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MARKUP OF H.R. 829 AND H.R. 181

TUESDAY, FEBRUARY 7, 2016

House of Representatives,

Subcommittee on Health,

Committee on Energy and Commerce

Washington, D.C.

The subcommittee met, pursuant to call, at 10:00 a.m., in Room 2123 Rayburn House Office Building, Hon. Michael Burgess [chairman of the subcommittee] presiding.

Present: Representatives Burgess, Guthrie, Barton, Shimkus, Murphy, Blackburn, McMorris Rodgers, Lance, Griffith, Bilirakis, Long, Bucshon, Brooks, Mullin, Hudson, Collins, Carter, Walden, Upton (ex officio), Green, Engel, Schakowsky, Butterfield, Matsui, Castor, Sarbanes, Lujan, Schrader, Kennedy, Cardenas, Eshoo, DeGette, and Pallone (ex officio).

Staff present: Grace Appelbe, Staff Assistant; Will Batson,

Legislative Clerk, Energy and Power; Ray Baum, Staff Director; Elena Brennan, Legislative Clerk, Oversight and Investigations; Adam Buckalew, Professional Staff, Health; Karen Christian, General Counsel; Jordan Davis, Director of Policy and External Affairs; Paige Decker, Executive Assistant and Committee Clerk; Paul Edattel, Chief Counsel, Health; Blair Ellis, Digital Coordinator/Press Secretary; Adam Fromm, Director of Outreach and Coalitions; Giulia Giannangeli, Legislative Clerk, Digital Commerce and Consumer Protection/Environment; Caleb Graff, Professional Staff, Health; Jay Gulshen, Legislative Clerk, Health; Zach Hunter, Director of Communications; Peter Kielty, Deputy General Counsel; Katie McKeough, Press Assistant; Kristen Shatynski, Professional Staff Member, Health; Jennifer Sherman, Press Secretary; Hamlin Wade, Special Advisor, External Affairs; Luke Wallwork, Staff Assistant; Gregory Watson, Legislative Clerk, Communications and Technology; Elizabeth Ertel, Minority Office Manager; Tiffany Guarascio, Minority Deputy Staff Director and Chief Health Advisor; Dan Miller, Minority Staff Assistant; Olivia Pham, Minority Health Fellow; Rachel Pryor, Minority Health Policy Advisor; Tim Robinson, Minority Chief Counsel; Samantha Satchell, Minority Policy Analyst; Matt Schumacher, Minority Press Assistant; Andrew Souvall, Minority Director of Communications, Outreach and Member Services; and C.J. Young, Minority Press Secretary.

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Mr. Burgess. The subcommittee will now come to order. The chair recognizes himself for five minutes for an opening statement.

Medicaid was established to serve the most vulnerable individuals in their time of greatest need. As a practicing physician for over 30 years, I have a first-hand understanding of the important roles that this safety-net program serves. As the costs of the program grow, it is more important than ever to ensure that Medicaid spending stays on a sustainable path.

We are here today to vote on two common-sense proposals that would do just that, prioritize care for the vulnerable patients that Medicaid is intended to serve. Both of these bills are focused on narrow issues and they have been introduced in prior sessions of Congress. In fact, both have been considered twice in legislative hearings by this subcommittee, first, in September of 2015, and again last week. We are committed to crafting policy in an open and inclusive manner. We are committed to working hard. We are committed to collaboration and the scrutiny of the American people.

The committee will continue to welcome constructive suggestions to improve these bills before each is advanced to the full committee for markup.

First, we will consider H.R. 829, a bill introduced by Representative Upton to clarify the treatment of lottery winnings

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and other lump sum income for the purposes of income eligibility under the Medicaid program. This common-sense proposal would require states to consider such income as if it were obtained over multiple months for the purposes of determining the modified adjusted gross income for Medicaid or Children's Health Insurance Program eligibility. I hope we can all agree that Powerball lottery winners should not be eligible to receive Medicaid which is precisely the problem in current law that this bill from Mr. Upton would fix.

Secondly, we will consider H.R. 181, close annuity loopholes in Medicaid Act, as introduced by Representative Mullin. This bill would close the gap in current law that allows married individuals to increase the amount of assets a community spouse may retain above state and federal maximums. This bill would help prevent cost shifting from wealthy individuals to the Medicaid program and ensure that the program is available to those who are most in need of its assistance.

Both of these bills would reduce federal and state Medicaid spending by hundreds of millions of dollars, freeing up resources that could be directed towards specific patient populations or areas of need. We all agree that it is important to secure care and to keep our commitment to vulnerable Americans. It is my hope that we can work together, that we can work on a bipartisan basis to make Medicaid more sustainable. I hope that we can begin by

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taking these small steps to put Medicaid spending on a sustainable path. I am confident that we can continue to advance bills through an open and inclusive process to protect and empower patients.

And I yield back the balance of my time and recognize the ranking member of the subcommittee, Mr. Green, for five minutes for your opening statement, please, sir.

Mr. Green. Thank you, Mr. Chairman. Medicaid is a lifeline and a safety net for more than 74 million Americans who depend on the coverage. One in 5 Americans receive health coverage from Medicaid, including 12 million people who now have health insurance thanks to the Affordable Care Act expansion of Medicaid for low-income adults. It is the primary health insurer for more than 10 million Americans with disabilities, financing more than half of all births and is the main source of long term care coverage. One in seven seniors is on Medicaid. Seventy percent of all nursing home residents rely on this program.

We are here to mark up two bills that were considered by this subcommittee last week, H.R. 181 and H.R. 829. Unfortunately, I can't support either bill. Instead of strengthening the program, these bills would generate small savings by delaying or denying coverage or eliminating eligibility for some Medicaid beneficiaries and doing nothing to substantially improve the program.

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H.R. 181 requires that half of the income produced by Medicaid complying annuities that a spouse living in a community receives be considered income for the purposes of their spouse's eligibility for the long-term care.

H.R. 829 would require states to count a one-time lump sum payment that an individual receives as though it were income that the individual is receiving anywhere between two months and ten years after actually getting the payment.

Both bills are predicated on the false idea that there are large numbers of unworthy beneficiaries taking advantage of Medicaid. You are always going to be able to find a new examples of bad actors when talking about a program that insures more than 74 million Americans each year.

While there may be a handful of wealthy individuals using annuities to shield income, or an individual who had won the lottery and did not immediately notify their state Medicaid agency and enrolled in private coverage, these are extreme outliers and not the basis for which we should be considering ways to improve and strengthen Medicaid.

The bills are part of a larger effort to chip away at the program and advance the false narrative that Medicaid program is not financially sound and therefore must be cut. These claims are both misleading and over simplistic. Legislative proposals that immediately delay or deny coverage under guise of

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strengthening the program are imprudent and should be rejected. Our goal should be to ensure that every American has a consistent source of health insurance with regular access to care. That is why the Affordable Care Act removed asset testing and Medicaid for most groups and streamlined eligibility across the nation.

There are ways we can work together and strengthen Medicaid. For example, for several Congresses, my colleague and fellow Texan, Joe Barton and I have introduced bipartisan legislation to provide 12 months continuous coverage for beneficiaries in Medicaid and CHIP, aligning the program with private insurance practice. This would reduce the churn, lower overhead, and administrative costs and ensure that beneficiaries maintain the continuity of care which keeps chronic illnesses under control and patients out of the most costly emergency room.

Last Congress and the Congresses before, we worked together to improve the Medicaid program. I stand ready to work with anyone on proposals that would meaningfully strengthen coverage, program integrity, and access to Medicaid.

And I thank you, Mr. Chairman. I yield back my time.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair recognizes the gentleman from Oregon, Mr. Walden, chairman of the full committee, for five minutes for an opening statement.

Mr. Walden. Thank you very much, Mr. Chairman. I am

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delighted to be here today. This is our first markup of this Congress and it opens a new chapter and opportunity for us to lead. It is a big opportunity, one we are not taking lightly. Our goal is straight forward, to modernize America's healthcare laws by making what is best for patients our top priority.

And indeed, we do start today by going after bad actors, not ignoring them, by going after people who shield their income and deprive people who need help in Medicaid the services that they need.

As the committee of jurisdiction, we are focused on ways to strengthen, improve, and modernize the Medicaid program. We all agree Medicaid is a critically important safety net for millions of our citizens, low-income adults, children, pregnant women, the elderly, or those who are blind or have disabilities. We are committed to protecting these patients and to supporting innovative patient-center solutions at the state and local levels, particularly as we work to ensure the solvency of this program.

We want to prioritize federal funding to make sure that those most in need of medical services in our communities, get better quality and affordable care.

Today, we continue our work with those goals in mind starting with bills authored by former Chairman Fred Upton and Representative Markwayne Mullin. These bills will empower

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states with more flexibility. They will help prioritize the Medicaid program for the most vulnerable. And this important flexibility and reform are exactly what our governors are begging us to give them.

Just a couple of weeks ago, I had the opportunity to meet and listen to more than a dozen governors from around the country. Their requests were as clear as they were common. They said give states the flexibility to care for our people in ways we know work. That is what they want to do.

The bills we are considering today originated from our members who listened to their constituents and their leaders from back home who called on Congress to do more to root out waste, fraud, and abuse. Over the last 14 years, the Government Accountability Office has put Medicaid on the list of high risk federal programs.

Last week, before our Oversight and Investigations Subcommittee, the Government Accountability Office, and the Office of Inspector General both reminded us of how a lack of data and transparency impedes their work. And they just recently issued their report, the GAO did, confirming their investigation and what they found.

We need to act. Today's common sense proposals close loopholes. They root out abuses and bad actors. They target savings to help patients most in need. This is where you make

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real serious choices that affect the people in our districts by rooting out bad actors and people who shield their income so that the taxpayer money is actually there to help people who are most in need. That is what these bills do.

Know that these are just the first and they are small steps, but they are steps forward in a journey. In the weeks and months ahead, we will actively work to improve the healthcare choices and the affordability of that healthcare for all patients. Today's bills represent only a fraction of the work we need to do, but they are an excellent start to our step-by-step approach to improving our healthcare system for all Americans. And with that, Mr. Chairman, I yield back the balance of my time.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair now recognizes the gentleman from New Jersey, ranking member of the full committee, Mr. Pallone for five minutes for your opening statement, please.

Mr. Pallone. Thank you, Mr. Chairman. My opinion on both pieces of legislation that we are considering today has not changed from last week. I can't support policies that limit eligibility and delay coverage and do not strengthen the Medicaid program for beneficiaries. Medicaid is simply too important for too many people. These bills merely chip away at the program around its edges, making no meaningful improvements.

In 2016, over 97 million Americans depended on Medicaid at

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some point during that year. That is our nation's kids, the disabled, our seniors, and hard-working Americans who simply need the safety net to make life better for their families. It is undeniable that Medicaid coverage pays us back as a society tenfold. And that is why we must improve and strengthen Medicaid's coverage provisions and not kick people off in the name of integrity.

My Republican colleagues say they are strengthening Medicaid, but that is simply not the case. After all, they remain committed to repealing the Affordable Care Act's Medicaid expansion provisions, taking healthcare away from millions and shifting trillions of dollars on to our states by gutting the financing structure of the Medicaid program.

Now H.R. 181 would count half of the income that a spouse receives from an annuity as income for purposes of the other spouse's eligibility for Medicaid long term care. While there may be some examples of extremely wealthy individuals using annuities in their spouse's name to shield income, the reality is that rather than hitting the wealthiest among us, this bill would likely most impact the financial security of hard-working spouses.

Moreover, we currently have no long term care insurance in this country. And until we are ready to have a discussion about improving options in the long term care insurance marketplace,

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I am concerned about any changes to Medicaid eligibility that would make it harder for working people to access the care that they need.

The other bill, H.R. 829, would limit Medicaid coverage for people that receive the one time lump sum payment of \$80,000 or more for anywhere from two months to ten years. Despite what Republicans say, this is not a bill about lottery winners and millionaires. If Republicans truly wanted to kick millionaires off of Medicaid, this bill would look very different. My Republican colleagues say they are strengthening Medicaid by removing or excluding certain people from the program, claiming that it will allow for more resources to go towards others. This is meaningless. This is a meaningless approach to resource management. There is no evidence to suggest that some beneficiaries take away resources from others or that excluding some beneficiaries are going to benefit others. Nor did it truly strengthen the Medicaid program. We should expand coverage, protect against fraud, and implement advanced delivery system reform.

I would like to remind my colleagues that the Affordable Care Act did just that. If Republicans really wanted to strengthen the Medicaid program, I stand ready to build on those efforts. But I will not support policies that simply chip away at the coverage that so many millions of people depend on. I yield back

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unless someone else wants some time. I guess not.

I yield back, Mr. Chairman.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair now recognizes the gentleman from Michigan, the Chairman Emeritus of the full Committee, Mr. Upton, three minutes for your opening statement, please.

Mr. Upton. Thank you, Mr. Chairman. I want to say just a quick word regarding the bill that I introduced, H.R. 829, Prioritizing the Most Vulnerable Over Lottery Winners Act of 2017.

So under Medicaid regulations, income received as a lump sum, such as lottery winnings is counted as income only in the month that it is received. And as a result, states are effectively not allowed to disenroll lottery winners from Medicaid. This forces taxpayers to bear the burden of paying the healthcare benefits for individuals who no longer require assistance.

H.R. 829 will close the loophole by requiring states to count monetary winnings from lotteries of \$80,000 or more, not \$2 or \$4 winners or \$6, but \$80,000 or more as if they were obtained over multiple months even if obtained in a single month.

This common-sense solution would alter how Medicaid eligibility is determined for those lucky enough to hit that big cash windfall by playing the lottery, while continuing to prioritize the low-income population that the program is meant to assist, the most vulnerable. In fact, the bill has been

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amended from previous iterations to include changes suggested by our committee's minority.

Moreover, this legislation is estimated to save taxpayers hundreds of millions of dollars. The legislation will ensure that this money is spent on those who need it most, as opposed to those who strike it big.

So I want to say, too, I will be offering a technical amendment that will allow more time for state implementation. It will allow, but not require a hardship exemption, noting that a state can do that through an 1115 waiver and clarifying the winnings test does apply to the individual's spouse.

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

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair recognizes the gentlelady from California, Ms. Matsui, for three minutes for an opening statement, please.

Ms. Matsui. Thank you, Mr. Chairman. The Medicaid program is a critical foundation for healthcare services, particularly for children, seniors, and those with mental illness. The impact of Medicaid in our nation's families cannot be overstated.

The proposals my Republican colleagues have put forth would impose arbitrary caps on Medicaid. This ties the hands of state leaders and poses a real threat to families who rely upon Medicaid

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now or may need it in the future.

We can't force states to choose between covering seniors or children or the mentally ill. In California, two of five children are enrolled in Medi-Cal program which is our Medicaid. As a result of Medi-Cal coverage, these children have access to well child checkups and prevention and treatment that keeps them healthy. This means that children can stay in school, learn, and grow.

Medicaid gives millions of kids a healthy start in life and opportunities to thrive. Medicaid has also expanded access to mental health prevention and treatment services for millions more Americans. Medicaid means access to depression screenings, and hospital and community services during a mental health crisis. And nearly two million Americans have gained access to substance abuse treatments including for opioid abuse under the ACA's Medicaid expansion.

If we were to repeal the Medicaid expansion, we would go backwards, and once again, leave our nation's mentally ill out in the cold.

Lastly, three in five people who live in nursing homes in California are on Medicaid. We don't have a financing system for long-term services and support in this country and Medicaid fills that gap. Beneficiaries of a Medicaid program are struggling to make ends meet. This means living on less than \$30,000 per year

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for a family of three. These are not millionaire lottery winners.

Eighty percent of Medicaid enrollees in California are families with someone who is working. Without Medicaid, these families might have to choose between seeing a doctor and putting food on the table. The bills before us today do nothing to address the real healthcare challenges our constituents are facing. Medicaid works and we should strengthen it and not limit coverage and propose ideological cuts.

Thank you and I yield back.

Mr. Burgess. The chair thanks the gentlelady. The gentlelady yields back. The chair recognizes the gentlelady from Tennessee, Mrs. Blackburn, three minutes for opening statement, please.

Mrs. Blackburn. Thank you, Mr. Chairman and I am so pleased that we are moving forward in a manner that is going to clean up our Medicaid program to bring transparency, to bring accountability, and to provide clarity. And Chairman Walden mentioned the meeting we had with the governors. These are three things they pointed out to us that they want. Clarity. They want to have transparency. They want accountability because they know it is important to have a Medicaid delivery system that is going to work.

The more they have the ability to work within that, to meet the needs of their individuals in their states that are Medicaid

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enrollees, the better outcomes we will see, the better access to affordable healthcare you will see. And isn't that what we want for everyone to have access to affordable healthcare?

I am so pleased that we are beginning with these bills that will bring some accountability to the process. I urge my colleagues to support the legislation that is before us and Mr. Chairman, I yield back the balance of my time.

Mr. Burgess. The chair thanks the gentlelady. The gentlelady yields back. The chair will yield three minutes to the gentlelady from Florida, Ms. Castor, for an opening statement, please.

Ms. Castor. Thank you, Mr. Chairman. Members, we are one month into the new Congress and American families are on edge because the Republican majority and the new President has left them with a lot of uncertainty and a couple of impressions. One, there is an overwhelming Republican zeal to repeal the Affordable Care Act without anything to replace it.

Now President Trump says he has got a fabulous plan. It is going to be a wonderful plan where everyone has insurance. The problem is there is no plan. We haven't seen a plan. And in fact, what my Republican colleagues are saying on time tables, they are all over the map. Is it this month? Is it in March? Is it next year some time? Is it by the end of the summer? And this is causing great uncertainty among our families and everyone who

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relies on the health sector, for their job, for their care. It is doing particular damage to the individual market under healthcare.gov. Not only did the new Trump administration say we are just not going to promote healthcare.gov and sign ups, but all of this uncertainty now is weighing upon not just families, but health insurers and providers that don't know the way forward and it is just not right.

The other impression they have left is really for our neighbors who rely on skilled nursing. If you have a family member with Alzheimer's or a disability or almost half of America's children that rely on Medicaid services, there also is great uncertainty because the Republican budgets and what they have said over the past few years is to the contrary, not to strengthen Medicare, that is a euphemism, strengthen Medicare, because what they plan to do and what is being talked about is to pull the rug out from under our families that rely on Medicaid.

Medicaid currently functions as the only long term care insurance in this country, yet instead of having a real conversation about financing long-term care, Republicans want to make it harder for working middle class, spouses, to remain financially secure in the face of overwhelming and insurmountable long term care cost.

We are going to stand up and fight these cuts and what it will do to American families. You can bet on that. But we need

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those families to help us and to stand up and say what Medicaid, Medicare, the Affordable Care Act means to them. I am hearing them. I trust that the rest of you are hearing them as well. I yield back.

Mr. Burgess. The gentlelady yields back. The chair thanks the gentlelady. The chair recognizes the gentleman from Virginia, Mr. Griffith, three minutes for an opening statement, please.

Mr. Griffith. Thank you very much, Mr. Chairman. I do appreciate it. I support the concept of both bills, but I do believe we need to resolve an unintended consequence inside of H.R. 181 dealing with annuities and I am working with staff to try to come up with the proper language and so forth and we will hopefully have that ready for the full committee.

And what it deals with is the community spouse annuity section because when you have a community spouse, most of the time this is going to make sense because the annuity would have been purchased with marital assets. But there are going to be situations where an annuity is purchased with non-marital assets.

In Virginia parlance that would mean that the money was a sole separate equitable estate of the community spouse. This can happen several ways and probably some I haven't thought of, but it can happen because an annuity may be purchased by a wealthy, elderly parent for a child within the 60-month look back because

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we don't always know. We always think about it being somebody who is older, but that spouse could be somebody who is younger, who unfortunately has a stroke or something like that and the parent has bought an annuity for their child, not the institutionalized spouse, but the community spouse. That is separate property under the laws at least of the Commonwealth of Virginia.

Likewise, an annuity could be purchased out of funds considered separate by the rules of the state because when you have a later marriage in life, a lot of times those folks come in with assets and the property that they had prior to the marriage is, in fact, separate property.

Last, but not least, it could actually have been anticipated that a purchase would be made out of separate assets in a pre-nuptial agreement in that situation.

So here is the dilemma that we have. I fear that unfortunately and as an unintended consequence that if we don't change the language, we may actually be encouraging, and in fact, incentivizing divorce because in each one of those examples I named, at least in the Commonwealth of Virginia, those assets would be sole separate property which would be protected in a divorce action and if they don't get a divorce under this bill, the Federal Government would be coming in for Medicaid purposes and taking it for the institutionalized spouse from the community

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spouse. We would like to think that people wouldn't do such things, but if there is a significant amount of money laying on the table, I submit to you that they will.

Now I know this was not the intent of the bill and I know that we can craft language that will make an exception that recognizes the state laws as regards separate assets. So I look forward to working with the committee on this and having something ready for this when we get to the full committee.

Thank you very much and yield back.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair now recognizes the gentlelady from Illinois, Ms. Schakowsky, three minutes for an opening statement, please.

Ms. Schakowsky. I oppose the two bills we are considering today, both of which would only make it harder for eligible individuals to receive Medicaid benefits and would harm low income and middle class families.

First, despite claims that H.R. 829 will target lottery winners and millionaires, the truth of the matter is that this legislation would kick low-income individuals off Medicaid. If this legislation were truly intended to target lottery winners and millionaires, then why are we considering a bill that would kick people off Medicaid for even very modest lump sums that are neither lottery winnings nor would make any individual a

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millionaire.

Given that many of these families live off very little income to begin with, any additional funds will likely be used to pay off debts, help send kids to college or pay their rent or mortgage. The last thing they need to be worried about is losing access to health insurance.

The second bill we are considering, H.R. 181, would target middle-income families who are struggling to afford the cost of long-term care for their loved ones. The decision to place a spouse in institutional long-term care or the process to get a loved one into long-term home and community-based care is incredibly difficult, both emotionally and financially. These are people whose spouses no longer are able to care for themselves because they have serious life-threatening conditions like Alzheimer's disease, Parkinson's, or MS. It is beyond understanding that we would make it harder for those people to get their spouse the care they need, while also ensuring that they have enough income to live off of.

Let me remind my Republican colleagues that Medicaid is the long term care insurance system in this country. There simply is not another option for low- and middle-income families.

Let me also remind my Republican colleagues that private long term care insurance still allows insurance companies to discriminate for preexisting conditions. So individuals with

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MS, Alzheimer's, or other progressive diseases that require long-term care are often left without access to private insurance, even if they have the ability to afford it.

I think we can all agree that we should not require someone to live in poverty if their spouse requires long-term care which is exactly why we work to prevent spousal impoverishment in the Affordable Care Act.

And let me just say to the chairman of the full committee, the reason people are calling their members of Congress now is not to cut Medicaid, but to not repeal the ACA. And a big part of that, I believe, is because Medicaid is so important and particularly for many of our middle class senior citizens who rely on Medicaid for their long-term care. And I yield back.

Mr. Burgess. The gentlelady's time is expired. The gentlelady yields back. The chair recognizes the gentleman from Oklahoma, Mr. Mullin, three minutes for an opening statement, please.

Mr. Mullin. Thank you, Mr. Chairman, and for my colleague from Virginia, we will work with you on that. I think we heard from your staff last night and we will be happy to work with you and figure out how we can make that happen.

Thank you, Mr. Chairman Burgess, I am glad to see the Health Subcommittee mark up the Comm. Act today. Affordable healthcare or Obamacare as it often is referred to has expanded the broken

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Medicaid system and we need to return these services to those who need it most.

The bills discussed today are two small reforms that start a broader discussion on Medicaid reform that we need to be having. I am proud to have worked with my state government to come up with one solution we can bring to the table.

H.R. 181, the Comm. Act, closes the loophole that some married couples use to mask their assets. GAO found that some couples are hiding up to \$1 million in annuities. My bill brings accountability to this financing loophole and counts half the annuity payments towards Medicaid income threshold.

I look forward to a productive markup today and the passage of the Comm. Act. by the committee so that we can start to make Medicaid stronger.

Thank you, Mr. Chairman, and I yield back.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair recognizes the gentleman from Maryland, Mr. Sarbanes, three minutes for an opening statement, please.

Mr. Sarbanes. Thank you, Mr. Chairman. It seems like over the last couple of weeks we have been focusing in on these tiny pieces of important, but small, components of the Medicaid program and trying to go in and upset those and take them apart and so forth which in the context of what we are facing overall strikes me as sort of moving deck chairs around on the deck of the Titanic.

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The proposal to repeal the Affordable Care Act, to eliminate the Medicaid expansion is a proposal of catastrophic proportion. And I think that is where the focus of the committee ought to be. And Republicans, of course, have been proposing to completely repeal the Affordable Care Act and with it the Medicaid expansion when the Medicaid program has functioned extremely well.

I just wanted to bring to the committee's attention something I think all of the individual members are experiencing which is as you move around in your district, we are hearing more and more about the opioid addiction crisis, the heroin addiction crisis, the incredible number of overdoses and deaths that are occurring and that is accelerating almost exponentially across the country. It is happening, in particular, in districts and communities and neighborhoods that have been hardest hit in terms of their economic situation. It is hitting rural areas. It is hitting urban areas, suburban areas.

The reason I mention that is because oftentimes it is the Medicaid program which is there to provide treatment services for the families that are being affected by this addiction crisis. So if we eliminate the expansion, if we move to the kind of block granting proposal that we have heard of which would over time diminish the resources that are available for the Medicaid program in the state, it is going to pull the rug out, a safety net, a treatment net, out from under those families that are grappling

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with this opioid addiction crisis. So I think we need to focus on the Titanic which is preserving the Affordable Care Act, preserving the Medicaid expansion, rather than just moving these deck chairs around as the majority is proposing. With that, I yield back.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair recognizes the gentleman from Georgia, Mr. Carter, three minutes for an opening statement, please.

Mr. Carter. Mr. Chairman, thank you for convening today's markup of H.R. 829 and 181.

For many years now, my colleagues on the other side of the dais have argued that we needed to take a leap of faith, that by expanding health insurance coverage it would improve health outcomes and lower costs for the states by giving the uninsured access to regular and preventive healthcare. The newly insured would finally gain access to primary care and substitute going to the emergency room and hospital care for normal office visits. But what we have seen is just the opposite. We have seen that the Medicaid expansion that began in 2014 has only grown more and more problematic for many of our states.

With over 70 million enrollees, Medicaid covers more Americans than any other insurer. At a minimum, the Federal Government covers 50 percent of costs, with that share rising to nearly 75 percent in the poorer states and more than 90 percent

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for those covered through ACA Medicaid expansions. This amounts to nearly \$350 billion in federal funding for a year.

This morning, we are taking a moment to discuss common-sense legislation. We are prioritizing the most vulnerable in Medicaid by closing loopholes that allow others to take advantage of the system. One bill that would count lottery winnings obtained over multiple months against a person's eligibility for Medicaid, preventing individuals with significant financial means from inappropriately shifting the cost of their care to the Medicaid program.

A second that would make half of the income generated from an annuity purchased by a community spouse countable for purposes of determining an institutionalized spouse's Medicaid eligibility for long-term care. I ask my colleagues on both sides to see the fairness in allowing those who are most vulnerable to be emphasized in Medicaid and close these loopholes.

I urge my colleagues to support the H.R. 829 and H.R. 181 and I yield back the balance of my time.

Mr. Burgess. The chair thanks the gentleman. The gentleman yields back. The chair recognizes the gentleman from New Mexico, Mr. Lujan, three minutes for an opening statement, please.

Mr. Lujan. Mr. Chairman, thank you very much and to all my colleagues for being here today.

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Mr. Chairman, I think that we should spend some time talking about the Republican plan on Medicaid as a whole. I think oftentimes there are some questions. There was a recent headline that was sent out and it said something along the lines of a GOP Medicaid funding proposals could save \$150 billion, the analysis finds. And I see some of my Republicans shaking their head in agreement with this headline.

What this translates to is \$150 billion in federal cuts to Medicaid. And the analysis further goes on to say that the Republican plan could increase costs on the obligations of how we would be sending this to the states, right?

So in using terms of shifting costs to the states, I think that we need to help define that and decipher that. That means cutting federal support and the notion of using block grants and per capita caps. But in the end, this is the closing statement of the analysis. States may respond to block grants or per capita cuts by cutting enrollment, limiting benefits, or reducing payment rates to providers and plans. Now that doesn't sound like strengthening this program. It sounds like weakening this program.

So in the end, Mr. Chairman, I am concerned that my Republican colleagues are using alternative facts to drive their plan, to cut federal investments in our nation's Medicaid program. And New Mexico is part of the Affordable Care Act Medicaid expansion.

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Medicaid is an important safety net, but it grew from more than a safety net. It grew to a ladder for the middle class. But that is not what you think if you listen to the right-wing rhetoric.

Medicaid is a health insurance program that fills a vital role in my state and across the country. Before passage of the ACA, the number one reason that middle class families declared bankruptcy, lost their houses, lost their cars, lost everything, was medical debt. We should not go back to a time when the difference between middle class and living in poverty is a cancer diagnosis, the difference between having a house and being homeless is one bad car accident. Without this ladder, our middle class will be hurt. Many hard-working families will be at risk and more people will be uninsured or under insured.

And Mr. Chairman, the other thing I think it is important to point out with one of these bills is just so that there is an honest conversation with the American people, rather than the promise of these bills saving millions of dollars. In Michigan, where one of these bills was already implemented, the state saved a mere \$400 over the course of almost two years; \$400 over 2015 and '16.

Now I am not saying we should fight for every penny, but it should be clear to the American people that this plan in Michigan didn't save millions. It saved \$400 over a year and a half.

And then Mr. Chairman, there was another article that came

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out from President Trump about his changes to the Affordable Care Act. I certainly hope that there is more information shared with the American people and this committee of jurisdiction over what these plans are, because there still seems to be this secret safe that keeps these plans in that we haven't seen.

Thank you very much.

Mr. Burgess. The gentleman's time has expired. The gentleman yields back. The chair thanks the gentleman. Are there further opening statements on the majority side?

Are there further opening statements on the minority side? The gentlelady from California is recognized for three minutes.

Ms. Eshoo. Thank you, Mr. Chairman. I think it is very important and I think that we do do this, that members pay a great deal of heed to what their constituents are saying. Now for six years plus, there has been a mantra like a Greek chorus chanting, chanting, chanting every day, every week, every month, all year long, repeal and replace, repeal and replace, repeal and replace, repeal and replace.

Now somehow we come here and this is not really attached to reality. People are awakening all over the country. When they hear the word repeal, they actually are coming to understand what they have, what they have. And in the Affordable Care Act, intertwined in it is Medicare, Medicaid, insurance reforms, the private sector, intricately interwoven into the law.

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Medicaid is one of the pillars of the Affordable Care Act. So why wouldn't people turn out? Why wouldn't people turn out? Now I don't know whether this is part of replacement. I don't know if this is part of repeal. But it doesn't seem to fit with really what is going on across the country.

In many congressional districts, people are just turning out and demanding to know what members are doing and why. And they are doing that because they are coming to understand that beyond repeal and replace, love to hate Obamacare, that there are a whole set of policies that protect them today that didn't protect them before the law was in place.

So I think we need to widen the lens. I am not so sure what we are doing here. I don't know if this is part of repeal. I don't know if this is part of replace. And I have questions about how this reforms, especially when it comes to the lottery and how many millionaires and billionaires are abusing Medicaid. I just -- that is kind of a hard one to swallow, but I think that when I have time to question the legal counsel that we might be able to get some of those answers.

I think my colleagues, my Republican colleagues, you are on a slippery slope. You are on a very slippery slope. Because healthcare is as personal as it gets. It is as personal as it gets. And anyone that tries to diminish what helps people in the care of their bodies, their families, their children, their

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grandparents, when it comes to Medicaid, 60 percent of Medicaid goes to nursing homes. Anyone that has dementia with a relative, that is a very slippery slope. So with that, I yield back. Thank you.

Mr. Burgess. The chair thanks the gentlelady. The gentlelady's time has expired. Are there further members on the majority side seeking time for an opening statement? Members on the minority side seeking time for an opening statement?

Seeing none, the chair then calls up H.R. 829, and asks the clerk to report.

The Clerk. H.R. 829, to amend Title XIX of the Social Security Act to clarify the treatment of lottery winnings and other lump sum incomes for purposes of income eligibility under the Medicaid program and for other purposes.

[The bill follows:]

*****INSERT 1*****

Mr. Burgess. Without objection, the first reading of the bill is dispensed with and the bill will be open for amendment at any point. So ordered. Are there bipartisan amendments to the bill? Are there any other amendments to --

Mr. Upton. Mr. Chairman.

Mr. Burgess. For what purpose does the gentleman seek recognition?

Mr. Upton. I have a technical amendment at the desk.

Mr. Burgess. The gentleman is recognized for five minutes on his amendment.

Will the clerk report?

The Clerk. Amendment to H.R. 829 offered by Mr. Upton.

[The amendment of Mr. Upton follows:]

*****INSERT 2*****

Mr. Burgess. The gentleman is recognized for five minutes on his amendment.

Mr. Upton. Well, thank you, Mr. Chairman. I referenced this in my opening statement. This amendment makes some technical improvements which were suggested by CMS. I would like to think that it would be bipartisan as even those that are opposed to the bill would probably support these technical amendments. It allows more time for state implementation. It allows, but does not require, a hardship exemption noting that a state can do that through an 1115 waiver. It does not include, the technical amendment does not include therefore striking, I guess you could say, the special enrollment period in ACA which was in a previous draft, so it clarifies that that is not included.

And lastly, it clarifies the winning test does apply to an individual spouse. So again, it is a technical amendment. I would like to think that it could pass by voice, and with that, Mr. Chairman, I yield back the balance of my time.

Mr. Burgess. The gentleman yields back. The chair recognizes the gentleman from Texas for five minutes. For what purposes does the gentleman seek recognition?

Mr. Green. To oppose the amendment, Mr. Chairman.

Mr. Burgess. The gentleman is recognized for five minutes.

Mr. Green. Mr. Chairman, first of all, we have just seen this amendment this morning, but what I look at is this first

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section may be correct on what our Chairman Emeritus said. But I think ultimately what this amendment does is make a bad bill and makes it worse. It makes spousal winnings eligible for loss of coverage for both spouses. It removes the counseling on marketplace coverage upon loss of Medicaid. And it also further adjusts the hardship exemption.

My colleagues have made a six-year career now to tear down the Affordable Care Act marketplaces at every opportunity and they never miss an opportunity no matter how small to sabotage the coverage.

The amendment actually makes a bad bill worse and I do not support the amendment. I yield back my time.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. Are there other members seeking time on the amendment?

Seeing none, if there is no further discussion the vote occurs on the amendment.

All those in favor shall signify by saying aye.

All those opposed nay.

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

Are there additional amendments to the bill? Seeing none, the question now occurs on forwarding H.R. 829, as amended, to the full committee.

All those in favor say aye.

All those opposed, no.

The ayes appear to have it.

For what purpose does the gentlelady seek recognition?

Ms. Eshoo. Can I move to strike the last word and ask some questions of the legal counsel on the bill?

Mr. Burgess. I think we are on the question of approval of the bill.

Mr. Pallone. Mr. Chairman, I would request a roll call vote.

Mr. Burgess. A roll call vote has been ordered. The clerk will call the roll on the bill.

The Clerk. Mr. Guthrie.

(No response.)

The Clerk. Mr. Barton.

Mr. Barton. Aye.

The Clerk. Mr. Barton votes aye. Mr. Upton.

Mr. Upton. Aye.

The Clerk. Mr. Upton votes aye. Mr. Shimkus.

Mr. Shimkus. Aye.

The Clerk. Mr. Shimkus votes aye. Mr. Murphy.

Mr. Murphy. Aye.

The Clerk. Mr. Murphy votes aye. Mrs. Blackburn.

Mrs. Blackburn. Aye.

The Clerk. Mrs. Blackburn votes aye. Mrs. McMorris
Rodgers.

Mrs. McMorris Rodgers. Aye.

The Clerk. Mrs. McMorris Rodgers votes aye. Mr. Lance.

Mr. Lance. Aye.

The Clerk. Mr. Lance votes aye. Mr. Griffith.

Mr. Griffith. Aye.

The Clerk. Mr. Griffith votes aye. Mr. Bilirakis.

Mr. Bilirakis. Aye.

The Clerk. Mr. Bilirakis votes aye. Mr. Long.

Mr. Long. Aye.

The Clerk. Mr. Long votes aye. Mr. Bucshon.

Mr. Bucshon. Aye.

The Clerk. Mr. Bucshon votes aye. Mrs. Brooks.

Mrs. Brooks. Aye.

The Clerk. Mrs. Brooks votes aye. Mr. Mullin.

Mr. Mullin. Aye.

The Clerk. Mr. Mullin votes aye. Mr. Hudson.

Mr. Hudson. Aye.

The Clerk. Mr. Hudson votes aye. Mr. Collins.

Mr. Collins. Aye.

The Clerk. Mr. Collins votes aye. Mr. Carter.

Mr. Carter. Aye.

The Clerk. Mr. Carter votes aye. Mr. Walden.

Mr. Walden. Aye.

The Clerk. Mr. Walden votes aye. Mr. Green.

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Mr. Green. No.

The Clerk. Mr. Green votes no. Mr. Engel.

(No response.)

The Clerk. Ms. Schakowsky.

Ms. Schakowsky. No.

The Clerk. Ms. Schakowsky votes no. Mr. Butterfield.

(No response.)

The Clerk. Ms. Matsui.

Ms. Matsui. No.

The Clerk. Ms. Matsui votes no. Ms. Castor.

Ms. Castor. No.

The Clerk. Ms. Castor votes no. Mr. Sarbanes.

Mr. Sarbanes. No.

The Clerk. Mr. Sarbanes votes no. Mr. Lujan.

Mr. Lujan. No.

The Clerk. Mr. Lujan votes no. Mr. Schrader.

Mr. Schrader. Aye.

The Clerk. Mr. Schrader votes aye. Mr. Kennedy.

Mr. Kennedy. No.

The Clerk. Mr. Kennedy votes no. Mr. Cardenas.

(No response.)

The Clerk. Ms. Eshoo.

Ms. Eshoo. No.

The Clerk. Ms. Eshoo votes no. Ms. DeGette.

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Ms. DeGette. No.

The Clerk. Ms. DeGette votes no. Mr. Pallone.

Mr. Pallone. No.

The Clerk. Mr. Pallone votes no. Chairman Burgess.

Mr. Burgess. Aye.

The Clerk. Chairman Burgess votes aye.

Mr. Burgess. How is the gentleman from Kentucky recorded?

The Clerk. He is not recorded.

Mr. Guthrie. I vote aye.

The Clerk. Mr. Guthrie votes aye.

Mr. Burgess. And how is the gentleman from North Carolina recorded?

The Clerk. He is not recorded.

Mr. Butterfield. No.

The Clerk. Mr. Butterfield votes no.

Mr. Burgess. Are there other members seeking to vote? If not, the clerk will report.

The Clerk. Mr. Chairman, on that vote, there are 20 ayes and 12 nos.

Mr. Burgess. 20 ayes and 12 nos. The bill is agreed to and reported to the committee.

For what purposes does the gentlelady from California seek recognition?

Ms. Eshoo. Thank you, I move to strike the last word, Mr.

Chairman.

Mr. Burgess. The gentlelady is recognized for five minutes.

Ms. Eshoo. Thank you. I would like to ask the follow questions of the Legal Counsel on the lottery bill. First, how many lottery winners, above the threshold that is in the legislation in the United States are enrolled in Medicaid?

Counsel. There is not a national survey. However, one state that we have engaged with found 6,000 lottery winners who were receiving, were part of the household receiving Medicaid. And of that group, about 200 individuals had winnings of \$20,000 or more.

Ms. Eshoo. How many in what state?

Counsel. That would be illustrative. Six thousand lottery winners who were receiving or were part of a household receiving Medicaid.

Ms. Eshoo. At the threshold and above?

Counsel. Sorry?

Ms. Eshoo. The threshold that is in the bill, \$20,000.

Counsel. That would be individuals on Medicaid. We don't have --

Ms. Eshoo. How many?

Counsel. National on how many would be above the threshold.

Ms. Eshoo. So you have no national numbers for a basis in the bill? Because we don't know. I think that is what you are

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telling me. You can't tell us how many lottery winners above the threshold that is in the bill, across the country, are enrolled in Medicaid?

Counsel. Well, as the chairman pointed out, and as you know well, Medicaid data is challenging in its timeliness, accuracy, and completeness.

Ms. Eshoo. It is also the responsibility of legislation to have a foundational information from which to move from.

My next question is --

Mr. Upton. Will the gentlelady yield?

Mr. Burgess. Ms. Eshoo?

Ms. Eshoo. I will once I finish my questions. I would be glad to, to whomever wants to say something.

Do states today have the flexibility to adjust for lump sum payments?

Counsel. No.

Ms. Eshoo. Well, in the statute, CMS says that CMS requires that enrollees notify the state Medicaid agency immediately if they have a change of circumstance that affects their eligibility. And CMS additionally requires that states annually redetermine Medicaid eligibility as part of that process that states may adopt a reasonable method to include a prorated portion of reasonably predicted future income to account for increases or decreases in future income.

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So you are saying that there is not any flexibility on the part of states today and that is why the bill mandates what it mandates?

Counsel. The issue that the bill seeks to address is that under the Affordable Care Act which mandated the use of modified adjusted gross income for large portions of the Medicaid program, certain populations, not all populations, that lump sum payments, including lottery winnings, are only counted in the month that they are received.

Ms. Eshoo. Is this bill scored?

Counsel. It is easier to be disenrolled from the program

--

Ms. Eshoo. Is this bill scored?

Counsel. This particular version, there have been, as you know, multiple versions.

Ms. Eshoo. Has the bill been scored?

Counsel. Congress. So there are -- we have had --

Ms. Eshoo. You can just yes or no.

Counsel. We have had initial conversations with Congressional Budget Office, but on various iterations.

Ms. Eshoo. Has it been scored?

Counsel. We have not requested an official scoring at this time.

Ms. Eshoo. Now this was mentioned earlier. In the State

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of Michigan in 2015, the total amount of garnishments collected by lottery was \$380.67. And I think that that is very important to place on the record. I would welcome \$380.67 in my checking account, but I wouldn't consider that a standout. And that is a major state in our country. So I think that the answers of the counsel where there is not something foundational that tells us what we are pursuing, how widespread is this, a major state in the union in 2015, the total amount of garnishments collected by a lottery was \$380.67. I don't think the bill has been scored and we really don't know how many people we are talking about in the country above the threshold that is in the bill.

So if this is reform, I would say that it seems to be a pebble in the sand in my view, because the counsel can't give me anything meaty. So I will yield. Who wanted time?

Mr. Burgess. The chair thanks the gentlelady.

Ms. Eshoo. I only have a few seconds, so there is not that much to yield. Thank you.

Mr. Burgess. The time is expired.

Mr. Upton. Mr. Chairman, strike the last word. And I know we have already passed this.

Mr. Burgess. The gentleman from Michigan is recognized. The chair does observe the bill has passed.

Mr. Upton. It has passed. I just want to briefly say a couple of things. First of all, this gives the states the

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authority to collect once those winnings are made which they don't really have that ability today.

Second, I would note that in our long deliberation on the 21st Century Cures of which again I want to compliment every member of this committee for their support, you will recall that we had sizable sums for a variety of things including the Bo Biden Moonshot, precision medicine, fight on opioids, more money for the NIH. And one of the challenges that we had from the get go was that we had to come up with pay-fors for all of that. And actually, we had to come up with two sets of pay-fors because the first set is what I say stolen by the Senate and we had to come up with a second version.

One of the things that we talked about, but did not have unanimous support on both sides of the aisle was money from states where you had lottery winners. And there were some versions of this bill that CBO did score that, as I recall, those numbers were in the hundreds of millions of dollars that CBO gave us. Whereas this bill was just introduced last week, CBO is a great institution, but they often aren't able to turn around literally within a couple of legislative days. I know that basically we will get a score, but in fact, it was pointed out and not included as part of the Cures bill, but hundreds of millions of dollars is not a minimal amount that you ought to turn your back on. And for those of us that want this program to be targeted towards the

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most vulnerable and clearly it is, when you have pretty sizable winnings I would guess that not a one of us would turn our back on, \$80,000 or more, that ought to be included as part of the financial wherewithal of that individual or family that receives it in that year that they received it. So I just want to make that part of the record and I --

Mr. Walden. Would the gentleman yield?

Mr. Burgess. I yield to the gentleman of the full committee.

Mr. Walden. I thank the gentleman for clarifying because that was further predicate for moving forward on this legislation. We didn't anticipate that the opposition from the other side against getting quote unquote bad actors out of the system, as Mr. Green referred to them, would be so controversial, especially when we had these scores showing hundreds of millions of dollars in potential savings. And we circulated this morning and I think this morning a draft amendment that may be in full committee we can earn some bipartisan support for that would take those savings that the only scores we have had from CBO indicated it was in the hundreds of millions of dollars and target some of that toward tobacco cessation benefits in Medicaid for moms with newborns.

See, this is about making choices between bad actors and lottery winners and people with big lump sum payments and saving money, cleaning up what we think is a loophole and putting that money to a better purpose. So I would hope even though you have

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described this, the Democrats have described this as not doing anything or doing too much. I can't figure out which. On the one hand you say it doesn't save anything. On the other hand you say it destroys Medicaid, neither which are correct. I think we should make some good choices here. We have that opportunity.

We are going to take these a step at a time, issue by issue, and then we will see where people are. But let's do the right thing for the American people. This saves hundreds of millions of dollars potentially. We can help new moms to get off tobacco, especially new moms with kids. Isn't that a better choice? I think it is. That is what I hope we can build bipartisan support for that amendment when we get to full committee.

I commend the gentleman from Michigan for bringing this issue forward. This ought to be a no brainer and we are going to move forward on it. Thank you. And I yield back the balance of your time.

Mr. Upton. Mr. Chairman, I yield back the balance of my time to Dr. Bucshon.

Mr. Bucshon. Yes, I just want to say briefly that since I have been in Congress, no matter the subject, I have always heard that a small amount of the taxpayer dollar isn't worth spending in the appropriate way and that is how we have ended up \$20 trillion in debt and with large deficits. So the argument that small dollar amounts, from my constituents that are not being spent

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properly is not an argument that I agree with. And so I hope that we move this through the full committee. I yield back.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The chair would observe that H.R. 829 has been referred --

Mr. Pallone. Mr. Chairman.

Mr. Burgess. For what purpose does the gentleman from New Jersey seek recognition?

Mr. Walden. Parliamentary inquiry, Mr. Chairman.

Mr. Burgess. The gentleman will state his parliamentary inquiry?

Mr. Walden. Are we actually in a position where we can strike the last word or do we not need to move into a bill or an amendment to be able to do that? I am not trying to cut things off, I am just trying to get us --

Mr. Pallone. Mr. Chairman, you already recognized to strike the last word.

Mr. Walden. No, I actually was yielded to by Chairman Upton and Ms. Eshoo was yielded five, so we are kind of at an even point here.

Mr. Burgess. Technically, the chair would observe that there is not an underlying item on which to strike the last word. The subcommittee has passed H.R. 829 and referred it to the committee. The chair at this point would like to call up H.R.

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181.

Mr. Pallone. Mr. Chairman --

Mr. Barton. Parliamentary --

Mr. Pallone. Let's just strike the last word on the new bill, I guess.

Mr. Burgess. Right.

Mr. Pallone. That is fine.

Mr. Barton. Parliamentary inquiry, Mr. Chairman.

Mr. Burgess. The gentleman will state his parliamentary inquiry.

Mr. Barton. Are we starting a new tradition where we vote on the bills and then we have the debate after we vote?

Mr. Pallone. Well, the problem, Mr. Chairman, is that Ms. Eshoo asked a question as we --

Mr. Burgess. Parliamentary inquiry and the chair is prepared to rule and the answer is yes, the chair calls up H.R. 181 if someone wishes to strike the last word, obviously they are free to do that. But I would like to ask the clerk to report.

The Clerk. H.R. 181, to amend title XIX of the Social Security Act to count portions of income from annuities of a community spouse as income available to institutionalize spouses for purposes of eligibility for medical assistance and for other purposes.

[The bill follows:]

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Mr. Burgess. Without objection, the first reading of the bill is dispensed with and the bill will be open for amendment at any point. So ordered.

Are there bipartisan amendments to the bill? Are there other amendments to the bill? Is there further discussion?

Mr. Pallone. Mr. Chairman?

Mr. Burgess. For what purpose does the gentleman from New Jersey wish to be recognized?

Mr. Pallone. Strike the last word.

Mr. Burgess. The gentleman is recognized for five minutes.

Mr. Pallone. Thank you, Mr. Chairman. Part of the problem with both of these bills, in my opinion, and the argument I am trying to make is that we have major issues here with regard to the Republican efforts to repeal the ACA, possibly repeal the Medicaid expansion in the context of that, and hearings where the Republicans keep denigrating the Medicaid program.

Part of our problem here today is as Democrats is that we feel that what is before us is rather trivial and we are trying to get to the triviality, if there is such a word, by asking questions of counsel.

My problem here is that I don't really think that Ms. Eshoo's questions were answered. The chairman of the committee talked about scoring. One of the things that she mentioned was that this bill hadn't been scored and I understand the chairman saying a

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previous similar bill had been scored, but it is not the same bill.

And so we are really questioning to what extent these bills are doing anything meaningful. And I just wanted to ask the counsel if I could a question which is Ms. Eshoo specifically asked a question about the data that was the basis for the first bill and you mentioned one state, but I didn't hear you mention which state. And I would like to know which state you were referencing. And also, it wasn't clear to me what you were saying. Were you saying that there were several thousand people that were on Medicaid in that state or were you saying that there were several thousand people that won the lottery? And then you mentioned another figure about 250 people. I didn't understand the distinction.

So could you once again just reiterate to me what state were you talking about and what were those two distinctions? One figure was in the thousands and the other figure was like 250.

Counsel. So State of Michigan reported that they more than 6,000 lottery winners who were receiving or were part of a household receiving Medicaid. And of this group about 200 individuals had winnings of \$20,000 or more.

Mr. Pallone. Okay, and then she brought up the figure about \$300 and some dollars, the total amount of garnishments collected by the lottery. Do you agree with that?

Counsel. Sir, I don't know report you are referring to, sir.

Mr. Pallone. Michigan health account garnishments collected by the treasury.

Counsel. Right, so the State of Michigan was the state that put this issue on the committee's radar because they have -- they raised with us the case of an individual who won a significant amount of money in the lottery that was still receiving services under the Medicaid program that they were not allowed under current law to disenroll.

I am happy to take a look at that report. You may, as you know, garnishment may refer to the amount saved from other programs. Of course, the amount garnished or the amount saved would go up if this bill were passed because monies could be counted differently than they are under current law today.

Mr. Pallone. All right, I appreciate your responding and giving us the information that you were talking about the State of Michigan and those details. But again, I really want to point out that our concern here on our side is that these bills are relatively trivial in my opinion in terms of the larger issues of people being covered by Medicaid and the possible loss of Medicaid expansion if the Affordable Care Act is repealed. And I understand that the Republicans want to focus on this maybe because it gets some media attention. But in the overall scheme of things in Michigan and elsewhere, we are really not talking about that many people. So thank you, Mr. Chairman.

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Mr. Burgess. The chair thanks the gentleman. The gentleman does yield back. The question now occurs --

Mr. Mullin. Can I move to strike the last word, please?

Mr. Burgess. Mr. Mullin, for what purpose does the gentleman from Oklahoma seek recognition?

Mr. Mullin. I move to strike the last word.

Mr. Burgess. The gentleman is recognized for five minutes.

Mr. Mullin. I know we are talking about trivial and making a point. I come from a business background and I always had a saying with our foremans and my officers of our company that if you watch the pennies, the dollars will take care of themselves.

We have never claimed that this is going to fix everything, but this is a starting point. Now anyone that wants to make the argument that Medicaid is perfect and that it doesn't need some repairs and it is completely affordable haven't been listening to their states.

To say that we are trying to get media attention, that is just the opposite. We are trying to actually do something. We are trying to actually get something fixed. And instead, I am hearing nothing but people wanting to grab sound bites and speak off talking points and simply disrupt the hearing.

Now if you can make a legitimate argument, a legitimate argument that is perfect and it doesn't need to be touched, then try to do that. But don't come up here and just accuse us of doing

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everything underneath the sun. It needs help. It needs attention. So if you got better ideas, let me know. If you have got a better direction, let us know because ACA, affordable healthcare, is broke. It is not affordable. And it is causing states all across the country, blue and red states, to go bankrupt and we are okay with just sitting there?

What is wrong with trying to come up with different ideas? I don't understand it. I mean other than just sitting here and taking it? Really, guys? Let's just move forward. Let's try to come up with small, small problems that can be solved. These two things should be something this committee can work together on. I yield back.

Ms. Schakowsky. Move to strike the last word.

Mr. Green. Move to strike the last word.

Mr. Burgess. The chair thanks the gentleman. The gentleman yields back. For what purpose does the gentleman from Texas seek recognition?

Mr. Green. Mr. Chair, I would like to ask for five minutes and strike the last word.

Mr. Burgess. The gentleman is recognized for five minutes.

Mr. Green. We are actually on H.R. 181. And although we still have some questions about 829, but that will be dealt with.

To my colleague from Oklahoma who we worked together on a lot of things except I always tell him I wish he would quick

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stealing our football players from Texas, but I don't think anybody is defending that Medicaid is not perfect, because it is not. And we know because at least in Texas and I don't know the numbers in Oklahoma, but it is typically two-thirds federal funding and a third state funding. And the states struggle with it. In fact, I don't think the State of Texas is matching their one third that is supposed to be done.

But what we are looking at, even though these may be not major issues, but we ought to look at them in a whole and see -- and not having a CBO score, it is not required until it gets to the floor, but I think our committee would like to see, okay, let's see what the numbers really are on this because if we are going to do two bills today and maybe next week or a month from now do a couple of bills, I would like to see them and I think everybody one say what does it do to the whole program? And I don't think any of us want to defend someone who gets -- wins \$1 million or over \$80,000 that should be built in and the formula already is built in, if there is a lump sum amount that was under the Affordable Care Act to try and get that.

But I think that is why, Mr. Chairman, I know we don't have to have one, but is there any possibility we can encourage the CBO to give us a score that even anticipation of the bill getting to the floor, so you and I would know what it is.

And on the 181, let me address to my colleague from Virginia,

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I actually practiced probate law in Texas and I am going to apply for my CLE from the State of Texas because you explained to me some of the things I hadn't thought about in years. But I think there is a lot of things that may impact this depending on local state law. Virginia is most different than Texas. And so I think before we vote on this or at least before the full committee, we should have a CBO estimate on both bills, but also have some of the questions answered.

And I know there is an amendment on 181 that is not going to be offered for pregnant women and substance abuse that is a bipartisan -- I mean I think you would get bipartisan support, but that doesn't make the bill good enough for us just on that amendment, that it is a good amendment. And I will yield back. Does somebody else want my time?

I yield my time to Congresswoman Schakowsky.

Ms. Schakowsky. I thank the gentleman for yielding. You know, this is described as a step in the right direction. Yes, exactly. Let's start with the spouses of somebody who has to go into a nursing home that we are saying is going to make too much money. So many of us have worked on the issue of spousal impoverishment. And now we are talking about things like \$20,000. Oh, just wait until we get to the issues of reducing corporate taxes, of reducing taxes overall, so that millionaires and billionaires can get more money. That is not going to be a

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problem. But let's take a step in the right direction and start with Medicaid recipients and let's start with the spouses of people that need long-term care.

I just think this is so out of step with where ordinary Americans are. Let's let those spouses, mostly women who shouldn't get anything that their husband had or only half of it in order to take care of their spouse that has some -- that has Alzheimer's disease or some chronic terrible disease that they can't handle by themselves.

I just think that this step is a step in the wrong direction, going after the wrong people. And I am just really interested when we get into talking about carried interests or other things like that that affect the wealthiest Americans and we are going to fiddle around with \$20,000 here or \$20,000 there for poor people that in one month may use that money to pay down their debt or that woman who wants to stay in the house, in the house that she and her husband worked for. I think this is an inappropriate discussion to start with or to end with and I yield back.

Mr. Burgess. The gentlelady yields back. Does the gentleman yield back? The chair asks who seeks recognition?

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

Mr. Burgess. The gentleman is recognized for five minutes.

Mr. Lujan. Thank you, Mr. Chairman. Mr. Chairman, I think that as we are having this conversation about shifting costs from

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the Federal Government to the states that we just be honest with the American people what that means. If the Federal Government is going to shift costs to the states, that means that the Federal Government is reducing federal investments in the program. That is what it means.

If, in fact, the Republican plan which would turn Medicaid into a block grant program would take place, every state except for North Dakota would experience dramatic cuts. That is a fact. And we also know that again, according to some of the analysis that has been done, the way that states will have to respond to this is by cutting enrollment, limiting benefits, and reducing payments to providers.

So as we have the conversation as to what is occurring with this discussion and this debate, make no mistake this debate is about cutting federal dollars to states. The Republican plan would increase costs to states, unless the states dramatically reduce their benefits. That is just what would happen here.

And as we talk about talking points, around the Affordable Care Act, it has been incredible for me to see and witness how the word replace has magically disappeared from the dictionaries of our vocabulary that we use as tools and references.

Repeal and replace, repeal and replace, repeal and replace. It was pounded across America. And now it is gone. And I have had word changes. Well, the only person that continues to talk

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about repealing and his plan and is being honest at least with the American people is the President. He continues to talk about repeal, repeal, repeal. So again, let's just be honest with the American people what these plans are about, what is going forward here and again, let's find the ways that we can work together to improve these programs without reducing benefits, without increasing premiums, without increasing deductibles, without decreasing access to care, without hurting our provider networks. And that is where I hope we can be, Mr. Chairman.

I yield my time to Chairman Walden.

Mr. Walden. I thank the gentleman for yielding. I appreciate his concerns. It is interesting, the governor of New Mexico spokesperson said that she opposes Obamacare because it hurts small businesses and raises premiums on our families. So your own governor has a different view. She has seen what happens in New Mexico.

My governor -- I think we both have governors that did expansion. There are various views within our states certainly. But a common view, even with my governor is that there are things we need to fix and change to make this really work. This again is just one -- this is a little clean up item, but it still could be hundreds of millions of dollars between the two bills and we could target that in to helping the most vulnerable and needy. And that is the whole purpose. Gosh, this ought to be a simple,

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bipartisan effort. I am sort of shocked at the opposition that on the one hand says they are bad actors. We shouldn't waste our time rooting them out. And that is what the ranking member of the subcommittee seemed to allude to. And then turn around and say if you are going to admit they are bad actors, why wouldn't we root them out as Mr. Mullin said that we have got to close all these little holes in the bucket. This stuff matters.

So whether it is your state or my state, there ought to be common ground here that people who are millionaires and billionaires, who win a lottery or get a big inheritance, that that should be looked at because there is a limited amount of money to help the others who really need it. And so it takes money away from those. We have got people on waiting lists. But I yield back and I appreciate the courtesy of my friend.

Mr. Lujan. Thank you, Mr. Chairman. And maybe the committee can help our good governor of the State of New Mexico understand that before the Affordable Care Act, New Mexico had the highest uninsured rate in the country. We also know that the benefits associated with helping small businesses make coverage more affordable in our state is important. And I would also appreciate it if our people could help our good governor in New Mexico help get our unemployment levels in a little better condition with the state of the economy in our great state. I look forward to working with our colleagues from around the

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country to help get some more support back in New Mexico.

But make no mistake, if Governor Martinez supports this program, Governor Martinez is supporting a 30 percent reduction in Medicaid funding from the Federal Government to the State of New Mexico and the State of New Mexico is already bursting at the seams to try to figure out how to balance our budget. So if that is where the governor's position is, I think that there is going to be some more questions back home and I encourage the media to ask for those questions back in New Mexico.

Mr. Burgess. The gentleman's time has expired. The chair thanks the gentleman. For what purpose does the gentleman from New York seek recognition?

Mr. Engel. I move to strike the last word.

Mr. Burgess. Strike the last word. The gentleman has five minutes.

Mr. Engel. Thank you, Mr. Chairman. As we learned during last week's hearing on Medicaid, my Republican friend's suggestion that if states have high coverage levels, they are also letting Americans suffer on waiting lists is really not true. There is no evidence that refusing or holding up Americans' Medicaid coverage, as these bills would do, would reduce waiting lists for home and community-based services.

For having debunked that claim, it is clear that these bills are just another facet of the GOP's plot to gut a program that

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serves roughly one in every five Americans. So we cannot be fooled by these attempts to brand these bills as something they are not. I oppose the bills before us today because I feel that Republicans' proposals to delay or deny Medicaid coverage under the guise of strengthening the program are untrue and misguided and should be rejected. I thank you, Mr. Chair, and I yield back.

Mr. Burgess. The gentleman yields back. The chair thanks the gentleman. The question now occurs on forwarding H.R. 181 to the full committee.

All those in favor say aye.

Those opposed, no.

The ayes appear to have it. The ayes have it and the bill is agreed to.

Mr. Green. Roll call.

Mr. Burgess. A roll call vote is requested. The clerk will call the roll.

The Clerk. Mr. Guthrie.

Mr. Guthrie. Aye.

The Clerk. Mr. Guthrie votes aye. Mr. Barton.

Mr. Barton. Aye.

The Clerk. Mr. Barton votes aye. Mr. Upton.

Mr. Upton. Aye.

The Clerk. Mr. Upton votes aye. Mr. Shimkus.

Mr. Shimkus. Aye.

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The Clerk. Mr. Shimkus votes aye. Mr. Murphy.

Mr. Murphy. Aye.

The Clerk. Mr. Murphy votes aye. Mrs. Blackburn.

Mrs. Blackburn. Aye.

The Clerk. Mrs. Blackburn votes aye. Mrs. McMorris
Rodgers.

(No response.)

Mr. Lance.

Mr. Lance. Aye.

The Clerk. Mr. Lance votes aye. Mr. Griffith.

Mr. Griffith. Aye.

The Clerk. Mr. Griffith votes aye. Mr. Bilirakis.

Mr. Bilirakis. Aye.

The Clerk. Mr. Bilirakis votes aye. Mr. Long.

Mr. Long. Aye.

The Clerk. Mr. Long votes aye. Mr. Bucshon.

Mr. Bucshon. Aye.

The Clerk. Mr. Bucshon votes aye. Mrs. Brooks.

Mrs. Brooks. Aye.

The Clerk. Mrs. Brooks votes aye. Mr. Mullin.

Mr. Mullin. Aye.

The Clerk. Mr. Mullin votes aye. Mr. Hudson.

Mr. Hudson. Aye.

The Clerk. Mr. Hudson votes aye. Mr. Collins.

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Mr. Collins. Aye.

The Clerk. Mr. Collins votes aye. Mr. Carter.

Mr. Carter. Aye.

The Clerk. Mr. Carter votes aye. Mr. Walden.

Mr. Walden. Aye.

The Clerk. Mr. Walden votes aye. Mr. Green.

Mr. Green. No.

The Clerk. Mr. Green votes no. Mr. Engel.

Mr. Engel. No.

The Clerk. Mr. Engel votes no. Ms. Schakowsky.

Ms. Schakowsky. No.

The Clerk. Ms. Schakowsky votes no. Mr. Butterfield.

Mr. Butterfield. No.

The Clerk. Mr. Butterfield votes no. Ms. Matsui.

Ms. Matsui. No.

The Clerk. Ms. Matsui votes no. Ms. Castor.

(No response.)

The Clerk. Mr. Sarbanes.

Mr. Sarbanes. No.

The Clerk. Mr. Sarbanes votes no. Mr. Lujan.

Mr. Lujan. No.

The Clerk. Mr. Lujan votes no. Mr. Schrader.

Mr. Schrader. No.

The Clerk. Mr. Schrader votes no. Mr. Kennedy.

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Mr. Kennedy. No.

The Clerk. Mr. Kennedy votes no. Mr. Cardenas.

Mr. Cardenas. No.

The Clerk. Mr. Cardenas votes no. Ms. Eshoo.

Ms. Eshoo. No.

The Clerk. Ms. Eshoo votes no. Ms. DeGette.

Ms. DeGette. No.

The Clerk. Ms. DeGette votes no. Mr. Pallone.

Mr. Pallone. No.

The Clerk. Mr. Pallone votes no. Chairman Burgess.

Mr. Burgess. Aye.

The Clerk. Chairman Burgess votes aye. She is not recorded.

Mrs. McMorris Rodgers. Aye.

The Clerk. Mrs. McMorris Rodgers votes aye.

Mr. Burgess. Are there any other members seeking to vote on H.R. 181. If not, the clerk will report.

The Clerk. Mr. Chairman, on that vote there were 19 ayes, and 13 nos.

Mr. Burgess. 19 ayes and 13 nos. The bill is agreed to and forwarded to the full committee. Without objection, the staff is authorized to make technical and conforming changes to the legislation approved by the subcommittee today. Without objection, the subcommittee is adjourned.

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[Whereupon, at 11:25 a.m., the subcommittee was adjourned.]

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