue necessary to finance projects and activities for the construction of wastewater treatment works, and for other purposes; to the Committee on Transportation and Infrastructure.

By Ms. LEE (for herself, Ms. CLARKE of New York, Ms. NORTON, Ms. DELAURO, Ms. SCHAKOWSKY, Mr. HASTINGS, Mr. TAKANO, Mrs. LAWRENCE, Ms. SPEIER, Mr. PETERS, Mr. DAVID SCOTT of Georgia, Mr. MCDERMOTT, Mr. NADLER, Mr. DEUTCH, Mr. LEWIS, Ms. FRANKEL of Florida, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Ms. JACKSON LEE, Mr. CONYERS, Ms. ADAMS, Mr. LOWENTHAL, Ms. TITUS, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. DEGETTE, Mr. FARR, Ms. WASSERMAN SCHULTZ, and Ms. MOORE):

H.R. 1706. A bill to provide for the overall health and well-being of young people, including the promotion of comprehensive sexual health and healthy relationships, the reduction of unintended pregnancy and sexually transmitted infections (STIs), including HIV, and the prevention of dating violence and sexual assault, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committee on Education and the Workforce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. LOEBSACK (for himself, Mr. GARAMENDI, Mr. GRIJALVA, Mr. KIND, Mr. RANGEL, Ms. MCCOLLUM, and Mr. ELLISON):

H.R. 1707. A bill to amend the Public Health Service Act to direct the Secretary of Health and Human Services to establish a Frontline Providers Loan Repayment Program; to the Committee on Energy and Commerce.

By Mrs. CAROLYN B. MALONEY of New York (for herself and Mr. RANGEL):

H.R. 1708. A bill to amend the Public Health Service Act to establish a program of research regarding the risks posed by the presence of dioxin, synthetic fibers, chemical fragrances, and other components of feminine hygiene products; to the Committee on Energy and Commerce.

By Mr. MCNERNEY (for himself, Ms. MATSUI, Mrs. CAPPS, Mr. TONKO, and Mr. HONDA):

H.R. 1709. A bill to amend the Safe Drinking Water Act to provide for the assessment and management of the risks of drought to drinking water, and for other purposes; to the Committee on Energy and Commerce.

By Mr. MCNERNEY (for himself, Ms. MATSUI, and Mr. HONDA):

H.R. 1710. A bill to amend the Water Resources Reform and Development Act of 2014 to provide additional financing options for water infrastructure projects carried out in States in which the Governor of the State has issued a state of drought emergency declaration, and for other purposes; to the Committee on Transportation and Infrastructure, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. MEADOWS (for himself, Mr. SALMON, Mr. BYRNE, Mr. CRAWFORD, Mr. FARENTHOLD, Mr. GOODLATTE, Mr. GOSAR, Mr. MULVANEY, Mr. PEARCE, Mr. ROUZER, Mr. YOHO, and Ms. JENKINS of Kansas):

H.R. 1711. A bill to amend title 49, United States Code, with respect to employee protective arrangements, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. MOONEY of West Virginia:

H.R. 1712. A bill to amend the Communications Act of 1934 to exempt providers of broadband Internet access service from Federal universal service contributions; to the Committee on Energy and Commerce.

By Mr. PETERS:

H.R. 1713. A bill to amend the Internal Revenue Code of 1986 to exclude from Federal income taxation certain employer-provided student loan assistance, and for other purposes; to the Committee on Ways and Means.

By Mr. PITTS (for himself, Mr. DANNY K. DAVIS of Illinois, Mr. GOODLATTE, Ms. SPEIER, Mr. DOLD, Ms. KUSTER, Ms. FOXX, Mr. RUSH, Mr. MEADOWS, Mr. FLEISCHMANN, Mr. ROE of Tennessee, Mr. HANNA, Mr. STEWART, Mr. LATTA, Mr. DESJARLAIS, Mr. WOMACK, Mrs. BLACK, Mr. CHABOT, Mr. KELLY of Pennsylvania, Mr. MASSIE, Mr. HENSARLING, Mr. FITZPATRICK, Mr. DENT, Mr. BARLETTA, and Mr. SENSENBRENNER):

H.R. 1714. A bill to reform the Federal sugar program, and for other purposes; to the Committee on Agriculture.

By Mr. RATCLIFFE (for himself, Mr. LOUDERMILK, Mr. WALKER, Mr. PALMER, Mr. BABIN, and Mr. BRAT):

H.R. 1715. A bill to prohibit the use of funds to carry out certain immigration-related memoranda, and for other purposes; to the Committee on the Judiciary, and in addition to the Committee on Homeland Security, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROHRABACHER (for himself, Mr. HUELSKAMP, Mr. DUNCAN of South Carolina, Mr. HUNTER, Mr. DUNCAN of Tennessee, Mr. BROOKS of Alabama, Mr. JONES, Mr. LATTA, Mr. JOYCE, Mr. MCCLINTOCK, Mr. CONAWAY, Mr. OLSON, Mr. MCHENRY, Mr. POE of Texas, Mr. WITTMAN, Mr. GOSAR, Mr. FORBES, Mr. FITZPATRICK, Mr. BILIRAKIS, Mr. MARCHANT, Mr. POMPEO, Ms. JENKINS of Kansas, Mr. SESSIONS, Mr. CHAFFETZ, Mr. WILSON of South Carolina, Mr. ROSS, and Mr. LUETKEMEYER):

H.R. 1716. A bill to amend title II of the Social Security Act to exclude from creditable wages and self-employment income wages earned for services by aliens illegally performed in the United States and self-employment income derived from a trade or business illegally conducted in the United States; to the Committee on Ways and Means.

By Ms. ROYBAL-ALLARD (for herself, Mr. FITZPATRICK, Ms. BASS, Ms. BROWNLEY of California, Mr. BUCHANAN, Mr. CARTWRIGHT, Ms. CLARKE of New York, Mr. CONYERS, Mr. CUMMINGS, Ms. DELAURO, Ms. DELBENE, Mr. ELLISON, Mr. ENGEL, Mr. GRAYSON, Mr. GUTIÉRREZ, Mr. HASTINGS, Mr. HECK of Washington, Mr. HINOJOSA, Mr. HONDA, Mr. HOYER, Mr. HUFFMAN, Mr. ISRAEL, Mr. KEATING, Mr. LEVIN, Mr. BEN RAY LUJÁN of New Mexico, Ms. MCCOLLUM, Mr. MCGOVERN, Mrs. NAPOLITANO, Mr. NOLAN, Ms. NORTON, Mr. PEARCE, Mr. PETERSON, Mr. SCHIFF, Mr. DAVID SCOTT of Georgia, Mr. SIMPSON, Ms. SLAUGHTER, Mr. SMITH of Washington, Ms. SPEIER, Mr. SWALWELL of California, Mr. TONKO, and Ms. WASSERMAN SCHULTZ):

H.R. 1717. A bill to provide for programs and activities with respect to the prevention of underage drinking; to the Committee on Energy and Commerce.

By Mr. SESSIONS (for himself, Ms. FUDGE, Mr. CHABOT, Mr. JOLLY, Mr. LONG, Mr. HANNA, Mrs. BEATTY, Mr. VEASEY, Ms. SEWELL of Alabama, and Ms. WILSON of Florida):

H.R. 1718. A bill to amend the Internal Revenue Code of 1986 to provide for collegiate housing and infrastructure grants; to the Committee on Ways and Means.

By Mr. SIMPSON:

H.R. 1719. A bill to expand geothermal production, and for other purposes; to the Committee on Natural Resources.

By Ms. SINEMA (for herself, Mrs. ELLMERS of North Carolina, Mrs. BROOKS of Indiana, Mr. HANNA, Mr. GIBSON, Mr. MURPHY of Florida, Mrs. KIRKPATRICK, and Mrs. BUSTOS):

H.R. 1720. A bill to amend the Internal Revenue Code of 1986 to increase the exclusion for employer-provided dependent care assistance; to the Committee on Ways and Means.

By Ms. SLAUGHTER (for herself, Mr. HANNA, Mr. TONKO, Mr. KATKO, and Mr. REED):

H.R. 1721. A bill to reauthorize appropriations for the National Women's Rights History Project Act; to the Committee on Natural Resources.

By Mr. TAKANO (for himself, Mr. VAN HOLLEN, Mr. DELANEY, Ms. TSONGAS, and Mr. TED LIEU of California):

H.R. 1722. A bill to require a demonstration program on the accession as Air Force officers of candidates with auditory impairments; to the Committee on Armed Services.

By Mrs. WAGNER (for herself and Ms. SEWELL of Alabama):

H.R. 1723. A bill to direct the Securities and Exchange Commission to revise Form S-1 so as to permit smaller reporting companies to use forward incorporation by reference for such form; to the Committee on Financial Services.

By Mr. WESTERMAN:

H.R. 1724. A bill to amend title 23, United States Code, to reduce Federal spending on surface transportation programs by limiting State and local taxation on purchases of construction materials made with funds made available from the Highway Trust Fund, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. WHITFIELD (for himself, Mr. KENNEDY, Mr. BUCSHON, and Mr. PALLONE):

H.R. 1725. A bill to amend and reauthorize the controlled substance monitoring program under section 399O of the Public Health Service Act, and for other purposes; to the Committee on Energy and Commerce.

By Mr. WHITFIELD (for himself, Ms. DEGETTE, and Mr. REED):

H.R. 1726. A bill to amend title XVIII of the Social Security Act to improve access to diabetes self-management training by authorizing certified diabetes educators to provide diabetes self-management training services, including as part of telehealth services, under part B of the Medicare program; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. WHITFIELD (for himself and Ms. DEGETTE):

H.R. 1727. A bill to amend title XVIII of the Social Security Act to provide for coverage, as supplies associated with the injection of insulin, of containment, removal, decontamination and disposal of home-generated needles, syringes, and other sharps through a sharps container, decontamination/destruction device, or sharps-by-mail program or similar program under part D of the Medicare program; to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. YOUNG of Alaska (for himself and Mr. LARSEN of Washington):

H.R. 1728. A bill to amend the Richard B. Russell National School Lunch Act to improve the efficiency of summer meals; to the Committee on Education and the Workforce.

By Mr. YOUNG of Alaska:

H.R. 1729. A bill to amend the Migratory Bird Treaty Act to exempt certain Alaskan Native articles from prohibitions against sale of items containing nonedible migratory bird parts, and for other purposes; to the Committee on Natural Resources.

By Mr. YOUNG of Alaska:

H.R. 1730. A bill to amend the Alaska Native Claims Settlement Act to provide that Alexander Creek, Alaska, is and shall be recognized as an eligible Native village under that Act, and for other purposes; to the Committee on Natural Resources.

By Mr. MARINO:

H.J. Res. 39. A joint resolution proposing an amendment to the Constitution of the United States to limit the number of consecutive terms that a Member of Congress may serve; to the Committee on the Judiciary.

By Mr. MARINO:

H.J. Res. 40. A joint resolution proposing an amendment to the Constitution of the United States to end the practice of including more than one subject in a single law by requiring that each law enacted by Congress be limited to only one subject and that the subject be clearly and descriptively expressed in the title of the law; to the Committee on the Judiciary.

By Mr. RATCLIFFE (for himself and Mr. BABIN):

H.J. Res. 41. A joint resolution proposing a balanced budget amendment to the Constitution of the United States; to the Committee on the Judiciary.

By Mr. THOMPSON of Pennsylvania (for himself, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. HARPER, and Mr. JONES):

H. Con. Res. 30. Concurrent resolution supporting the designation of the year of 2015 as the International Year of Soils and supporting locally led soil conservation; to the Committee on Agriculture.

By Mr. RODNEY DAVIS of Illinois:

H. Con. Res. 31. Concurrent resolution providing for a conditional adjournment of the House of Representatives; considered and agreed to.

By Mr. RODNEY DAVIS of Illinois:

H. Con. Res. 32. Concurrent resolution providing for a conditional recess or adjournment of the Senate; considered and agreed to.

By Mr. RIBBLE (for himself, Mr. WALZ, Mr. BISHOP of Utah, Mr. BLUM, Mr. COHEN, Mr. CRAMER, Mr. DUNCAN of Tennessee, Ms. ESTY, Mr. FARENTHOLD, Mr. HANNA, Mr. KATKO, Mr. LIPINSKI, Mr. MCKINLEY, Mr. MEADOWS, Mrs. NAPOLITANO, Mr. SCHRADER, and Mr. WALKER):

H. Con. Res. 33. Concurrent resolution expressing the sense of Congress that the Federal excise tax on heavy-duty trucks should not be increased; to the Committee on Ways and Means.

By Mr. VEASEY:

H. Res. 175. A resolution expressing support for designation of March 2015 as ''National Cheerleading Safety Month''; to the Committee on Energy and Commerce.

By Ms. ADAMS (for herself, Mrs. LAWRENCE, Mr. DANNY K. DAVIS of Illinois, Mr. NORCROSS, Ms. ESTY, Ms. WILSON of Florida, Ms. MOORE, Mr. CROWLEY, Mr. VARGAS, Ms. BROWNLEY of California, Mr. GRIJALVA, Ms. DELAURO, Mr. HINOJOSA, Ms. SEWELL of Alabama, Ms. BROWN of Florida, Ms. NORTON, Mr. TED LIEU of California, Mr. PRICE of North Carolina, and Mr. MCGOVERN):

H. Res. 176. A resolution recognizing the significance of women in education; to the Committee on Education and the Workforce.

By Ms. DELBENE (for herself, Mr. SCHRADER, Mr. NEWHOUSE, Mr. SEAN PATRICK MALONEY of New York, Mr. BENISHEK, Mr. HECK of Washington, Mr. REICHERT, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. COURTNEY, Ms. KUSTER, Mr. VARGAS, Mr. GARAMENDI, and Ms. GABBARD):

H. Res. 177. A resolution expressing the sense of the House of Representatives that specialty crops are a vital part of agriculture in the United States, and that Congress should fund programs that support specialty crops as a growing and important part of agriculture in the United States; to the Committee on Agriculture.

By Mr. CÁRDENAS (for himself, Ms. ROYBAL-ALLARD, Mr. GALLEGO, Mrs. TORRES, Mr. SABLAN, Mrs. NAPOLITANO, Mr. GUTIÉRREZ, Mr. VARGAS, Ms. LINDA T. SÁNCHEZ of California, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Ms. LORETTA SANCHEZ of California, Mr. CASTRO of Texas, Mr. SMITH of Washington, Mr. RUIZ, Mr. LEWIS, Mr. SHERMAN, Ms. NORTON, Mr. DOGGETT, Mr. AGUILAR, Ms. JUDY CHU of California, Ms. JACKSON LEE, Mr. HINOJOSA, Mr. SIRES, and Mrs. WATSON COLEMAN):

H. Res. 178. A resolution honoring the accomplishments and legacy of César Estrada Chávez; to the Committee on Oversight and Government Reform.

By Mr. FOSTER (for himself, Mr. POLIS, Mr. VARGAS, Mr. CÁRDENAS, Mr. RANGEL, Ms. BROWNLEY of California, Ms. EDWARDS, Mr. LOWENTHAL, Mr. VEASEY, and Mr. TAKANO):

H. Res. 179. A resolution expressing the sense of the House of Representatives that the Secretary of Defense should review section 504 of title 10, United States Code, for purposes related to enlisting certain aliens in the Armed Forces; to the Committee on Armed Services.

By Ms. JENKINS of Kansas:

H. Res. 180. A resolution congratulating the University of Kansas for 150 years of outstanding service to the State of Kansas, the United States, and the world; to the Committee on Education and the Workforce.

By Mr. KING of New York (for himself, Mr. GARRETT, Mr. PASCRELL, Mr. DIAZ-BALART, Mr. MACARTHUR, Mr. LOBIONDO, and Mr. LANCE):

H. Res. 181. A resolution calling for the immediate extradition or rendering to the United States of convicted felon William Morales and all other fugitives from justice who are receiving safe harbor in Cuba in order to escape prosecution or confinement for criminal offenses committed in the United States; to the Committee on Foreign Affairs.

By Ms. LEE (for herself, Ms. NORTON, Mr. TAKANO, Mr. RANGEL, Mr. LEWIS, Mr. CONYERS, Ms. ROYBAL-ALLARD, Ms. SPEIER, and Mr. FARR):

H. Res. 182. A resolution supporting the goals and ideals of National Youth HIV & AIDS Awareness Day; to the Committee on Energy and Commerce.

By Mr. LOEBSACK:

H. Res. 183. A resolution expressing support for the designation of the week of April 13, 2015 through April 17, 2015 as National Specialized Instructional Support Personnel Awareness Week; to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. PETERS:

H. Res. 184. A resolution amending the Rules of the House of Representatives to require the House to meet 5 days a week for 39 weeks each year; to the Committee on Rules.

By Mr. PETERS (for himself and Mr. MARINO):

H. Res. 185. A resolution amending the Rules of the House of Representatives to provide for the consideration of reported bills or joint resolutions that have not been considered by the House within 60 calendar days; to the Committee on Rules.

By Mr. REED (for himself, Ms. MOORE, Mr. POE of Texas, Ms. WASSERMAN SCHULTZ, Mr. MARINO, Mrs. WATSON COLEMAN, Mr. HANNA, Ms. NORTON, Mr. GIBSON, Ms. CLARK of Massachusetts, Mr. RODNEY DAVIS of Illinois, Mrs. LAWRENCE, Mr. COFFMAN, Mrs. CAROLYN B. MALONEY of New York, and Ms. SPEIER):

H. Res. 186. A resolution supporting the goals and ideals of Sexual Assault Awareness and Prevention Month; to the Committee on the Judiciary.

By Ms. ROYBAL-ALLARD (for herself, Ms. LEE, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mr. MCGOVERN, Mr. VELA, and Mr. HASTINGS):

H. Res. 187. A resolution supporting the goals and ideals of National Public Health Week; to the Committee on Energy and Commerce.

By Mr. TURNER (for himself, Mr. DAVID SCOTT of Georgia, Mr. SHUSTER, Mr. COHEN, Mr. GUTHRIE, Ms. MENG, Mr. MARINO, Mr. GIBSON, Mr. BRIDENSTINE, Mr. PERRY, and Mr. AUSTIN SCOTT of Georgia):

H. Res. 188. A resolution expressing the sense of the House of Representatives with respect to promoting energy security of European allies through the opening of the Southern Gas Corridor; to the Committee on Foreign Affairs.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. GUTHRIE:

H.R. 1641.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes;

By Mr. JONES:

H.R. 1642.

Congress has the power to enact this legislation pursuant to the following:

Article 4, Section 3, Clause 2

Article 1, Section 8, Clause 17

By Mr. SMITH of Texas:

H.R. 1643.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the U.S. Constitution—known as the Commerce Clause, and Section 5 of the Fourteenth Amendment.

By Mr. MOONEY of West Virginia:

H.R. 1644.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 18

By Mr. VEASEY:

H.R. 1645.

Congress has the power to enact this legislation pursuant to the following:

Commerce Clause (Art. 1. sec. 8 cl. 3)

Necessary and Proper Clause (Art.1 Sec. 8 cl. 18)

By Mrs. WATSON COLEMAN:

H.R. 1646.

Congress has the power to enact this legislation pursuant to the following:

The U.S. Constitution including Article 1, Section 8.

By Mr. FLORES:

H.R. 1647.

Congress has the power to enact this legislation pursuant to the following:

Article 4, Section 3, Clause 2

By Mr. LAMBORN:

H.R. 1648.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8 and Article IV, Section 3.

By Mr. LAMBORN:

H.R. 1649.

Congress has the power to enact this legislation pursuant to the following:

Section 8 of article 1 of the Constitution

By Mr. TOM PRICE of Georgia:

H.R. 1650.

Congress has the power to enact this legislation pursuant to the following:

Medicare is a health care program under current law that is operated by the federal government. This bill would improve the efficiency, accessibility and fairness of the operations of this federal program, especially the purchase of services and freedom to contract between doctors and Medicare recipients. This bill directly affects interstate commerce, which Congress has the power to regulate under Article I, Section 8, Clause 3.

By Mr. NEWHOUSE:

H.R. 1651.

Congress has the power to enact this legislation pursuant to the following:

Article IV, Section 3, Clause 2: ''The Congress shall have power to dispose of and make all needful rules and regulations respecting the territory or other property belonging to the United States; and nothing in this Constitution shall be so construed as to prejudice any claims of the United States, or of any particular state.''

By Mr. CARTWRIGHT:

H.R. 1652.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 2: The Congress shall have power to lay and collect taxes, duties, imposts and excises, to pay the debts and provide for the common defense and general welfare of the United States; but all duties, imposts and excises shall be uniform throughout the United States;

Article I, Section 8, Clause 3: To regulate commerce with foreign nations, and among the several states, and with the Indian tribes;

By Mrs. DINGELL:

H.R. 1653.

Congress has the power to enact this legislation pursuant to the following:

Article I Section 8.

By Mr. ROYCE:

H.R. 1654.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the U.S. Constitution

By Mr. FITZPATRICK:

H.R. 1655.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

By Mr. GOODLATTE:

H.R. 1656.

Congress has the power to enact this legislation pursuant to the following:

The authority to enact this bill is derived from, but may not be limited to, Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. MARCHANT:

H.R. 1657.

Congress has the power to enact this legislation pursuant to the following:

U.S. Constitution Art. I Sec. 8 cl. 1, under the ''Power To lay and collect Taxes'';

Amd. 16, under the ''power to lay and collect taxes on incomes, from whatever source derived, without apportionment among the several States, and without regard to any census or enumeration'';

Art. I Sec. 8 cl. 4, under the power ''To establish an uniform Rule of Naturalization''; and

Art. I Sec. 8 cl. 18, under the power to ''To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.''

By Mr. JODY B. HICE of Georgia:

H.R. 1658.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the Constitution states ''To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.''

Article I, Section 8, Clause 18 of the Constitution states ''To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States or in any Department or Officer thereof''

By Mr. FINCHER:

H.R. 1659.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3

By Mr. ROTHFUS:

H.R. 1660.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the Constitution of the United States ''[t]o regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.''

By Mr. ROTHFUS:

H.R. 1661.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the Constitution of the United States ''[t]o regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.''

By Mr. ELLISON:

H.R. 1662.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 7, Clause 1 and Section 8, Clause 1.

By Mr. MURPHY of Pennsylvania:

H.R. 1663.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to the Congress under Article I, Section 8, Clause 3 of the United States Constitution, and Article IV, Section 3, Clause 2 of the United States Constitution.

By Mr. CULBERSON:

H.R. 1664.

Congress has the power to enact this legislation pursuant to the following:

The 10th Amendment to the United States Constitution.

By Mr. YOUNG of Indiana:

H.R. 1665.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

The Congress shall have the Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debt and provide for the common Defense and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States.

By Mr. GRAVES of Missouri:

H.R. 1666.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8

''. . . and provide for the . . . general welfare of the United States . . . ''

''. . . to make all Laws which shall be necessary and proper for carrying into execution the foregoing powers . . .''

This legislation seeks to reform federal government contracting procedures under Section 3309 of title 41, U.S. Code.

By Mrs. LUMMIS:

H.R. 1667.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 18 of the United States Constitution: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. McCLINTOCK:

H.R. 1668.

Congress has the power to enact this legislation pursuant to the following:

Article IV, Section 3, Clause 2 (the Property Clause), which confers on Congress the power to make all needful Rules and Regulations respecting the property belonging to the United States.

By Mr. STEWART:

H.R. 1669.

Congress has the power to enact this legislation pursuant to the following:

Article 1 Section 8 of the Constitution gives Congress the authority to enact this legislation.

By Mr. LYNCH:

H.R. 1670.

Congress has the power to enact this legislation pursuant to the following:

Article 1 section 8 Clause 18 of the United States Constitution.

By Mr. MULVANEY:

H.R. 1671.

Congress has the power to enact this legislation pursuant to the following:

The authority to enact this bill is derived from, but may not be limited to, Article I, Section 8, Clausel of the United States Constitution.

By Mr. FATTAH:

H.R. 1672.

Congress has the power to enact this legislation pursuant to the following:

Pursuant to Article I, Section 8, Clause 3 of the United States Constitution, the Congress shall have the power ''[t]o regulate commerce with foreign Nations, and among the several states, and with the Indian tribes.''

By Mrs. BLACKBURN:

H.R. 1673.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. COHEN:

H.R. 1674.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Mr. HULTGREN:

H.R. 1675.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3, as this legislation regulates commerce between the states.

Article I, Section 8, Clause 18, providing Congress with the authority to enact legislation necessary to execute one of its enumerated powers, such as Article I, Section 8, Clause 3.

By Ms. TITUS:

H.R. 1676.

Congress has the power to enact this legislation pursuant to the following:

The bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. GOSAR:

H.R. 1677.

Congress has the power to enact this legislation pursuant to the following:

This legislation is being introduced in order to amend ERISA—which was passed based on a combination of Article 1 Section 8 Clause 3 (commerce clause) and Article 1 Section 8 Clause 18 (the necessary and proper clause).

By Mr. GARAMENDI:

H.R. 1678.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution.

By Mr. GARAMENDI:

H.R. 1679.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution.

By Ms. BROWN of Florida:

H.R. 1680.

Congress has the power to enact this legislation pursuant to the following:

The United States Constitution:

Article I Section VIII

By Mr. COFFMAN:

H.R. 1681.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the United States Constitution.

By Mr. CONYERS:

H.R. 1682.

Congress has the power to enact this legislation pursuant to the following:

Art. I Sec. 8

By Mr. COURTNEY:

H.R. 1683.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8: Congress shall have the Power to . . . coin Money, regulate the Value thereof, and of foreign Coin, and fix the Standard of Weights and Measures . . .

By Mr. CURBELO of Florida:

H.R. 1684.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3: Commercial Activity Regulation

By Mr. RODNEY DAVIS of Illinois:

H.R. 1685.

Congress has the power to enact this legislation pursuant to the following:

Under Article I, Section 8, Clause 18, the Necessary and Proper Clause. The bill is constitutionally authorized under the Necessary and Proper Clause, which supports the expansion of congressional authority beyond the explicit authorities that are directly discernible from the text.

By Ms. DeGETTE:

H.R. 1686.

Congress has the power to enact this legislation pursuant to the following:

Article 1, section 8, clauses 3 and 18.

By Ms. DeLAURO:

H.R. 1687.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defense and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States.

By Mr. DENHAM:

H.R. 1688.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8 of the Constitution of the United States.

By Mr. DeSANTIS:

H.R. 1689.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

By Mr. MICHAEL F. DOYLE of Pennsylvania:

H.R. 1690.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 17 of the United States Constitution: To exercise exclusive Legislation in all Cases whatsoever, over such District (not exceeding ten Miles square) as may, by Cession of Particular States, and the Acceptance of Congress, become the Seat of the Government of the United States, and to exercise like Authority over all Places purchased by the Consent of the Legislature of the State in which the Same shall be, for the Erection of Forts, Magazines, Arsenals, dock-Yards, and other needful Buildings

By Mr. DUFFY:

H.R. 1691.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States or in any Department or Officer thereof

By Ms. EDWARDS:

H.R. 1692.

Congress has the power to enact this legislation pursuant to the following:

Congress is authorized to enact this legislation under the Commerce Clause, Article I, Section 8, Clause 3, ''to regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.'' Additionally, Congress has the authority to enact this legislation pursuant to the Preamble of the Constitution, ''to promote the general welfare.''

By Mrs. ELLMERS of North Carolina:

H.R. 1693.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clauses 1 and 18:

''The Congress shall have Power To lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, Imposts and Excises shall be uniform throughout the United States:''

To make all Laws which shall be necessary and proper for carry into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States or in any Department or Officer thereof.

By Mr. FITZPATRICK:

H.R. 1694.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 18

By Mr. GOHMERT:

H.R. 1695.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3: ''The Congress shall have power . . . To regulate Commerce with foreign Nations, and among the several States.'' The Parental Notification and Intervention Act specifically establishes a federal nexus in that it applies to ''any person or organization in or affecting interstate commerce.''

Article I, Section 9, Clause 7: ''No Money shall be drawn from the Treasury but in Consequence of Appropriations made by Law.''

Article I, Section 8, Clause 18: ''The Congress shall have Power . . . To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof.''

The Parental Notification and Intervention Act also establishes a federal nexus in that it specifically applies ''any person or organization . . . who solicits or accepts federal funds.'' The power to appropriate money and make laws to execute this power, gives Congress the authority to make laws affecting persons or entities that accept federal funds.

By Ms. GRAHAM:

H.R. 1696.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8

By Ms. HAHN:

H.R. 1697.

Congress has the power to enact this legislation pursuant to the following:

According to Article 1: Section 8: Clause 18: of the United States Constitution, seen below, this bill falls within the Constitutional Authority of the United States Congress.

Article 1: Section 8: Clause 18: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. HUIZENGA of Michigan:

H.R. 1698.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8—To coin Money, regulate the Value thereof, and of foreign Coin, and fix the Standard of Weights and Measures

By Mr. HUIZENGA of Michigan:

H.R. 1699.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3—To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

Amendment X—Nothing in the Constitution authorizes the Federal government to do anything other than those things enumerated (coin money, enter into treaties, conduct a Census—which are inherently governmental). Thus, under Amendment X, the right to carry out commercial activities is reserved to the States, respectively, or to the people.

By Mr. JEFFRIES:

H.R. 1700.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clauses 4 and 18 of the United States Constitution.

By Mr. JORDAN:

H.R. 1701.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I, Section 8, Clause 17 of the United States Constitution.

By Mr. KING of New York:

H.R. 1702.

Congress has the power to enact this legislation pursuant to the following:

The Congress shall have Power . . . To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mr. LANGEVIN:

H.R. 1703.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8 of the Constitution of the United States grant Congress the authority to enact this bill.

By Mr. LANGEVIN:

H.R. 1704.

Congress has the power to enact this legislation pursuant to the following:

clause 3 of section 8 of article I of the Constitution.

By Mr. LATTA:

H.R. 1705.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

The Congress shall have Power to regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes

By Ms. LEE:

H.R. 1706.

Congress has the power to enact this legislation pursuant to the following:

This bill is enacted pursuant to the power granted to Congress under Article I of the United States Constitution and its subsequent amendments, and further clarified and interpreted by the Supreme Court of the United States.

By Mr. LOEBSACK:

H.R. 1707.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18 of the Constitution.

By Mrs. CAROLYN B. MALONEY of New York:

H.R. 1708.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8. Clause 3, which reads: to regulate Commerce with foreign Nations, and among the several States, and within Indian Tribes.

By Mr. McNERNEY:

H.R. 1709.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8 of the United States Constitution.

By Mr. McNERNEY:

H.R. 1710.

Congress has the power to enact this legislation pursuant to the following:

Article I, section 8 of the United States Constitution.

By Mr. MEADOWS:

H.R. 1711.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3 of the Constitution, which states, ''The Congress shall have the power to regulate Commerce with foreign Nations, and among the several states, and with the Indian Tribes.''

By Mr. MOONEY of West Virginia:

H.R. 1712.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 & Article 1, Section 8, Clause 18

By Mr. PETERS:

H.R. 1713.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the US Constitution

By Mr. PITTS:

H.R. 1714.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3: The Congress shall have

Power to regulate Commerce with foreign Nations, and among the several States, and with the Indian tribes.

By Mr. RATCLIFFE:

H.R. 1715.

Congress has the power to enact this legislation pursuant to the following:

Article 1, section 8 of the Constitution provides that Congress shall have power to ''establish a uniform rule of naturalization.''

By Mr. ROHRABACHER:

H.R. 1716.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1 of the United States Constitution.

By Ms. ROYBAL-ALLARD:

H.R. 1717.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 18

By Mr. SESSIONS:

H.R. 1718.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 1

The Congress shall have the power to lay and collect Taxes, Duties, Imposts, and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United States; but all Duties, imposts and Excises shall be uniform throughout the United States

By Mr. SIMPSON:

H.R. 1719.

Congress has the power to enact this legislation pursuant to the following:

Clause 2 of section 3 of article IV of the Constitution (''The Congress shall have the Power of Congress to dispose of and make all needful Rules and Regulations respecting the Territory or other Property belonging to the United States . . .'').

By Ms. SINEMA:

H.R. 1720.

Congress has the power to enact this legislation pursuant to the following:

Article I. Section 8.

By Ms. SLAUGHTER:

H.R. 1721.

Congress has the power to enact this legislation pursuant to the following:

Clause 18 of Section 8 of Article I of the Constitution.

By Mr. TAKANO:

H.R. 1722.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8 of the Constitution of the United States.

By Mrs. WAGNER:

H.R. 1723.

Congress has the power to enact this legislation pursuant to the following:

The Congress shall have Power * * * To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. WESTERMAN:

H.R. 1724.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 7

By Mr. WHITFIELD:

H.R. 1725.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 3

The Congress shall have Power * * * To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. WHITFIELD:

H.R. 1726.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 1

The Congress shall have Power to lay and collect Taxes, Duties, Imposts and Excises, to pay the Debts and provide for the common Defence and general Welfare of the United

States; but all Duties, Imposts and Excises shall be uniform throughout the United States.

AND

Article I, Section 8, clause 3

The Congress shall have Power *** To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. WHITFIELD:

H.R. 1727.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, clause 3

The Congress shall have Power *** To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes.

By Mr. YOUNG of Alaska:

H.R. 1728.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3

By Mr. YOUNG of Alaska:

H.R. 1729.

Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3

By Mr. YOUNG of Alaska:

H.R. 1730.

Congress has the power to enact this legislation pursuant to the following:

Article 1, Section 8, Clause 3

By Mr. MARINO:

H.J. Res. 39.

Congress has the power to enact this legislation pursuant to the following:

Article V of the United States Constitution: The Congress, whenever two thirds of both houses shall deem it necessary, shall propose amendments to this Constitution . . . which . . . shall be valid to all intents and purposes, as part of this Constitution, when ratified by the legislatures of three fourths of the several states, or by conventions in three fourths thereof.

By Mr. MARINO:

H.J. Res. 40.

Congress has the power to enact this legislation pursuant to the following:

Article V of the United States Constitution: The Congress, whenever two thirds of both houses shall deem it necessary, shall propose amendments to this Constitution . . . which . . . shall be valid to all intents and purposes, as part of this Constitution, when ratified by the legislatures of three fourths of the several states, or by conventions in three fourths thereof.

By Mr. RATCLIFFE:

H.J. Res. 41.

Congress has the power to enact this legislation pursuant to the following:

Article V of the Constitution, which grants Congress the authority, whenever two thirds of both Houses deem it necessary, to propose amendments to the Constitution.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

H.R. 20: Ms. GABBARD.

H.R. 24: Mr. GOWDY.

H.R. 121: Mr. Russell.

H.R. 131: Mr. WITTMAN.

H.R. 156: Mr. SALMON.

H.R. 160: Mr. GRAVES of Louisiana.

H.R. 167: Ms. WASSERMAN SCHULTZ.

H.R. 200: Mr. JOHNSON of Georgia.

H.R. 232: Mr. SCHRADER.

H.R. 235: Mr. YOUNG of Iowa, Ms. GRANGER, Mr. WHITFIELD, Mr. FORBES, Mr. DUFFY, Ms. MOORE, Mr. RICHMOND, Mr. MICHAEL F. DOYLE of Pennsylvania, Mr. COLE, Mr. LAMALFA, and Mr. DENT.

H.R. 267: Ms. MCCOLLUM.

H.R. 292: Mr. HASTINGS, Mr. LARSEN of Washington, and Mr. NOLAN.

H.R. 313: Miss RICE of New York, Mr. CARTWRIGHT, Mr. LOWENTHAL, Mr. COHEN, Mr. SCOTT of Virginia, and Mr. WALZ.

H.R. 413: Mr. MCKINLEY.

H.R. 423: Mr. CARTWRIGHT.

H.R. 463: Mr. HENSARLING, Mr. FRANKS of Arizona, Mr. FINCHER, and Mr. BRADY of Texas.

H.R. 465: Mr. FORBES.

H.R. 472: Mr. BARLETTA.

H.R. 511: Mr. PEARCE and Mr. MULVANEY.

H.R. 542: Mr. WALZ and Ms. BROWN of Florida.

H.R. 546: Mr. LIPINSKI and Mr. JOHNSON of Georgia.

H.R. 572: Mr. CRAMER.

H.R. 592: Mr. PETERS, Mr. SMITH of New Jersey, Mr. LUETKEMEYER, and Mr. MICHAEL F. DOYLE of Pennsylvania.

H.R. 594: Mr. DESJARLAIS.

H.R. 597: Ms. HERRERA BEUTLER.

H.R. 612: Mr. FORBES.

H.R. 625: Mr. RIGELL and Mr. WELCH.

H.R. 628: Mr. WHITFIELD.

H.R. 650: Mr. FITZPATRICK and Mr. KING of New York.

H.R. 656: Mr. HUFFMAN.

H.R. 661: Mr. HENSARLING.

H.R. 681: Mr. GUINTA.

H.R. 685: Mr. COSTELLO of Pennsylvania.

H.R. 696: Mr. KING of New York.

H.R. 703: Mrs. MIMI WALTERS of California.

H.R. 704: Mr. LOBIONDO and Mr. CURBELO of Florida.

H.R. 711: Mr. GOHMERT.

H.R. 712: Mr. GOHMERT.

H.R. 723: Mr. MACARTHUR.

H.R. 727: Mrs. CAPPS and Mr. LANGEVIN.

H.R. 735: Ms. JACKSON LEE, Ms. LEE, Mr. COHEN, Mr. POLIS, and Mr. RUSH.

H.R. 738: Mr. GRIJALVA, Mr. FARR, and Ms. MAXINE WATERS of California.

H.R. 766: Mr. LATTA.

H.R. 767: Mr. SCHRADER, Mr. GUINTA, Mr. EMMER of Minnesota, and Ms. DELBENE.

H.R. 797: Ms. NORTON, Mr. PAYNE, Mr. CONYERS, Mr. POLIS, Mrs. WATSON COLEMAN, Miss RICE of New York, Ms. MENG, Mr. JEFFRIES, Mr. ENGEL, Ms. BROWN of Florida, and Ms. SEWELL of Alabama.

H.R. 816: Mr. MICA, Mr. GRAVES of Missouri, and Mr. BISHOP of Michigan.

H.R. 824: Mr. AUSTIN SCOTT of Georgia.

H.R. 845: Mr. MULVANEY, Mr. THOMPSON of Pennsylvania, and Mr. PEARCE.

H.R. 893: Mr. STEWART, Mr. VISCLOSKY, Mr. HILL, Mr. SHIMKUS, Mr. WHITFIELD, Mr. TIBERI, Mr. HULTGREN, Mr. ROSS, Mr. FLEISCHMANN, Mr. HARPER, Mr. MICA, Mr. TURNER, Mr. JOHNSON of Ohio, Mr. RENACCI, Mr. PITTS, Mr. GOHMERT, Mr. WILLIAMS, Mr. GOSAR, Mr. BROOKS of Alabama, Mr. DENT, Mr. MCHENRY, Mr. VALADAO, Mr. SAM JOHNSON of Texas, Mr. CARTER of Texas, Mr. WEBER of Texas, Mrs. LUMMIS, Mr. RIGELL, Mr. MOONEY of West Virginia, Mr. CRENSHAW, Mr. FITZPATRICK, Mr. CULBERSON, Mr. COOPER, Mr. PETERS, Ms. SINEMA, Mr. PALLONE, Mr. PERLMUTTER, Mr. LOEBSACK, and Mr. LIPINSKI.

H.R. 903: Mr. JOHNSON of Ohio.

H.R. 911: Mr. COOK.

H.R. 928: Mr. RUSSELL, Mr. EMMER of Minnesota, Mr. ZINKE, Mr. POE of Texas, Mr. BOST, Mr. YOUNG of Iowa, and Mr. CARTER of Georgia.

H.R. 973: Mr. DEUTCH and Mr. BERA.

H.R. 981: Mr. SCALISE.

H.R. 985: Mrs. BROOKS of Indiana, Mr. KINZINGER of Illinois, Mr. RUSH, and Mr. DENT.

H.R. 990: Mr. SMITH of New Jersey.

H.R. 999: Mr. KELLY of Pennsylvania, Mr. ALLEN, Mr. WALBERG, and Mr. JORDAN.

H.R. 1002: Mr. BROOKS of Alabama, Ms. MCCOLLUM, Mr. FITZPATRICK, Mr. WEBSTER of Florida, Mr. JOHNSON of Georgia, Mr. SENSENBRENNER, Mr. AUSTIN SCOTT of Georgia, and Mr. SMITH of New Jersey.

H.R. 1062: Mr. AUSTIN SCOTT of Georgia and Mr. SMITH of New Jersey.

H.R. 1088: Mr. CICILLINE, Mr. DELANEY, Mr. FARR, Mr. GENE GREEN of Texas, Mr. GRIJALVA, Mr. HIMES, Mr. JOHNSON of Georgia, Mrs. KIRKPATRICK, Mr. LANGEVIN, Mr. NOLAN, Mr. RICHMOND, Ms. SINEMA, and Ms. MICHELLE LUJAN GRISHAM of New Mexico.

H.R. 1089: Ms. MOORE.

H.R. 1091: Mr. ALLEN.

H.R. 1095: Ms. ESTY.

H.R. 1101: Mr. LEWIS and Ms. LEE.

H.R. 1105: Mrs. ROBY, Mr. AUSTIN SCOTT of Georgia, Mr. DOLD, and Mr. WOMACK.

H.R. 1139: Mr. HOYER.

H.R. 1143: Mr. JOHNSON of Ohio and Mr. TIBERI.

H.R. 1148: Mr. BABIN and Mr. DUNCAN of Tennessee.

H.R. 1174: Mr. PETERS.

H.R. 1192: Mr. VARGAS, Mr. POMPEO, Mrs. BUSTOS, and Mr. WILSON of South Carolina.

H.R. 1194: Mr. BISHOP of Georgia.

H.R. 1195: Mr. MESSER.

H.R. 1199: Mr. SESSIONS and Mr. HANNA.

H.R. 1215: Mr. AUSTIN SCOTT of Georgia.

H.R. 1218: Mr. HUFFMAN and Mr. EMMER of Minnesota.

H.R. 1221: Mr. HASTINGS and Mr. VISCLOSKY.

H.R. 1247: Mr. RIGELL and Mr. LOBIONDO.

H.R. 1250: Mr. GOHMERT and Mr. FORTENBERRY.

H.R. 1266: Mr. MCCAUL, Mr. WEBER of Texas, Mr. BURGESS, Mr. CULBERSON, Mr. CARTER of Texas, Mr. BRADY of Texas, Mr. FLORES, Mr. BARTON, Mr. CONAWAY, Mr. SESSIONS, Mr. OLSON, Mr. POE of Texas, Mr. HURD of Texas, and Mr. SMITH of Texas.

H.R. 1269: Mr. LOBIONDO, Mr. ENGEL, and Mr. FORBES.

H.R. 1288: Mr. WITTMAN.

H.R. 1295: Mr. REED.

H.R. 1298: Mr. ROE of Tennessee, Mr. BABIN, Mr. ZINKE, and Mr. HARRIS.

H.R. 1300: Mr. WITTMAN.

H.R. 1301: Mr. SMITH of New Jersey, Mr. CALVERT, and Mr. BARLETTA.

H.R. 1314: Mr. REED.

H.R. 1323: Mr. FRANKS of Arizona.

H.R. 1331: Mr. ASHFORD.

H.R. 1338: Mr. ASHFORD, Mr. CARTWRIGHT, Mr. COSTELLO of Pennsylvania, Mr. FORTENBERRY, Mr. KLINE, and Mr. ROTHFUS.

H.R. 1342: Mr. JOYCE, Mr. HANNA, Mr. RIBBLE, Mr. JONES, and Ms. SLAUGHTER.

H.R. 1344: Mr. PIERLUISI.

H.R. 1346: Mr. PETERS.

H.R. 1365: Mr. BABIN, Mr. PALMER, Mr. FRANKS of Arizona, Mr. CARTER of Texas, Mr. JONES, Mr. ROUZER, Mr. LATTA, Mr. DUFFY, and Mr. BYRNE.

H.R. 1387: Mr. MCHENRY and Mr. ABRAHAM.

H.R. 1391: Ms. HAHN.

H.R. 1397: Mr. BLUM.

H.R. 1413: Mr. POE of Texas and Mr. LATTA.

H.R. 1427: Mr. PETERS.

H.R. 1435: Mr. JOHNSON of Georgia and Ms. JUDY CHU of California.

H.R. 1462: Mr. BARR, Mr. HASTINGS, Mr. ISRAEL, Mr. KEATING, Ms. MENG, Ms. MOORE, Ms. TSONGAS, and Mr. YARMUTH.

H.R. 1466: Mr. CAPUANO.

H.R. 1470: Mr. BENISHEK.

H.R. 1479: Mr. GRIFFITH and Mrs. WAGNER.

H.R. 1492: Mr. COHEN.

H.R. 1500: Mr. YOHO.

H.R. 1506: Ms. MATSUI, Mr. BEN RAY LUJÁN of New Mexico, and Mr. BUTTERFIELD.

H.R. 1511: Mr. MESSER.

H.R. 1529: Mr. POSEY.

H.R. 1530: Mr. STIVERS and Mr. KING of New York.

H.R. 1538: Ms. NORTON, Ms. LOFGREN, Mr. NADLER, Mr. CONYERS, Mr. ROHRABACHER, Mr. HUNTER, and Mr. HANNA.

H.R. 1545: Mr. PIERLUISI.
H.R. 1548: Ms. CLARKE of New York, Mr. CUMMINGS, and Ms. SPEIER.
H.R. 1552: Ms. GABBARD.
H.R. 1553: Mr. BLUM and Mr. NEUGEBAUER.
H.R. 1559: Ms. ROS-LEHTINEN, Mr. STIVERS, Mrs. BEATTY, and Mr. KING of New York.
H.R. 1567: Mr. MCGOVERN.
H.R. 1585: Mr. ROE of Tennessee.
H.R. 1594: Mrs. COMSTOCK and Mr. TAKAI.
H.R. 1599: Mr. LONG, Mr. HUELSKAMP, and Mr. LUETKEMEYER.
H.R. 1619: Mr. CLAY, Mr. LIPINSKI, and Mr. PIERLUISI.
H.R. 1622: Mr. HONDA.
H.R. 1627: Mr. WITTMAN.
H. Con. Res. 26: Mr. SMITH of Texas.
H. Con. Res. 28: Mr. POLIQUIN, Mr. BILIRAKIS, Mr. DUNCAN of Tennessee, Mr. JODY B. HICE of Georgia, Mr. STIVERS, Mr. WEBER of Texas, and Mr. ROSKAM.
H. Res. 28: Mr. SIRES, Ms. GABBARD, and Mr. RYAN of Ohio.
H. Res. 54: Ms. GABBARD.
H. Res. 102: Mr. HASTINGS.
H. Res. 122: Mr. PERRY.
H. Res. 154: Mr. WALZ.

PETITIONS, ETC.

Under clause 3 of rule XII,

7. The SPEAKER presented a petition of the City of Robbinsdale, Minnesota, relative to Resolution No. 7402, opposing the proposed CP-BNSF connection because of the significant impact it would have to public safety, commerce, and quality of life; which was referred to the Committee on Transportation and Infrastructure.