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6 MARKUP OF

7 THE BUILD BACK BETTER ACT:

8 SUBTITLE A: BUDGET RECONCILIATION LEGISLATIVE

9 RECOMMENDATIONS RELATING TO AIR POLLUTION;

10 SUBTITLE B: BUDGET RECONCILIATION LEGISLATIVE

11 RECOMMENDATIONS RELATING TO HAZARDOUS MATERIALS;

12 SUBTITLE C: BUDGET RECONCILIATION LEGISLATIVE

13 RECOMMENDATIONS RELATING TO DRINKING WATER;

14 SUBTITLE D: BUDGET RECONCILIATION LEGISLATIVE

15 RECOMMENDATIONS RELATING TO ENERGY;

16 SUBTITLE E: BUDGET RECONCILIATION LEGISLATIVE

17 RECOMMENDATIONS RELATING TO DRUG PRICING;

18 SUBTITLE F: BUDGET RECONCILIATION LEGISLATIVE

19 RECOMMENDATIONS RELATING TO THE AFFORDABLE CARE ACT;

20 SUBTITLE G: BUDGET RECONCILIATION LEGISLATIVE

21 RECOMMENDATIONS RELATING TO MEDICAID;

22 SUBTITLE H: BUDGET RECONCILIATION LEGISLATIVE

23 RECOMMENDATIONS RELATING TO CHIP;

24 SUBTITLE I: BUDGET RECONCILIATION LEGISLATIVE

25 RECOMMENDATIONS RELATING TO MEDICARE;

26 SUBTITLE J: BUDGET RECONCILIATION LEGISLATIVE  
27 RECOMMENDATIONS RELATING TO PUBLIC HEALTH;  
28 SUBTITLE K: BUDGET RECONCILIATION LEGISLATIVE  
29 RECOMMENDATIONS RELATING TO NEXT GENERATION 9-1-1;  
30 SUBTITLE L: BUDGET RECONCILIATION LEGISLATIVE  
31 RECOMMENDATIONS RELATING TO WIRELESS CONNECTIVITY;  
32 SUBTITLE M: BUDGET RECONCILIATION LEGISLATIVE  
33 RECOMMENDATIONS RELATING TO DISTANCE LEARNING;  
34 SUBTITLE N: BUDGET RECONCILIATION LEGISLATIVE  
35 RECOMMENDATIONS RELATING TO MANUFACTURING SUPPLY CHAIN;  
36 SUBTITLE O: BUDGET RECONCILIATION LEGISLATIVE  
37 RECOMMENDATIONS RELATING TO FTC PRIVACY ENFORCEMENT; AND  
38 SUBTITLE P: BUDGET RECONCILIATION LEGISLATIVE  
39 RECOMMENDATIONS RELATING TO DEPARTMENT OF COMMERCE INSPECTOR  
40 GENERAL

41 WEDNESDAY, SEPTEMBER 15, 2021

42 House of Representatives,  
43 Committee on Energy and Commerce,  
44 Washington, D.C.

45

46 The committee met, pursuant to call, at 9:30 a.m., via  
47 Webex, Hon. Frank Pallone [chairman of the committee]  
48 presiding.

49

50 Present: Representatives Pallone, Rush, Eshoo, DeGette,

51 Doyle, Schakowsky, Butterfield, Matsui, Castor, Sarbanes,  
52 McNerney, Welch, Tonko, Clarke, Schrader, Cardenas, Ruiz,  
53 Peters, Dingell, Veasey, Kuster, Kelly, Barragan, McEachin,  
54 Blunt Rochester, Soto, O'Halleran, Rice, Craig, Schrier,  
55 Trahan, Fletcher; Rodgers, Upton, Burgess, Scalise, Latta,  
56 Guthrie, McKinley, Kinzinger, Griffith, Bilirakis, Johnson,  
57 Long, Bucshon, Mullin, Hudson, Walberg, Carter, Duncan,  
58 Palmer, Dunn, Curtis, Lesko, Pence, Crenshaw, Joyce, and  
59 Armstrong.

60

61 Staff present: Shana Beavin, Professional Staff Member;  
62 Jacquelyn Bolen, Health Counsel; Waverly Gordon, Deputy Staff  
63 Director and General Counsel; Jessica Grandberry, Staff  
64 Assistant; Tiffany Guarascio, Staff Director; Perry Hamilton,  
65 Clerk; Fabrizio Herrera, Staff Assistant; Stephen Holland,  
66 Health Counsel; Zach Kahan, Deputy Director Outreach and  
67 Member Service; Saha Khaterzai, Professional Staff Member;  
68 Mackenzie Kuhl, Press Assistant; Una Lee, Chief Health  
69 Counsel; Meghan Mullon, Policy Analyst; Juan Negrete, Junior  
70 Professional Staff Member; Kaitlyn Peel, Digital Director;  
71 Caroline Rinker, Press Assistant; Tim Robinson, Chief  
72 Counsel; Chloe Rodriguez, Clerk; Kylea Rogers, Staff  
73 Assistant; Samantha Satchell, Professional Staff Member;  
74 Andrew Souvall, Director of Communications, Outreach and  
75 Member Services; Kimberlee Trzeciak, Chief Health Advisor;

76 Caroline Wood, Staff Assistant; C.J. Young, Deputy  
77 Communications Director; Alec Aramanda, Minority Professional  
78 Staff Member, Health; Kate Arey, Minority Content Manager &  
79 Digital Assistant; Sarah Burke, Minority Deputy Staff  
80 Director; Michael Cameron, Minority Policy Analyst, CPC,  
81 Energy, Environment; William Clutterbuck, Minority Staff  
82 Assistant/Policy Analyst; Theresa Gambo, Minority Financial &  
83 Office Administrator; Seth Gold, Minority Professional Staff  
84 Member, Health; Grace Graham, Minority Chief Counsel, Health;  
85 Jack Heretik, Minority Press Secretary; Nate Hodson, Minority  
86 Staff Director; Sean Kelly, Minority Press Secretary; Peter  
87 Kielty, Minority General Counsel; Emily King, Minority Member  
88 Services Director; Bijan Koochmaraie, Minority Chief Counsel,  
89 O&I Chief Counsel; Clare Paoletta, Minority Policy Analyst,  
90 Health; Kristen Shatynski, Minority Professional Staff  
91 Member, Health; Olivia Shields, Minority Communications  
92 Director; Michael Taggart, Minority Policy Director; and  
93 Everett Winnick, Minority Director of Information Technology.  
94

95           \*The Chairman. The Committee will reconvene.

96           So last night we finished -- we ended with the CHIP  
97 title, and this morning we will begin with the public health  
98 title.

99           The chair calls up the Committee Print Subtitle J,  
100 Budget Reconciliation Legislative Recommendations Relating to  
101 Public Health, and the clerk will report the title of the  
102 bill.

103           \*The Clerk. Committee Print Budget Reconciliation  
104 Legislative Recommendations Relating to Public Health.

105           \*The Chairman. And without objection, Madam Clerk, the  
106 first reading of the bill will be dispensed with. The bill  
107 is now considered as read. And without objection, the bill  
108 is considered as read and open for amendment at any point.

109           [Subtitle J follows:]

110

111           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

112

113           \*The Chairman. I understand that we do have an  
114 amendment in the nature of a substitute from Ms. Eshoo.  
115 Ms. Eshoo?

116           \*Ms. Eshoo. Good morning, Mr. Chairman. Good morning,  
117 colleagues.

118           \*The Chairman. I know what time it is there. I  
119 apologize.

120           \*Ms. Eshoo. It is still dark out. It is still dark  
121 out. Mr. Chairman, I have an amendment in the nature of a  
122 substitute at the desk. The amendment is --

123           \*The Chairman. Okay.

124           \*Ms. Eshoo. -- titled AINS FCD\_01.

125           \*The Chairman. I can see that it is still dark. Wow.  
126 I didn't realize that.

127           The clerk will report the amendment.

128           \*The Clerk. Amendment in the nature of a substitute to  
129 the Committee Print for Subtitle J offered by Ms. Eshoo of  
130 California. Strike all and insert --

131           \*The Chairman. And without objection, Madam Clerk, the  
132 reading of the Eshoo AINS or amendment will be dispensed  
133 with, and the gentlewoman from California is now recognized  
134 for 5 minutes.

135

136

137

138 [The amendment offered by Ms. Eshoo follows:]

139

140 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

141

142           \*Ms. Eshoo. Thank you, Mr. Chairman. This amendment,  
143 colleagues, make historic investments in biomedical research,  
144 public health infrastructure, and pandemic preparedness that  
145 will really change the way we fight disease going forward.  
146 First, we are funding ARPA-H, and this is -- this is  
147 something that is new. It is something that the President  
148 has advanced and we will take on.

149           It will develop transformative breakthroughs in how we  
150 detect and treat the deadliest diseases that we are -- we  
151 have yet to conquer. This legislation is a very important  
152 first step in setting up ARPA-H, but our work on this won't  
153 be completed today. I will hold hearings on how the ARPA-H  
154 will operate out of best foster dynamic culture within HHS.

155           And I know Chairman Pallone is going to continue to work  
156 closely with me to ensure that ARPA-H has the structure and  
157 the resources it needs.

158           The bill also includes \$15 billion for CDC and ASPR, to  
159 ensure they are ready to respond to future public health  
160 emergencies. This funding will help public health  
161 departments invest in their workforce, health information  
162 systems, and disease surveillance.

163           I am also very pleased that this bill specifically  
164 includes my priority to invest \$2 billion to secure our  
165 domestic supply chain for essential drugs and for API, active  
166 pharmaceutical ingredients.



167 All of you know that China dominates the world market as  
168 the manufacturer of API, which we are -- we are dependent  
169 upon to make drugs. It is an essential ingredient. The  
170 funding in this bill takes very important steps to bring the  
171 manufacturing -- to bring manufacturing back to the United  
172 States where it should be.

173 The amendment provides \$30 million for school-based  
174 mental health services for our Nation's children through  
175 SAMHSA's Project AWARE. Pediatric mental health is in  
176 crisis. Through this funding, we will meet children where  
177 they are -- in their schools -- and provide the help and the  
178 services they need to be well.

179 The subtitle also provides \$10 billion each in support  
180 for community health centers and hospital infrastructure  
181 projects. It invests \$6 billion into the Teaching Health  
182 Center GME Program, provides grant programs for medical and  
183 nursing schools in underserved areas, and funds the  
184 Children's Hospital GME Program and Nurse Corps.

185 Finally, I do have a concern, Mr. Chairman, where is the  
186 FDA in this bill? There isn't anything. It is silent. The  
187 FDA's work has essentially doubled during this pandemic, only  
188 exacerbating the fact that FDA is chronically underfunded and  
189 under resourced, in my view.

190 So I hope, Mr. Chairman, that -- well, I know that you  
191 will work with me to correct this oversight, so that the FDA

192 has the funding it needs to continue its lifesaving work. It  
193 really is the workhorse agency, together with the CDC, during  
194 this pandemic.

195         So, overall, this amendment that I am offering,  
196 colleagues, I think prepares our Nation for a healthier,  
197 safer future, thanks to the historic investments in public  
198 health. I urge my colleagues, obviously, to support this  
199 subtitle in the AINS, so that we can move on, and I think  
200 really fill the gaps that we have experienced during this  
201 pandemic.

202         Both key leaders in the previous Administration, as well  
203 as this one, have testified before our Committee, saying that  
204 our public health agencies across the country have not  
205 received the investments that they should. That is a key  
206 part of this.

207         ARPA-H -- imagine, through that kind of a limber  
208 undertaking where you test, and if something fails, you just  
209 keep moving on. We saw how it worked with DARPA, and I think  
210 that that model is a very exciting one to pursue the diseases  
211 that really --

212         \*The Chairman. The gentlewoman's time --

213         \*Ms. Eshoo. -- us. And when someone receives the  
214 diagnosis, it is a death sentence. So I will yield back. I  
215 look forward to our debate, and I thank all of my colleagues  
216 for their input and their attention to these great needs of

217 our country and important issues that are attached to them.

218 Thank you, Mr. Chairman.

219 \*The Chairman. I thank the gentlewoman. I see that it  
220 is starting to get light in the background there, just  
221 barely. But thank you.

222 Does anyone on the Republican side want to address the  
223 AINS or the underlying bill? We could go to a Democrat and  
224 come back if you want. All right. Ms. DeGette, you are  
225 recognized for 5 minutes.

226 \*Ms. DeGette. Thank you so much, Mr. Chairman. And I  
227 want to thank the health chair, Ms. Eshoo, for all the hard  
228 work she has done on the public health title. You are so  
229 right about everything that needs to be done.

230 I am particularly excited about the inclusion of the  
231 Biden Administration's \$3 billion to create the new agency,  
232 ARPA-H, that the chair talked about. As the Committee knows,  
233 this is one of the top priorities of the Biden  
234 Administration, creating a research agency modeled on DARPA  
235 that will be lean and mean and be able to look at innovative  
236 approaches to curing some of the most difficult diseases,  
237 like cancer, diabetes, Alzheimer's, and more.

238 Congressman Fred Upton and I, some of you know, have  
239 been working on updating our landmark 21st Century Cures  
240 legislation with Cures 2.0, and we are about to introduce the  
241 bill. We have been working on ARPA-H as part of this effort,

242 along with others like Ms. Eshoo, to make sure that the  
243 agency works, to make sure that it is independent, and to  
244 make sure that it really has the ability to be just as  
245 successful as DARPA has been.

246         If we are going to be able to cure these diseases, we  
247 have to be serious about putting the full force of the  
248 Federal Government behind it. And so the legislation Fred  
249 and I are working on will provide the full -- authorization  
250 for the full \$6.5 billion the Administration says that it  
251 needs. But I will reiterate: this bill is a good start  
252 towards that.

253         And like our plan, like DARPA, ARPA-H will put together  
254 some of the best minds in this country, and then set them  
255 free to try to find some of this -- some of these cures. But  
256 I want to give one caveat, and this is a caveat many of us on  
257 this Committee share.

258         The authorizing language in this bill is essential. It  
259 is critical to making sure that the agency is set up to do  
260 the work in the way it needs to do it. But because of budget  
261 constraints -- and Ms. Eshoo is nodding because she agrees --  
262 because of budget constraints, the language is not as robust  
263 as it will need to be.

264         And so, Mr. Chairman, I look forward to working with  
265 you, to Chair Eshoo, and to everyone else on this Committee,  
266 as we move forward after today, to doing what we can to make

267 sure that ARPA-H is a success and that it really does what it  
268 is intended to do.

269 With that, Mr. Chairman, I would like to yield the  
270 balance of my time to my compadre and co-sponsor, Fred Upton.

271 \*The Chairman. Mr. Upton? You may be on mute,  
272 Mr. Upton.

273 \*Mr. Upton. I might ask to strike the last word when  
274 your time has expired, because I might go beyond 2 minutes,  
275 so --

276 \*The Chairman. You don't want to use this --

277 \*Mr. Upton. -- and then I will come back.

278 \*Ms. DeGette. Mr. Chairman, I will yield --  
279 Mr. Chairman, oops.

280 \*The Chairman. Mr. Cardenas?

281 \*Ms. DeGette. I will yield back.

282 \*The Chairman. Mr. Cardenas is going to take  
283 Ms. DeGette's time?

284 \*Ms. DeGette. Oh, I yield to Mr. Cardenas.  
285 Mr. Cardenas, I will yield to you.

286 \*Mr. Cardenas. Thank you so much for all of the  
287 wonderful work you are doing, and I look forward to the work  
288 that you and our colleague, Upton, will be coming up with  
289 sooner than later.

290 I just wanted to mention about Children's Hospitals. It  
291 is really important that we understand that their

292 infrastructure has not been met, and we appreciate everything  
293 that the Committee is doing. And, Madam Chairwoman Eshoo,  
294 you have been doing a phenomenal job, and we really  
295 appreciate all of the attention that you are paying to all of  
296 the things that we need to cover. But we never have enough  
297 time and never have enough legislative hours to get it all  
298 done.

299         But when it comes to Children's Hospitals, the school  
300 year is beginning, and the delta variant continues to spread,  
301 and as more children contract COVID-19, Children's Hospitals  
302 have been unable to keep up with the need for specialized  
303 pediatric care, including pediatric intensive care units.

304         Despite our previous attempts to bolster our hospitals,  
305 in many cases pediatric hospitals without an attached adult  
306 facility have often been unable to receive previously  
307 designated rescue funds. This is likely to continue unless  
308 we specifically include investments geared towards pediatric  
309 facilities.

310         I urge my colleagues to ensure that we do not exclude  
311 pediatric hospitals from our efforts to improve hospital  
312 infrastructure. And, once again, thank you all for all of  
313 your wonderful work, and I look forward to some conclusive  
314 matters today.

315         And with that, I yield back to Ms. DeGette.

316         \*Ms. DeGette. And, Mr. Chairman, I yield back.

317           \*The Chairman. Thank you. I thank the gentlewoman.

318 Are we now going to move to Mr. Upton? All right.

319 Mr. Upton, you are recognized for 5 minutes.

320           \*Mr. Upton. Well, thank you, Mr. Chairman. And I  
321 appreciate all of the work that everyone did on this  
322 Committee as we enacted 21st Century Cures with a 53-0 vote  
323 in this Committee. It took a couple of years for Diana and I  
324 to shepherd this bill through, and everyone of us had a piece  
325 on that bill. And, man, what an impact we had, not only on  
326 the U.S. but the rest of the world, particularly as we  
327 expedited the approval of drugs and devices.

328           So we have been working -- Diana and I have been working  
329 for the last 2 years on a 2.0 version of 21st Century Cures.  
330 We met with the President back in March, a number of us did.  
331 We have been outreaching to the Senate -- staff has been  
332 terrific -- as we try to improve what we did, knowing that we  
333 literally started in about 2014 on 21st century Cures.

334           So it has been 7 years, and a major part of that is  
335 called ARPA-H, in essence patterned after what happened with  
336 DARPA starting back with the 1950s, back in the 1950s with  
337 the defense side of things. In fact, Diana and I met on Zoom  
338 last week with some of the former DARPA heads, offering us  
339 advice as to how we can make this new entity work. How do we  
340 preserve its nimbleness? How can we really take initiative  
341 new breakthroughs with this agency, or with this department I

342 will call it, knowing that the appropriators have already  
343 spent -- have already approved billions of dollars for it,  
344 but we are going to do the tough part. We are going to do  
345 the authorization for it.

346       Whereas this language is not perfect. It is in there.  
347 It is a good -- it is certainly more than a placeholder.  
348 There are a number of things that I think that our Committee  
349 needs to do with bipartisan input that will avoid -- which  
350 would improve this language. But, quite frankly, if we were  
351 to do those initiatives now, today, they are likely to be  
352 vertical. In other words, they would be struck by the  
353 parliamentarian in the Senate, so we can't do that.

354       But what ARPA-H will do, it will be a major part of what  
355 we are going to do in 2.0. It will be a major driver for us  
356 to get this done. We are intending to introduce this -- the  
357 overall version. I will be coming back to all of you --  
358 Diana and I -- to get everybody on board if we can.

359       But we are planning to introduce this legislation this  
360 month, and actually get it to the President's desk before the  
361 end of the year, so that it will be part of the funding  
362 stream that in fact the appropriators have already done. But  
363 because it won't be into the CR, it will be into the final  
364 version that we get later on this year, we have some time to  
365 do it right. And that is what we intend to do.

366       So I appreciate the hard work of everyone. Anna Eshoo



367 has been on board in terms of looking at this ARPA-H as well.  
368 We want to make it work. We are anxious to get everybody's  
369 input and look forward to seeing ultimately this become a  
370 fact of law.

371 And with that, Mr. Chairman, I will yield back my time.

372 \*The Chairman. I thank the gentleman.

373 Mr. Schrader is now recognized for 5 minutes.

374 \*Mr. Schrader. I won't take 5 minutes, Mr. Chairman. I  
375 just want to point out to the group that we have made a lot  
376 of investments in public health over the last year and a  
377 half. The original CARES\* package put a lot of money into  
378 the CDC.

379 The ARP went into making sure that our community health  
380 centers and other providers had the wherewithal to change  
381 some of their facilities, make them more pandemic prepared,  
382 shall we say, and we also put a lot of money -- billions of  
383 dollars -- into workforce. That doesn't mean we couldn't put  
384 more in. I get that. Sure would be nice to have had some  
385 hearings along those lines, so we could actually feel very  
386 comfortable about the amounts of money that we are putting  
387 out.

388 Last comment I will make is: big fan of ARPA-H. I know  
389 the chairwoman has put a ton of effort into that. It would  
390 also have been nice to have some hearings on that, so we  
391 could make sure that we are getting that amount of -- the

392 billions of dollars we are putting in that right also.

393 So I am just concerned about the process, sir.

394 Hopefully we can do better going forward. And I yield back.

395 \*The Chairman. Thank you, Mr. Schrader.

396 Mr. Guthrie is now recognized for 5 minutes.

397 \*Mr. Guthrie. Thank you, Mr. Chairman. And on the  
398 public health section, there are a lot of noble causes and  
399 noble ideas in the public health section. I think that we  
400 have seen most all of us have been dedicated to NIH over the  
401 years, the things we have done with Cures over the years.  
402 This is areas where we can work together if we want to work  
403 together to move forward, and we do want to work together.

404 If you look at some of these programs -- this is one of  
405 the comments -- is that a lot of it is duplicative from the  
406 American Rescue Plan, and a lot of money was appropriated in  
407 the American Rescue Plan. Not all of it has been spent.  
408 Some of it has been spent. I think it would be wise to do  
409 oversight on how the money has been spent, where it has gone,  
410 and what effect it has had before we do it again so soon.

411 And then, on ARPA-H, I was involved with the White House  
412 meeting that Mr. Upton talked about. I was there. We met  
413 with the President. We met with the Vice President. We had  
414 the Senators from the appropriate committees in there as  
415 well. And I think we all walked out of the Oval Office  
416 saying this is an area where we think we can all work

417 together to try to move things forward. And I will have to  
418 say, the White House has reached out to staff.

419 They designated the lead White House scientist that we  
420 could work with, and there has been effort to move forward,  
421 but now we have this bill which is going through a  
422 reconciliation bill, which is necessarily a partisan process.  
423 I mean, that is why you are doing reconciliation.

424 And I think we have the opportunity to really do things  
425 with ARPA-H, but not through this process. If you think  
426 about it, my friend, Mr. Upton, and Ms. DeGette, they both  
427 were in the White House meetings. So they have had Zoom  
428 meetings, they have had hearings, they have worked on  
429 Cures 2. What a Herculean task for Cures 1, to keep  
430 everybody on board working together.

431 And they have done that, but we haven't had a  
432 subcommittee hearing on ARPA-H, which I think would be one of  
433 the President's legacies. The moonshot on cancer is kind of  
434 -- if you want to -- if people are listening in, what is  
435 ARPA-H? What does it stand for? Really, it is moonshot on  
436 cancer. But when we are in the Oval Office, it is not just  
437 about cancer. I think all of us are concerned about  
438 Alzheimer's and degenerative diseases and things that are  
439 moving forward.

440 So I just think that we haven't really spent the time  
441 that we needed to flesh out ARPA-H. I know that it is part

442 of this in Cures 2, but we haven't really had a hearing and  
443 had the Committee move forward. I remember when we walked  
444 out of the Oval Office, they went kind of around the room,  
445 and some of them there might remember this, they said, "Any  
446 kind of last comments?"

447 And what I said to the President, I said this, I said,  
448 "I am tired." And I think most of -- I was speaking for  
449 people in the Oval Office are tired, and I certainly think  
450 the American people have tired of everything passing out of  
451 the House -- this was probably last March that he said -- 218  
452 to 213.

453 There needs to be things that we can work together and  
454 show the American people we can work together and move  
455 forward. And great improvements in health, the moonshot on  
456 cancer, the brain program trying to fight Alzheimer's, it is  
457 something that we can show the American people we can work on  
458 together and just disappointed that we haven't pursued it  
459 through the subcommittee, we haven't pursued it through the  
460 full committee, and the decision was to put it in a process  
461 that is designed from the inception because of the way that  
462 they have done it through the budget reconciliation to be a  
463 partisan exercise.

464 And I think that we are better than that. I think this  
465 Committee is better than that, and I wish that we had really  
466 focused on working together to make ARPA-H what it can be.

467 And I know we are still going to follow this with  
468 authorization language, but I am just disappointed ARPA-H is  
469 going down this path when it could be so much better and we  
470 could have the same accomplishments.

471 Every time we talk about Cures 1, we always talk about  
472 how Energy and Commerce Committee came together to do big  
473 things that launched -- essentially was the platform for the  
474 launching of Operation Warp Speed to give the emergency  
475 authorizations that were there.

476 And this is something that we can always point to, those  
477 of us who served on the Committee during that era, as really  
478 good legislating. And this could have been really good  
479 legislating on a bipartisan basis. Unfortunately, we have  
480 gone down this path, and I regret that, and hopefully we will  
481 still be able to work together to do oversight on the public  
482 health, on the American Rescue Plan, on this bill, and ARPA-H  
483 if this bill doesn't get signed into law. Hopefully, we can  
484 still work together to make that happen.

485 And I yield time to anybody who wants it.

486 \*Mr. Burgess. Mr. Guthrie, would you yield to me?  
487 Would you yield to Burgess?

488 \*Mr. Guthrie. I will yield to Dr. Burgess, yes.

489 \*Mr. Burgess. Thank you. And just very briefly, what  
490 you have said is exactly right. And why this is so  
491 troubling, we have had this pattern all through the pandemic.

492 We throw a ton of money at a problem, and we never come back  
493 and do the authorization hearings. We never come back and do  
494 the work that should go prior to the money going out.

495 And I don't know about anybody else, but I can't get a  
496 call answered by the CDC. I can't get a call answered by the  
497 FDA. Several career scientists have left the FDA recently.  
498 We don't know why. Same thing happened to the CDC. It would  
499 be better to have them in a talk with them before we give  
500 them the money. That is the way it is supposed to work.

501 Thank you. I will yield back to Mr. Guthrie.

502 \*Mr. Guthrie. Mr. Chair, I yield back.

503 \*The Chairman. Thank you.

504 And now we are going to go to -- Ms. Clarke is  
505 recognized for 5 minutes -- is virtual. Ms. Clarke, are you  
506 there?

507 \*Ms. Clarke. Yes, Mr. Chairman.

508 \*The Chairman. Are you available?

509 \*Ms. Clarke. I am here, Mr. Chairman, and I thank you.  
510 I move to strike the last word.

511 \*The Chairman. The gentlewoman is recognized for  
512 5 minutes.

513 \*Ms. Clarke. I am heartened by the investments the  
514 Build Back Better Act includes for public health  
515 infrastructure that would rebuild and modernize public health  
516 departments. Of particular importance is supporting the

517 construction and modernization of healthcare facilities,  
518 including hospitals and community health centers.

519 As you all know, the COVID-19 pandemic exacerbated the  
520 strain on healthcare infrastructure and shed light on the  
521 important need to modernize the public health infrastructure.  
522 Hospitals and community health centers in my district of  
523 Brooklyn were hit particularly hard by the pandemic.

524 We must make important capital support available to  
525 maintain, improve, and modernize the physical infrastructure  
526 of these providers. It mirrors a pattern of neglect in low  
527 income communities and neighborhoods across the Nation.  
528 Simply put, our current healthcare infrastructure is  
529 inequitable, is inadequate, and is negatively impacting the  
530 health of our Nation's most vulnerable citizens, particularly  
531 communities of color and low income neighborhoods and these  
532 investments are extremely crucial.

533 That is why I support these critical investments in our  
534 public health infrastructure, so we don't continue to  
535 perpetuate a cycle of disinvestment and neglect that has  
536 persisted for decades, if not centuries.

537 Let me thank you once again and ask if there is any of  
538 my colleagues who could use some time. I see Ms. Eshoo --  
539 Ms. Kelly, our vice chair. I want to give her an  
540 opportunity. I yield to you, Ms. Vice Chair.

541 \*Ms. Kelly. Thank you so much, Rep. Clarke. I would

542 like to strike the last word. Thank you again, Chairman  
543 Pallone, for your leadership on public health issues. And my  
544 chairwoman, Rep. Eshoo, thank you for your leadership.

545 Today we are taking a step toward addressing the gun  
546 violence epidemic in this country because gun violence is a  
547 public health issue. This is an issue that many families in  
548 my district face every single day. I cannot stress the  
549 importance of the \$2.5 billion included to address community  
550 violence and trauma with a special focus on communities with  
551 high rates of violence.

552 These funds will support a range of evidence-based  
553 strategies, including trauma and for mental health care,  
554 violence prevention, hospital-based violence intervention,  
555 and services for victims of violence. A GAO report I  
556 requested found that treating firearm-related injuries in the  
557 U.S. costs more than \$1 million annually, with public health  
558 programs like Medicaid picking up most of the tab.

559 This community violence and prevention funding will help  
560 reduce the government spending and save lives. I urge  
561 support from this Committee for this Committee Print and  
562 yield back to Rep. Clarke.

563 \*Ms. Clarke. And I now yield to the chair of the  
564 Subcommittee on Health. Ms. Eshoo, I have 2 minutes that I  
565 can yield.

566 \*Ms. Eshoo. I thank the gentlewoman. This has been a



567 very important discussion with members. First, let me say  
568 something about the Subcommittee, which I am so proud of.  
569 The Health Subcommittee has been the workhorse of Energy and  
570 Commerce -- hearings, markups, bills that have moved through  
571 -- and members have worked very hard and been extraordinarily  
572 productive on so many fronts for the jurisdiction of the  
573 Subcommittee.

574 This issue of ARPA-H is something that we are all  
575 excited about, and of course there will be hearings on it.  
576 We need to secure the dollars in order to set this -- to set  
577 this up.

578 The meeting that was held at the White House, it was an  
579 honor to be invited. It was bipartisan. It was bicameral.  
580 It was a handful of members, maybe eight -- eight members  
581 that were there with the President. He spoke about his  
582 vision, and obviously why it is needed, and, you know, the  
583 potential of what -- this effort, and that the ARPA model is  
584 essential in this.

585 This is not the -- planting the seeds the way we do at  
586 the NIH, and then keep funding it, and then years and years  
587 and years it takes -- the time for the seeds to grow. This  
588 is a different kind of model, and I certainly want the input  
589 of all members in this, so that we can realize the vision  
590 that the President has, so that we can conquer these diseases  
591 that when someone receives the diagnosis it essentially is a

592 death sentence.

593           So I look forward to working with everyone, certainly  
594 with Diana and Fred, who have done superb work with the Cures  
595 Act and the -- you know, the ideas that members have, so that  
596 this is vetted very well all for the topline reason that it  
597 be successful. We cannot allow it to have this not succeed.

598           So I look forward to that, colleagues, and I thank the  
599 gentlewoman for yielding to me.

600           \*The Chairman. The gentlewoman's time --

601           \*Ms. Clarke. Mr. Chairman, I yield back.

602           \*The Chairman. Thank you.

603           We are now going to go to Mr. Palmer is recognized for  
604 5 minutes.

605           \*Mr. Palmer. I thank the chairman. And, you know, this  
606 is one of the things that I get somewhat excited about but  
607 then get extremely disappointed about. In the State of  
608 Alabama, we have lifechanging, world-renowned research in  
609 health care. And this idea of having an advanced research  
610 program focused on health care, it really came about because  
611 of the Operation Warp Speed, but it is something that we have  
612 needed for years.

613           We have got an institute in Huntsville, Alabama --  
614 HudsonAlpha -- where the Human Genome project, which was once  
615 at Stanford University, is now located -- and they are doing  
616 whole genome sequencing that is revolutionizing research in

617 health care. In one area, in particular, for newborn  
618 intensive care units, using this so that they can identify  
619 disease-causing genetic changes gives parents much greater  
620 options in choosing their treatment plans for these kids.

621 They are doing incredible research in personalizing  
622 treatment for cancer patients, particularly breast cancer,  
623 and working alongside entrepreneurial groups that can take  
624 the research and get it out into the public. They have set  
625 up a new program with University of Alabama at Birmingham  
626 that is going to have an enormous impact.

627 And, by the way, University of Alabama at Birmingham,  
628 UAB School, that is where Remdesivir was developed. But they  
629 have got a joint project on genomic medicine to accelerate  
630 discoveries that will propel us into whole new areas of  
631 clinical practice and treatment.

632 We have got Southern Research Institute that has five  
633 FDA approved anti-cancer drugs. That is what we ought to be  
634 focused on, and it shouldn't be lumped into this bill. If we  
635 start talking about other things, about -- and I know the  
636 passion that some of my colleagues have, and I understand and  
637 appreciate it, about gun violence. But I am not sure that  
638 this is the place where we ought to be talking about it, and  
639 we certainly, I don't think, should be talking about it in  
640 the context of this bill.

641 My friend from Kentucky, Mr. Guthrie, talking -- and my

642 friend from Texas talking about losing our focus by lumping  
643 things like this into this bill. My friend from Michigan,  
644 Mr. Upton, I know how dedicated he is to programs like this.  
645 This really should have been done separately where we could  
646 come together at least one time in the 117th Congress and do  
647 something that really matters in a bipartisan effort, just  
648 like they did in the 115th Congress under the leadership of  
649 Mr. Upton.

650         And it just -- it is so frustrating, Mr. Chairman, to  
651 come in here and argue these issues and put on a serious face  
652 about this stuff when, honestly, I think we -- this is really  
653 about politics. And I just -- if there were some -- I know  
654 it is not going to happen because you are not controlling  
655 what happens here. And with all due respect to you, I think  
656 if you were, this would be run differently.

657         But I think if we really had the opportunity to do this  
658 the right way, we would separate this under your leadership,  
659 under the leadership of Ranking Member Rodgers, and the  
660 Subcommittee chairman and ranking member, and come up with  
661 something that we could all really be proud of. But we have  
662 politicized this. We have lumped it into this \$3.5 trillion  
663 future destroying tax increase, economy killing bill, that  
664 you are trying to ram through, and it is very disappointing.

665         I yield back.

666         \*The Chairman. Thank you, Mr. Palmer.

667           Now we are going to go to Mr. O'Halleran is recognized  
668 for 5 minutes. The gentleman -- I think you are muted,  
669 Mr. O'Halleran. You have to unmute.

670           \*Mr. O'Halleran. There we go.

671           \*The Chairman. The gentleman from Arizona is  
672 recognized --

673           \*Mr. O'Halleran. Thank you, Mr. Chairman.

674           \*The Chairman. -- for 5 minutes.

675           \*Mr. O'Halleran. The public health title of this  
676 legislation is critical for several reasons. This title  
677 makes much needed investments in vaccine production capacity  
678 and improves our supply chain to ensure that we do not see  
679 shortages in PPE and other important medical supplies. This  
680 will help ensure that we are better prepared for future  
681 public health emergencies and potential pandemics.

682           The title also includes legislation that I have been  
683 working on to make \$10 billion in infrastructure investments  
684 in hospitals located in communities in need. Rural Arizona  
685 is in need of significant health care as are most rural areas  
686 of the country. And rebuilding of our hospital  
687 infrastructure is a first step in finally ensuring that rural  
688 America and rural Arizonans have access to the same high  
689 quality health care that communities across the country take  
690 for granted in many cases.

691           I also want to comment on the chairman's DOC Act

692 legislation that would invest 6 billion in teaching health  
693 center graduate medical education, much needed across our  
694 country with the shortages that we are seeing. This program  
695 is intended to train doctors in rural and underserved  
696 communities, and 59 percent of grants issued by HRSA have  
697 gone to teaching health centers located in medically  
698 underserved communities.

699 More needs to be done to finally address the lack of  
700 doctors and other medical professionals in rural areas. Even  
701 though it is in this bill, I believe that more could be --  
702 have been done to specifically target rural areas that have  
703 limited access to healthcare providers, especially  
704 specialists and technicians and nurses.

705 Specifically, rural Arizona in America lacks access to  
706 specialists in maternal care. Many in my district need to  
707 travel up to 3 or 4 hours, and sometimes longer, each way  
708 simply to see specialists who are centered in larger cities.  
709 Rural communities often have worse health outcomes and a  
710 higher propensity of chronic diseases, like diabetes, than  
711 others located in other communities.

712 Many in both parties have chosen to let this -- these  
713 issues foster for too long. Because of this, you now -- you  
714 know, you are seeing vaccine rates in rural communities that  
715 are dwarfed by counterparts in urban and suburban areas. One  
716 significant reason for this is lack of access to personal

717 doctors, physicians, and other medical specialists who can  
718 stress the safety and efficiency of vaccines.

719 I have worked on these issues for a while, and I am  
720 currently leading legislation with Congressman McKinley on  
721 our Committee, and Congressmen Kind and Wenstrup on the House  
722 Ways and Means, that would allocate 100 million to rural  
723 hospitals, teaching health centers, and other rural health  
724 clinics to help address these shortages.

725 I expect our Committee to start to pay attention -- much  
726 closer attention to the needs of rural America, specifically  
727 the physician and medical professional shortages that are  
728 being exasperated by the COVID-19 pandemic.

729 And with that, Mr. Chairman, I thank you, the staff of  
730 the Committee, and --

731 \*The Chairman. Would the gentleman yield to me? Would  
732 the gentleman yield to me? Mr. O'Halleran, would you yield  
733 to me?

734 \*Mr. O'Halleran. Yes, sir.

735 \*The Chairman. Let me just say I really appreciate your  
736 comments about the teaching health centers, and I can't  
737 stress enough how important this part of the bill is. And to  
738 be perfectly honest, as you know, having visited your  
739 district, and also Mr. Ruiz's district, where I have seen  
740 personally a lot of the concerns that you have about the lack  
741 of medical personnel or professionals in these rural areas, I

742 know firsthand from your districts how important this is.

743 But as you also point out, the same thing is true in  
744 many urban or even suburban communities. Even in my district  
745 in New Jersey, you know, everybody points out how because we  
746 are between Philadelphia and New York that, you know, there  
747 shouldn't be a lack of internists and primary care  
748 physicians, but in fact there often is. And so the phenomena  
749 of having small towns which often lack sufficient medical  
750 professionals exists all over, and so that is why this is so  
751 important.

752 Thank you, though, and I yield back to the gentleman.

753 \*Mr. O'Halleran. Thank you, Mr. Chairman. And just  
754 quickly, again, I want to thank Committee staff, the staff of  
755 the Health Subcommittee, and Representative Eshoo for the  
756 great work they have been doing.

757 And with that, I yield.

758 \*The Chairman. I thank the gentleman.

759 I think Mr. -- Mr. McKinley is recognized next for  
760 5 minutes.

761 \*Mr. McKinley. Thank you, Mr. Chairman. I wanted to  
762 address Chairwoman Eshoo when she was there, but I thought  
763 let's do this afterwards. If she would like to comment, that  
764 is fine.

765 One of the things I find attractive in this legislation  
766 is under the public health provision and public health



767 investments, under Section 31.061, is the funding for mental  
768 health substance abuse professionals. I want to -- I wanted  
769 to bring this thing up earlier today, or as a kind of  
770 preemptive strike, Chairman, because I don't know what shape  
771 I am going to be in after a few more hours of lack of sleep.

772 But so I want to just -- I just want to point out in  
773 West Virginia -- well, actually all through Appalachia -- our  
774 people throughout the area, all of those states, have been  
775 struggling as they have tried to make a transition from  
776 fossil fuels to some other jobs, and many of them there are  
777 no other jobs. They have had to relocate. Their towns are  
778 decreasing our population. We are going to lose a  
779 congressman this time. This transition has really put a  
780 struggle on our people.

781 And then you combine that. It is kind of like a  
782 football parlance, a piling on. When the COVID hit, not only  
783 were they struggling first because they didn't have jobs, but  
784 then COVID hit and they were stuck in their homes.

785 So, as a result, in West Virginia -- and, really, I am  
786 saying all through Appalachia, it just ripped open the wound  
787 again as they were trying to heal. And we wound up -- so  
788 many people in Appalachia turned to drugs, and so we have got  
789 a massive problem expanding again all throughout the  
790 mountains of the Appalachia area.

791 Just some statistics, in western Maryland, in Trone's

792 district, it is up over 110 percent, the drug misuse. In  
793 Kentucky, it is a 50 percent increase. Just in McDowell  
794 County, one of the southern counties in West Virginia, it is  
795 up over 110 percent where it was.

796         These men and women, they have lost their jobs. They  
797 are into drugs now. They are losing their self-dignity,  
798 their respect. Their anxiety, depression, suicides are up.

799         Mr. Chairman, we have got counties in West Virginia -- I  
800 don't mean to just be downing West Virginia entirely, but I  
801 am -- but we have got counties in West Virginia so rural we  
802 don't even have a doctor in some of those counties. So  
803 little low, we don't have a mental health counselor. We have  
804 no one to get -- help out on substance abuse with this --  
805 this pain that they are struggling with.

806         So I am hoping under this provision that is in the bill  
807 -- there is \$50 million -- can be set aside to train  
808 counselors, professional, for mental health and substance  
809 abuse. And I have had the opportunity to have Paul Tonko and  
810 Peter Welch come to me and come to West Virginia. They have  
811 been able to look in the eyes of some of these people and see  
812 their pain. I think they -- I think they saw tears rolling  
813 down their cheeks because they don't know what to do. Our  
814 people didn't what to do, how to respond to this.

815         So if this is in the bill, to provide \$50 million, I am  
816 hoping that Peter and Paul and John will -- that they will

817 stand with us and try to get language in this bill that will  
818 allow those communities that have been hard hit by the drugs  
819 and the transition from fossil fuels, that you will give them  
820 a chance to stand at the front of the line to get some of  
821 this grant money.

822 And so I know -- I don't see them in their room yet on  
823 this, but I am hoping that you will allow them -- that this  
824 language can be inserted, somewhere can be worked in to give  
825 these communities a chance to get some help. We are going to  
826 put \$50 million in. Give us a chance.

827 So with that, Mr. Chairman, I yield -- let me yield back  
828 to my friend from Virginia, Morgan Griffith.

829 \*Mr. Griffith. That guy from Virginia.

830 \*Mr. McKinley. Yeah. Whatever his name is.

831 \*Mr. Griffith. Thank you. I just want to let everybody  
832 know that particularly for those that have been to your  
833 district that in Central Appalachia your district is actually  
834 a little bit above the waterline, so to speak. That when you  
835 look at West Virginia 3, Kentucky 5, Virginia 9, some of the  
836 others, they have even less money and more distraught than  
837 West Virginia 1, and we can use your help any way we can. We  
838 appreciate whatever you are doing to put us that area to get  
839 that assistance.

840 Thank you. I yield back.

841 \*Mr. McKinley. Thank you, Mr. Chairman.

842           \*The Chairman. You represent such beautiful areas,  
843 though, I must say.

844           Is there another Democrat? If not, we will move to  
845 Mr. Bucshon is recognized for 5 minutes.

846           \*Mr. Bucshon. Thank you, Mr. Chairman. And I just want  
847 to make a few comments about public health. I mean, we found  
848 out through the pandemic that our public health system had  
849 some substantial deficits. You know, we found those out kind  
850 of on the fly, and I am disappointed that we are trying to  
851 now maybe address that in a reconciliation package because I  
852 think some of my other colleagues have talked about this.

853           But this is the type of thing that needs to be done  
854 right. And all of the money in the world is not going to  
855 help a system that is structurally deficient. So when you --  
856 and the question is, is do we know exactly and specifically  
857 where our deficiencies are? I would argue we don't because  
858 we haven't had hearings to find out.

859           You know, substantial problems like this, like our  
860 public health system, trying to address it, could take two or  
861 three congresses to sort out and to do it right. But instead  
862 we are going to do that in, well, probably about 3 or 4 hours  
863 here. And we are going to do that in a couple of days in  
864 Energy and Commerce when, really, it could -- it could take  
865 us years to really figure out exactly what we should be  
866 doing.

867           Again, I am disappointed with this process because I  
868 think we all agree that we have to address these problems.  
869 You know, I represent a large amount of rural Indiana. My  
870 largest city, Evansville, has 130,000 people. And, you know,  
871 we have doctor shortages and provider shortages just like  
872 everybody else does.

873           Well, one of the problems is deeper than you would  
874 think. You know, just throwing money at the system is not  
875 going to help. You know why? Because it costs so much to go  
876 to medical school these days, people can't afford to practice  
877 in rural America or in many times urban -- parts of urban  
878 America that are underserved because they can't afford to pay  
879 their student loans back.

880           So, but that is a complicated issue in and of itself  
881 that we could probably have a bunch of hearings on, try to  
882 sort out. Instead of just saying, well, we are just going to  
883 throw a bunch of money at rural health clinics and build the  
884 infrastructure, well, you can build it all you want, but if  
885 you don't have the human capital in providers there, both  
886 physicians, nurses, counselors, you are just not going to  
887 solve the problem.

888           So that is another area that just shows how broken the  
889 process that we are going through is. And I am disappointed  
890 by that because this is a really, really critical issue. And  
891 I think others have -- on our side have talked about it.

892           Again, you know, I also want to find out how much money  
893 did we put into public health last year in all of the COVID  
894 bills we did? And then how much money in certain areas that  
895 are in the American Rescue Plan, which I did support for a  
896 variety of reasons, already addresses some of this -- the  
897 funding issues we have here? We need structural changes.  
898 There is deficit problems across the country.

899           The last thing I want -- somebody mentioned the gun  
900 violence issue as public health issue. And I don't  
901 completely disagree with that, but here is the thing. I have  
902 got the same problems in rural America with violence. It may  
903 not be with guns. It could be with knives, baseball bats,  
904 what have you. And the problem is is it is a deep problem  
905 that we need to address.

906           We have educational differences across our country, lack  
907 of adequate educational opportunity for many children in  
908 rural and urban America. We have lack of economic  
909 opportunity in both urban and rural America, very similar  
910 situation in rural America, that we don't address. I mean,  
911 we have an opportunity to create 25,000 jobs in New York  
912 City, and that gets blocked because -- I don't know why.

913           You know, a bunch of jobs with an average salary almost  
914 in six figures, in an area of the city that could really use  
915 them, and we block it because of ideological issues. We need  
916 economic opportunity and educational opportunity in our

917 cities.

918           The last thing is we have a horrible drug problem, and  
919 more Fentanyl is coming across the southern border now than  
920 any time. So you want to call it a public health issue you  
921 can, but it is much, much deeper than that. Again, this  
922 process is broken. We should fix this. We need oversight.  
923 We need information. We don't just need more money.

924           I yield back.

925           \*The Chairman. Thank you, Mr. Bucshon.

926           Now I am going to go to the -- yes, Mr. Rush, you are  
927 recognized next for 5 minutes.

928           \*Mr. Rush. Thank you, Mr. Chairman. Mr. Chairman, I  
929 just want to -- I am so inspired by these last two moments in  
930 this markup. You know, it is almost like being in church on  
931 Sunday, you know, in that we have -- we are finally getting  
932 to some issues now that are issues of poverty. They are not  
933 the superficial intervention kind of issues that tend -- that  
934 we tend to overlook.

935           You know, I have had many conversations with my friend  
936 from West Virginia about the poverty that exists in  
937 Appalachia. I hear my friend from Indiana talk about the  
938 problem that exists in Indiana, and it is the same problem  
939 that I have here in my district. It is the same issues --  
940 drugs, violence -- whether it comes from the barrel of a gun  
941 or from the tip of a knife. Same problems -- filing

942 unemployment, people who have no hope. And I -- you know,  
943 and this from -- these from just not having a normal life.

944 Mr. Chairman, in my experience, in the 1960s, and a  
945 member of a militant organization, the Black Panther Party,  
946 we formed a coalition with Appalachian whites as I have seen  
947 on -- from the original Rainbow Coalition, with some whites  
948 who lived in Chicago in a community called Uptown. And they  
949 all immigrated from Appalachia.

950 But they had the same issues that we were experiencing  
951 on the south and the west side of the city of Chicago. So we  
952 decided to put aside the differences, the superficial  
953 experiences and differences, and come and really develop a  
954 coalition and try to work to solve some of these problems.  
955 And we created and formed them around -- with Appalachian  
956 whites around dealing with black lung disease, which was a  
957 problem -- a pandemic there in Appalachia. And so we put our  
958 resources, our time, and our energies together.

959 So this is a longstanding problem. I have kind of -- I  
960 am inspired and overwhelmed by the truth that at this  
961 eleventh hour of our hearing, this truth that emanates from  
962 the pain and suffering of poor people around the country, in  
963 Appalachia and south Indiana and L.A., or all over this  
964 Nation.

965 And I think that it is important, and very important,  
966 particularly around public health, it is very -- it is a



967 symptom of those of us who are sick and tired of being sick  
968 and tired of seeing our people suffering.

969 Let's put aside some of these stupid, insane arguments,  
970 and let us work on the economic viability of our community.  
971 Let us do the things that we need to do to invest, in a real  
972 sense, in programs that will elevate our citizens and those  
973 who are depending on us and those who would need the help.

974 Mr. Chairman, let's eliminate these divisive arguments  
975 about Critical Race Theory and all of that. That is nothing  
976 but a weapon of the power of those who are in economic -- the  
977 super rich. That is a weapon that they use to keep poor  
978 people divided.

979 Coalminers in the 20th -- in the early 1920s, they  
980 united with blacks -- blacks and whites, poor people united  
981 to fight the coalmining companies. And they were killed  
982 because some of them -- blacks and whites together were  
983 killed because of the police assault on the demonstrators,  
984 both black and white demonstrators, in West Virginia and in  
985 Appalachia fighting for the health of coalminers.

986 It is that kind of spirit that we need in order to have  
987 the kind of renaissance of the American spirit in our Nation.

988 Mr. Chairman, I yield back the balance of my time.

989 \*The Chairman. I thank the gentleman. I think we --  
990 oh, Mr. Hudson is recognized for 5 minutes.

991 \*Mr. Hudson. Thank you, Mr. Chairman. I move to strike

992 the last word. Listen, we have passed six supplemental bills  
993 in response to COVID. We are spending trillions of dollars  
994 over the last year and a half. And after spending nearly  
995 1.9 million on the American Rescue Plan in March, we are set  
996 to spend another 1.2 trillion I believe it is just in this  
997 Committee's part of the \$3.5 trillion reconciliation package.

998 The COVID-19 pandemic has affected all of us. I would  
999 argue it is the most important issue that we are dealing  
1000 with. It should be our top public health priority, not only  
1001 looking at the current pandemic but preparing for the next  
1002 one.

1003 Our President just issued the most authoritarian  
1004 executive order we have seen in our time with this mask  
1005 mandate. You look at the school system in Los Angeles, this  
1006 is the top issue that we ought to be dealing with, but we  
1007 haven't had a single hearing in the Health Subcommittee  
1008 looking at pandemic preparedness.

1009 You know, the CDC has flipflopped on masks. If you are  
1010 vaccinated, you don't have to wear them. Now you have to  
1011 wear them. We ought to bring the CDC in for a hearing and  
1012 talk about this.

1013 The FDA doesn't even have a commissioner. We certainly  
1014 haven't heard from FDA on the pandemic, on what we have just  
1015 been through, what we need to do to prepare going forward.  
1016 We don't even have a nominee for an FDA commissioner. We

1017 haven't heard from ASPR. We should have had ASPR in. We  
1018 should have had hearings to talk about what the American  
1019 people know. We got it wrong.

1020         If you look at the national stockpile, we didn't prepare  
1021 properly for this pandemic, and there is a lot of questions  
1022 we need to be asking. We need to be examining what we got  
1023 wrong, but more importantly what we need to be doing going  
1024 forward. We haven't had a single hearing on this. And yet  
1025 here we are looking to spend 15 billion on public health  
1026 preparedness. Is that the right number? Are we spending it  
1027 in the right places? You know, what are our deficiencies?

1028         I think my colleague, Dr. Bucshon, had it right. We  
1029 should be looking at what our deficiencies are with the  
1030 national stockpile, the PPE, with our supply chain, with our  
1031 broken testing system, with our vaccine distribution system.  
1032 But we also ought to be having hearings. We ought to be  
1033 examining, what did we get right? What were the emergency  
1034 measures we took in the last year and a half that we ought to  
1035 look at making permanent?

1036         You look at Operation Warp Speed. What a tremendous  
1037 victory that was. I mean, it has been described by my  
1038 colleagues as the Manhattan Project of our generation. I  
1039 think that is right. I think it will be one of the great  
1040 legacies of President Donald Trump. And I think there is a  
1041 lot of lessons we can learn from that, particularly the

1042 public-private partnership piece. And I believe we, as a  
1043 government, ought to be investing more in that.

1044         These are all of the questions we ought to be asking,  
1045 but instead we are throwing trillions of dollars. In this  
1046 case, for preparedness, we are throwing \$15 billion at this  
1047 problem, yet this Committee hasn't even spent time examining  
1048 the problem at all.

1049         So, you know, this is the wrong way to go about this. I  
1050 mean, we are rushing this bill through. I have -- you know,  
1051 I said yesterday this is the most expensive piece of  
1052 legislation in the history of the United States. We are  
1053 spending more money in one bill than Canada and Mexico's GDP  
1054 combined. We are rushing this thing through.

1055         You know, I thank my colleagues for being here until  
1056 after 2:00 a.m. the first night and almost 2:00 a.m. last  
1057 night. Here we are again spending the time to try to  
1058 understand what is in this legislation. But this is not the  
1059 right process, you know, and this Committee is better than  
1060 that.

1061         I mean, we have got a long history of working together,  
1062 of asking tough questions, and working together on behalf of  
1063 the American people, and we need to get back to that. This  
1064 is the wrong way to do this. I wish the majority would  
1065 reconsider the path we are on. We can do this in regular  
1066 order, and I think we will have better policy. I think the

1067 American people will be better served. And I think we will  
1068 save the taxpayers money.

1069 And with that, Mr. Chairman, I yield back.

1070 \*The Chairman. I thank the gentleman.

1071 Now I am going to yield to Ms. Schakowsky. I doubt you  
1072 had any sleep at all, but thank you for all that you have  
1073 done. I yield you 5 minutes.

1074 \*Ms. Schakowsky. Thank you. Yes, I appreciate that. I  
1075 got back to Chicago in time on a 6:00 plane, so I am happy to  
1076 be with you.

1077 Here is what I -- colleagues, I understand Republicans  
1078 are frustrated with this process. We have heard it over and  
1079 over again. But I want to commend Congresswoman Eshoo, and I  
1080 am going to yield to her in a minute, and Diana DeGette and  
1081 Fred Upton, who have worked and worked and worked, debated,  
1082 we have discussed, we have gone through all the -- on the  
1083 legislation that they are talking about.

1084 Well, we have an opportunity to put this into action  
1085 right now in this bill. I mean, Fred, who was chairman of  
1086 the Energy and Commerce Committee for a number of years,  
1087 knows what he is talking about and has worked in a bipartisan  
1088 way to get the Cures bill but also to work further on the  
1089 legislation that is before us right now.

1090 And so don't pass up this opportunity. I get it. We  
1091 all get it. You don't like the process. But the outcome,

1092 what we can actually accomplish, is so great on this  
1093 particular AINS.

1094 And let me yield now to the chair of the Health  
1095 Subcommittee, Anna Eshoo.

1096 \*Ms. Eshoo. I thank the gentlewoman for yielding to me.  
1097 This is uncomfortable, and I think that we need to look at  
1098 why we are doing reconciliation. If in fact -- and, you  
1099 know, I mean, it is the choice of parties. But I think it is  
1100 important to state this. If the Republican leadership was  
1101 willing to work on Build Back Better, we would have gone  
1102 through a regular order.

1103 We are going through reconciliation because it is the  
1104 only process by which we can move the vision and the  
1105 implementation of that vision of the President of the United  
1106 States. So that is number one.

1107 Specifically on opioids that had been raised, I know,  
1108 and I think we all have the sad appreciation, that in 2020  
1109 there were over 93,000 overdose deaths in our country. That  
1110 is a 30 percent increase, making 2020 the deadliest year for  
1111 opioids.

1112 Our Health Subcommittee considered and passed bills that  
1113 are going to continue the resources that our local  
1114 communities -- which was described sadly and eloquently by  
1115 Mr. McKinley. We held a legislative hearing in March on the  
1116 issue. That work led to bipartisan markup that

1117 unanimously -- unanimously, bipartisan -- unanimously passed  
1118 five bills to address the crisis, including the State Opioid  
1119 Response Grant Authorization Act.

1120       Those bills have to be scheduled to go to the floor. It  
1121 is a little above my paygrade, but I have not ignored the  
1122 issue, colleagues. These are painful, dreadful things that  
1123 are taking place in our community. I wish that every single  
1124 day of the week I could hold hearings and markups. That is  
1125 not in the cards.

1126       And Mr. Pallone and his staff know that I have damaged  
1127 the door banging on it saying, "I want more. I want more. I  
1128 want more.'" So we are not ignoring these issues.

1129       So I just wanted to get that on the record. I thank the  
1130 gentlewoman for yielding to me, and I yield back to her.

1131       \*The Chairman. All right. Does anyone else want to  
1132 comment? If not, we are going to start with the amendment  
1133 process.

1134       All right. Do we have an amendment to the AINS? We are  
1135 on the Eshoo AINS now. Mr. Palmer is recognized. What -- do  
1136 you have a label for that amendment? Or do you have it at  
1137 the desk, Madam Clerk? Or we need -- you need a number?

1138       \*The Clerk. I will need a number.

1139       \*The Chairman. Okay.

1140       \*The Clerk. I have the amendment.

1141       \*The Chairman. Okay. The clerk will report the Palmer

1142 amendment.

1143           \*The Clerk. Amendment to the amendment in the nature of  
1144 a substitute to the Committee Print for Subtitle J offered by  
1145 Mr. Palmer of Alabama.

1146           \*The Chairman. And without objection, Madam Clerk, the  
1147 reading of the Palmer amendment will be dispensed with, and  
1148 the gentleman from Alabama is recognized for 5 minutes.

1149           [The amendment offered by Mr. Palmer follows:]

1150

1151           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1152



1153           \*Mr. Palmer. I move to strike the last word. I thank  
1154 the chairman. This amendment would appropriate \$10 million  
1155 to remain available to award grants and cooperative  
1156 agreements or contracts to deal with the -- provide  
1157 counseling, bereavement services, and other supports to  
1158 families of individuals who have died from Fentanyl or  
1159 Fentanyl-related substance abuse.

1160           This is an enormous problem. As my colleague from  
1161 California, Ms. Eshoo, just mentioned, there are -- over  
1162 93,000 people died last year from drug overdoses. The  
1163 previous high was around 72,000. And, Mr. Chairman, that is  
1164 probably underreported by 15 to 20 percent because so many  
1165 people -- so many families don't want it on the death  
1166 certificate that that is -- that their loved one died from a  
1167 drug overdose.

1168           So we could be talking well over 100,000 people, and the  
1169 surge in this -- among these overdoses is I think largely  
1170 because of Fentanyl.

1171           There is a new study out that shows that the death rate  
1172 among African Americans has jumped 38 percent from 2018 to  
1173 2019. Almost half of the drug overdose deaths among African  
1174 Americans is Fentanyl. All other -- the overdose death rate  
1175 among all other races and ethnicities remained about the  
1176 same.

1177           Cocaine and methamphetamines are increasingly being

1178 tainted with Fentanyl. That is one of the big issues is that  
1179 you have got these cartels in Mexico. They are getting  
1180 Fentanyl shipped in from China, and 80 percent of it is  
1181 crossing our southern border, and they are including it in  
1182 other drugs that people are taking, unsuspecting that it  
1183 contains the most powerful opioid in the world.

1184         When they take these drugs, their bod is not prepared  
1185 for that, and in some cases it kills them almost instantly.  
1186 I think many of you are familiar with the rock star from  
1187 Minnesota, Prince. That is what killed him.

1188         I think that we haven't given enough attention to this.  
1189 In a previous Congress, I served on the Oversight and  
1190 Government Reform Committee, and we had a field hearing at  
1191 Johns Hopkins Hospital in Baltimore to talk about this.

1192         And I asked a question of former Governor Chris  
1193 Christie, who I think at that time was serving in the  
1194 capacity as drug czar, if considering the amount of Fentanyl  
1195 that is being produced in China and being shipped across  
1196 their southern border, if we had gone from a war on drugs to  
1197 a war with drugs, and are these people casualties of an  
1198 intentional act by China, much like what we are dealing with  
1199 with the COVID crisis, because I think it is becoming more  
1200 and more evident that the COVID virus was developed by China  
1201 in the Wuhan lab and one way or another got out.

1202         I have heard my colleague, Mr. McKinley, speak with

1203 great passion, great compassion, about what is going on in  
1204 Appalachia. I know what is going on in rural parts of  
1205 Alabama with this. And I don't think this Committee has  
1206 spent enough time on this issue. I don't think we have been  
1207 as serious about it as we need to be. I don't think we have  
1208 provided the support that families of victims of Fentanyl  
1209 overdose deaths need. I don't think we have done enough in  
1210 regard to educating the American public about the dangers of  
1211 Fentanyl.

1212       It is unbelievable. We want to talk about gun violence  
1213 and the number of people who are dying as a result of gun  
1214 violence. It pales in comparison to the number of people who  
1215 are dying in this country from drug overdoses.

1216       The number of people who are killed in car wrecks pales  
1217 in comparison to the number of people who are dying from drug  
1218 overdoses. I literally sat at the kitchen table with my  
1219 pastor with a mom and dad, with the mom trying to look past  
1220 me and me trying to block her view, trying to look past me as  
1221 the county coroner brought their son's body down from the  
1222 upstairs bedroom.

1223       I will never forget that as long as I draw breath, and I  
1224 think it is issue that this Committee needs to separate from  
1225 this. This amendment needs to be a part of this bill, and we  
1226 need to show that we care about these people, that we are  
1227 serious about this, and we need to make this a priority,

1228 Mr. Chairman.

1229 My time has expired. I appreciate your indulgence, and  
1230 I yield back.

1231 \*The Chairman. I thank the gentleman. If you -- we  
1232 still have a number of people whose hands were raised from  
1233 the last discussion. So if you don't want to speak on  
1234 Mr. Palmer's amendment on Fentanyl, please lower your virtual  
1235 hand, so we don't get confused about who wants to speak.

1236 Yes. The gentlewoman from New Hampshire is recognized  
1237 for 5 minutes.

1238 \*Ms. Kuster. Mr. Chairman, I move to strike the last  
1239 word to address the gentleman from Alabama's amendment. We  
1240 all --

1241 \*The Chairman. The gentlewoman is recognized.

1242 \*Ms. Kuster. -- know that Americans -- pardon?

1243 \*The Chairman. You are recognized. The gentlewoman can  
1244 continue. I didn't want to confuse you. We can hear you.

1245 \*Ms. Kuster. Okay. Have I been recognized? I would  
1246 like to strike the last word.

1247 \*The Chairman. Yes. The gentlewoman is recognized for  
1248 5 minutes, and we can hear you.

1249 \*Ms. Kuster. Thank you so much, Mr. Chairman. We all  
1250 know that Americans across this country are struggling with  
1251 opioids and substance use disorder, and this has only  
1252 increased during the COVID-19 pandemic. I appreciate my

1253 colleague from Alabama and his shared desire to address this  
1254 problem. And as the founder and co-chair of the bipartisan  
1255 Mental Health and Addiction Task Force, I have always focused  
1256 on advancing bipartisan solutions to this issue.

1257         According to the CDC, 40 percent of adults reported  
1258 struggling with mental health or substance abuse last year.  
1259 And as the chairwoman of our Subcommittee pointed out, drug  
1260 overdose deaths hit a record high of 93,331 just last year.

1261         In May, the Biden Administration announced the  
1262 distribution of \$3 billion in American Rescue Plan funding  
1263 from SAMHSA's Community Mental Health Services Block Grant  
1264 Program and the Substance Abuse Prevention and Treatment  
1265 Block Grant Program. This is the largest investment in these  
1266 programs to date.

1267         This funding will allow states and territories to  
1268 provide comprehensive community mental health services,  
1269 including the individuals that Representative Palmer's  
1270 amendment addresses and will address outstanding needs and  
1271 gaps in this space, allowing states and territories to plan,  
1272 implement, and evaluate activities to help more people  
1273 recover from substance use disorder.

1274         I recognize that our work is not done. The Committee  
1275 Print before us would build on the funding provided this year  
1276 under the American Rescue Plan by making available  
1277 \$500 million for teaching health centers and substance abuse

1278 and mental healthcare facilities to make needed improvements  
1279 or modernizations. Addressing substance use disorder,  
1280 including those associated with Fentanyl, remains a high  
1281 priority for this Committee, and I certainly know for the  
1282 Health Subcommittee.

1283 I agree that we must find a public health-related  
1284 solution to the Fentanyl crisis. In the coming weeks,  
1285 Congress must act on the emergency scheduling order related  
1286 to how we treat Fentanyl. I believe we must work on a  
1287 holistic solution to the misuse of Fentanyl and  
1288 Fentanyl-related substances, and it is for this reason I urge  
1289 my colleagues to oppose this amendment.

1290 Thank you, Mr. Chairman. I yield back unless there is  
1291 anyone else that would like to be recognized. I yield back.

1292 \*The Chairman. Does anyone -- I thank the gentlewoman.

1293 Now we are going to go to Mr. Latta is recognized for  
1294 5 minutes.

1295 \*Mr. Latta. Well, thank you very much, Mr. Chairman.  
1296 And, again, I apologize for my allergies and my voice, but I  
1297 move to strike the last word.

1298 \*The Chairman. The gentleman is recognized for  
1299 5 minutes.

1300 \*Mr. Latta. Thank you, Mr. Chairman. And I rise in  
1301 support of the gentleman from Alabama's amendment. You know,  
1302 we all know that this opioid epidemic that we are in isn't

1303 something that is in another state, another city, another  
1304 part of town, but it is on our own streets and our own homes.

1305 And I know a couple of years ago when I had two major  
1306 events in my district that the rooms were full to hear from  
1307 the experts what is going on out there.

1308 But as Mr. Palmer mentioned about how heart rendering it  
1309 is that when parents come up to you and talk about their  
1310 sons, their daughters, that die from opioids and from  
1311 Fentanyl deaths, we have to do something as a country.

1312 And I think it is worth repeating this number again,  
1313 over and over and over again, that 93,331 reported deaths in  
1314 2020 alone from overdoses. And it is a staggering number  
1315 when you think about it. It is up from 71,000 in 2019. So  
1316 it is the largest increase in the last 50 years. More  
1317 Ohioans died of an overdose -- opioid overdose during a  
1318 3-month period last year than any time since the epidemic  
1319 began.

1320 Nearly 75 percent of fatal overdoses are attributed to  
1321 opioids, an increase of 70 percent in 2019, that was really  
1322 driven by the Fentanyl crisis. In addition to the first  
1323 10 months of 2021, Customs and Border Patrol, Fentanyl  
1324 seizures are already 94 percent higher than they were in  
1325 2020, and 233 percent higher than in all of 2019.

1326 In February of 2018, the DEA issued a temporary  
1327 scheduling order to schedule Fentanyl-related substances to

1328 allow our law enforcement to track down on criminals flooding  
1329 our neighborhoods and communities with this deadly drug.  
1330 Moreover, the majority has continued to kick the can down the  
1331 road with short-term extensions and are now approaching  
1332 another end to the scheduling.

1333 That is why Representative Chabot and I reintroduced  
1334 H.R. 1910, the Fight Fentanyl Act, which would permanently  
1335 schedule Fentanyl-related substances as Schedule I  
1336 substances.

1337 In addition, I am also working with Representative  
1338 Griffith on a similar bill and hope to have it dropped in the  
1339 near future. At present, the majority has not been willing  
1340 to fix this massive problem that we have with Fentanyl in  
1341 this country. And when you think about what Fentanyl is  
1342 being used in, when they are lacing it in with marijuana, and  
1343 people are dying from that, people just don't realize the  
1344 harm that is out there and it is deadly.

1345 So, you know, instead of addressing this problem that is  
1346 taking lives daily, we are focusing our time on a liberal  
1347 wish list. It is my hope that we can work together in a  
1348 bipartisan fashion to fix the root of this ongoing opioid  
1349 epidemic, and I encourage my colleagues to support the  
1350 gentleman's amendment because, again, when you look at these  
1351 numbers, they are not getting better. They are getting  
1352 worse, and so we just absolutely have to do something.



1353           And so, Mr. Chairman, I will yield back my time, unless  
1354 there is someone on our side that would like my time and  
1355 claim it.

1356           \*Mr. Bucshon. Latta, Bucshon.

1357           \*Mr. Latta. I recognize my friend, good doctor from  
1358 Indiana.

1359           \*Mr. Bucshon. I support the amendment. Thanks to  
1360 Mr. Palmer for doing this. You know, my wife is an  
1361 anesthesiologist, and she uses Fentanyl to put people to  
1362 sleep. It is actually a drug that is very useful in  
1363 anesthesia. But when you have it in an uncontrolled and, you  
1364 know, unquantified amount, it is certainly deadly.

1365           And, you know, again, I am going to speak to rural  
1366 America. You know, we have just -- we have a bad drug  
1367 problem in rural America. It is really a pandemic, in and of  
1368 itself.

1369           And, again, as my comments earlier on gun violence, why  
1370 is that? Well, it is a complicated problem. Educational and  
1371 economic -- lack of educational parity and economic  
1372 opportunity has a lot to do with it in rural America. And  
1373 so, you know, we need to address this on a multiprong front,  
1374 and I think the thing we all need to do is recognize why we  
1375 have these problems. And it is not going to go away. There  
1376 is no amount of incarceration or treatment that will fix this  
1377 problem, unless you address the underlying reasons why people

1378 feel that they are in despair and they have to -- they have  
1379 to find a way to medicate themselves, so to speak. And once  
1380 they get hooked on this stuff, it is impossible to get off of  
1381 it.

1382 So I support the amendment. We need to do everything we  
1383 can, but we also need a multipronged approach to address the  
1384 underlying reasons why our citizens feel like they need to  
1385 lean on these narcotics, and honestly on alcohol the same.

1386 So with that, I yield back to Mr. Latta.

1387 \*Mr. Latta. Well, thank you very much.

1388 Mr. Chairman, my time has expired, and I yield back.

1389 Thank you very much.

1390 \*The Chairman. Thank you, Mr. Latta.

1391 Is there a Democrat who wants to speak on this? Is  
1392 there someone on the Republican side? Mr. Johnson? No.

1393 All right. Then we will go to a vote. A recorded vote  
1394 is ordered. Those in favor of the Palmer amendment will say  
1395 aye, those opposed to the amendment will say no, and the  
1396 clerk shall call the roll.

1397 \*The Clerk. Mr. Rush?

1398 \*Mr. Rush. Rush votes no.

1399 \*The Clerk. Mr. Rush votes no.

1400 Ms. Eshoo?

1401 \*Ms. Eshoo. Eshoo votes no.

1402 \*The Clerk. Ms. Eshoo votes no.

1403 Ms. DeGette?  
1404 \*Ms. DeGette. DeGette votes no.  
1405 \*The Clerk. Ms. DeGette votes no.  
1406 Mr. Doyle?  
1407 \*Mr. Doyle. Doyle votes no.  
1408 \*The Clerk. Mr. Doyle votes no.  
1409 Ms. Schakowsky? Ms. Schakowsky?  
1410 \*Ms. Schakowsky. Schakowsky votes no.  
1411 \*The Clerk. Ms. Schakowsky votes no.  
1412 Mr. Butterfield?  
1413 \*Mr. Butterfield. Butterfield votes no.  
1414 \*The Clerk. Mr. Butterfield votes no.  
1415 Ms. Matsui?  
1416 \*Ms. Matsui. Matsui votes no.  
1417 \*The Clerk. Ms. Matsui votes no.  
1418 Ms. Castor?  
1419 \*Ms. Castor. No.  
1420 \*The Clerk. Ms. Castor votes no.  
1421 Mr. Sarbanes?  
1422 \*Mr. Sarbanes. Sarbanes votes no.  
1423 \*The Clerk. Mr. Sarbanes votes no.  
1424 Mr. McNerney?  
1425 \*Mr. McNerney. McNerney votes no.  
1426 \*The Clerk. Mr. McNerney votes no.  
1427 Mr. Welch?

1428 \*Mr. Welch. No.  
1429 \*The Clerk. Mr. Welch votes no.  
1430 Mr. Tonko?  
1431 \*Mr. Tonko. Tonko of New York votes no.  
1432 \*The Clerk. Mr. Tonko votes no.  
1433 Ms. Clarke?  
1434 \*Ms. Clarke. Clarke of New York votes no. Clarke of  
1435 New York votes no.  
1436 \*The Clerk. Ms. Clarke votes no.  
1437 Mr. Schrader?  
1438 \*Mr. Schrader. Schrader of Oregon votes no.  
1439 \*The Clerk. Mr. Schrader votes no.  
1440 Mr. Cardenas?  
1441 \*Mr. Cardenas. Cardenas representing California votes  
1442 no. Cardenas --  
1443 \*The Clerk. Mr. Cardenas votes no.  
1444 Mr. Ruiz?  
1445 \*Mr. Ruiz. Ruiz votes no.  
1446 \*The Clerk. Mr. Ruiz votes no.  
1447 Mr. Peters?  
1448 \*Mr. Peters. Peters votes no.  
1449 \*The Clerk. Mr. Peters votes no.  
1450 Mrs. Dingell?  
1451 \*Mrs. Dingell. Dingell votes no.  
1452 \*The Clerk. Mrs. Dingell votes no.

1453 Mr. Veasey?  
1454 [No response.]  
1455 \*The Clerk. Ms. Kuster?  
1456 \*Ms. Kuster. Ms. Kuster votes no.  
1457 \*The Clerk. Ms. Kuster votes no.  
1458 Ms. Kelly?  
1459 \*Ms. Kelly. Kelly votes no.  
1460 \*The Clerk. Ms. Kelly votes no.  
1461 Ms. Barragan?  
1462 \*Ms. Barragan. Barragan votes no.  
1463 \*The Clerk. Ms. Barragan votes no.  
1464 Mr. McEachin?  
1465 [No response.]  
1466 \*Mr. McEachin. McEachin of Virginia votes no.  
1467 \*The Clerk. Mr. McEachin votes no.  
1468 Ms. Blunt Rochester?  
1469 \*Ms. Blunt Rochester. Blunt Rochester votes no.  
1470 \*The Clerk. Ms. Blunt Rochester votes no.  
1471 Mr. Soto?  
1472 \*Mr. Soto. Soto from Florida votes no.  
1473 \*The Clerk. Mr. Soto votes no.  
1474 Mr. O'Halleran?  
1475 \*Mr. O'Halleran. O'Halleran votes no.  
1476 \*The Clerk. Mr. O'Halleran votes no.  
1477 Miss Rice?

1478 \*Miss Rice. Rice votes no.  
1479 \*The Clerk. Miss Rice votes no.  
1480 Ms. Craig?  
1481 \*Ms. Craig. Craig votes no.  
1482 \*The Clerk. Ms. Craig votes no.  
1483 Ms. Schrier?  
1484 \*Ms. Schrier. Schrier votes no.  
1485 \*The Clerk. Ms. Schrier votes no.  
1486 Mrs. Trahan?  
1487 \*Mrs. Trahan. Trahan votes no.  
1488 \*The Clerk. Mrs. Trahan votes no.  
1489 Mrs. Fletcher?  
1490 \*Mrs. Fletcher. No.  
1491 \*The Clerk. Mrs. Fletcher votes no.  
1492 Mrs. Rodgers? Mrs. Rodgers?  
1493 \*Mrs. Rodgers. Aye.  
1494 \*The Clerk. Mrs. Rodgers votes aye.  
1495 Mr. Upton?  
1496 \*Mr. Upton. Upton votes aye.  
1497 \*The Clerk. Mr. Upton votes aye.  
1498 Mr. Burgess?  
1499 \*Mr. Burgess. Burgess votes aye.  
1500 \*The Clerk. Mr. Burgess votes aye.  
1501 Mr. Scalise?  
1502 \*The Clerk. Mr. Latta?

1503 \*Mr. Latta. Latta votes aye.  
1504 \*The Clerk. Mr. Latta votes aye.  
1505 Mr. Guthrie?  
1506 \*Mr. Guthrie. Guthrie votes aye.  
1507 \*The Clerk. Mr. Guthrie votes aye.  
1508 Mr. McKinley?  
1509 \*Mr. McKinley. Aye.  
1510 \*The Clerk. Mr. McKinley votes aye.  
1511 Mr. Kinzinger?  
1512 \*Mr. Kinzinger. Kinzinger votes aye.  
1513 \*The Clerk. Mr. Kinzinger votes aye.  
1514 Mr. Griffith?  
1515 [No response.]  
1516 \*The Clerk. Mr. Bilirakis?  
1517 \*Mr. Bilirakis. Bilirakis votes aye.  
1518 \*The Clerk. Mr. Bilirakis votes aye.  
1519 Mr. Johnson?  
1520 \*Mr. Johnson. Aye.  
1521 \*The Clerk. Mr. Johnson votes aye.  
1522 Mr. Long?  
1523 [No response.]  
1524 \*The Clerk. Mr. Bucshon?  
1525 \*Mr. Bucshon. Bucshon from Indiana votes aye.  
1526 \*The Clerk. Mr. Bucshon votes aye.  
1527 Mr. Mullin?

1528 \*Mr. Long. Is Long recorded?  
1529 \*The Clerk. Mr. Long is not recorded.  
1530 \*Mr. Long. Get my camera turned on here. Long votes  
1531 aye.  
1532 \*The Clerk. Mr. Long votes aye.  
1533 Mr. Mullin?  
1534 [No response.]  
1535 \*The Clerk. Mr. Hudson?  
1536 \*Mr. Hudson. Hudson of North Carolina votes aye.  
1537 \*The Clerk. Mr. Hudson votes aye.  
1538 Mr. Walberg?  
1539 \*Mr. Walberg. Mr. Walberg votes aye.  
1540 \*The Clerk. Mr. Walberg votes aye.  
1541 Mr. Carter?  
1542 \*Mr. Carter. Mr. Carter votes aye.  
1543 \*The Clerk. Mr. Carter votes aye.  
1544 Mr. Duncan?  
1545 \*Mr. Duncan. Aye.  
1546 \*The Clerk. Mr. Duncan votes aye.  
1547 Mr. Palmer?  
1548 \*Mr. Palmer. Aye.  
1549 \*The Clerk. Mr. Palmer votes aye.  
1550 Mr. Dunn?  
1551 \*Mr. Dunn. Dunn votes aye.  
1552 \*The Clerk. Mr. Dunn votes aye.



1553 Mr. Curtis?

1554 \*Mr. Curtis. Curtis votes aye.

1555 \*The Clerk. Mr. Curtis votes aye.

1556 Mrs. Lesko?

1557 \*Mrs. Lesko. Lesko votes aye.

1558 \*The Clerk. Mrs. Lesko votes aye.

1559 Mr. Pence?

1560 \*Mr. Pence. Pence from Indiana votes aye.

1561 \*The Clerk. Mr. Pence votes aye.

1562 Mr. Crenshaw?

1563 \*Mr. Crenshaw. Crenshaw votes aye.

1564 \*The Clerk. Mr. Crenshaw votes aye.

1565 Mr. Joyce? Mr. Joyce?

1566 \*Mr. Joyce. Mr. Joyce votes yes.

1567 \*The Clerk. Mr. Joyce votes aye.

1568 Mr. Armstrong?

1569 \*Mr. Armstrong. Armstrong votes yes.

1570 \*The Clerk. Mr. Armstrong votes aye.

1571 Chairman Pallone?

1572 \*The Chairman. Pallone from New Jersey votes no.

1573 \*The Clerk. Chairman Pallone votes now.

1574 \*The Chairman. Are there any members who have not voted

1575 who --

1576 \*Mr. Mullin. Mr. Chairman?

1577 \*The Chairman. Mr. Mullin?

1578 \*The Clerk. Mr. Mullin is not recorded.  
1579 \*Mr. Mullin. Yes.  
1580 \*The Clerk. Mr. Mullin votes aye.  
1581 \*Mr. Griffith. Mr. Chairman, how am I recorded?  
1582 \*The Clerk. Mr. Griffith is not recorded.  
1583 \*Mr. Griffith. Aye.  
1584 \*The Clerk. Mr. Griffith votes aye.  
1585 Mr. Veasey is not recorded.  
1586 \*Mr. Veasey. Mr. Chairman, I would like to vote no.  
1587 \*The Clerk. Mr. Veasey votes no.  
1588 \*The Chairman. The clerk will report the tally on the  
1589 Palmer amendment.  
1590 \*The Clerk. On that vote, Mr. Chairman, the yeas were  
1591 20 -- excuse me, the yeas were 25 and the nays were 32.  
1592 \*The Chairman. Okay. On the Palmer amendment, the vote  
1593 is 25 ayes to 32 nays, and the amendment is not agreed to.  
1594 Do we have another amendment to the amendment in the  
1595 nature of a substitute? Mr. Carter is recognized for  
1596 5 minutes. I mean, Mr. Carter's --  
1597 \*Mr. Carter. I have an amendment at the desk,  
1598 Mr. Chairman, Amendment Number 21.  
1599 \*The Chairman. Does the clerk have that amendment?  
1600 \*The Clerk. Yes, sir.  
1601 \*The Chairman. The clerk will report the Carter  
1602 amendment.

1603           \*The Clerk. Amendment to the amendment in the nature of  
1604 a substitute to the Committee Print for Subtitle J offered by  
1605 Mr. Carter of Georgia.

1606           \*The Chairman. Without objection, the reading of the  
1607 amendment will be dispensed with, and the gentleman from  
1608 Georgia is recognized for 5 minutes.

1609           [The amendment offered by Mr. Carter follows:]

1610

1611           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

1612

1613           \*Mr. Carter. Thank you, Mr. Chairman. Mr. Chairman,  
1614 this Committee has a responsibility -- a responsibility this  
1615 Committee has -- to ensure a pandemic like the coronavirus  
1616 never happens again. But to this date, we still don't know  
1617 how the coronavirus originated. It could have originated  
1618 naturally. We don't think it did, but there are -- because  
1619 there are clues.

1620           There are enormous clues that also point to a virus that  
1621 was released in the world after a lab accident or perhaps  
1622 even intentionally. And, frankly, the majority has done  
1623 nothing to get to the bottom of this. Absolutely nothing.

1624           It is like my friends across the aisle are more  
1625 concerned about perceived politics than about leading from  
1626 the front and working together to protect our citizens from  
1627 the threat China poses to our country and to our health. And  
1628 here is the thing. Whether the virus was naturally occurring  
1629 or not, we have a responsibility to figure out where it came  
1630 from.

1631           Here is what we do know. The Chinese government engaged  
1632 in a massive coverup by ordering the destruction of samples,  
1633 taking all genomic sequences databases offline to shield them  
1634 from public access, disappearing journalists and scientists  
1635 lying about their observations of asymptomatic spread from  
1636 person to person, activating their global united work front  
1637 to ship personal protective equipment to the China motherland

1638 before others even knew of the outbreak.

1639 We know that China did and is still leading an organized  
1640 massive media campaign to manipulate people all over the  
1641 world to think about China favorably. We know that NIH has  
1642 not come close to cooperating, nor to answering our questions  
1643 about its funding to EcoHealth Alliance that supported bat  
1644 coronavirus research at the Wuhan Institute of Virology.

1645 We know that the NIH states it did not fund gain-of-  
1646 function research at the Wuhan Institute of Virology, yet NIH  
1647 grant documents for the EcoHealth Alliance research in China  
1648 bring their claims into question.

1649 Recently, 900 pages of EcoHealth Alliance grant reports  
1650 revealed that EcoHealth Alliance reported to the NIH that  
1651 they increased the transmissibility of viruses by 10,000  
1652 times during their experiments, yet NIH did not pause the  
1653 funding or the research or have the research undergo any  
1654 special risk assessment reviews.

1655 NIH was not forthcoming with their documents. They did  
1656 not provide them to minority committee leadership, and they  
1657 did not even provide them when Freedom of Information Act  
1658 requests were filed. Instead, NIH had to be sued before  
1659 releasing redacted copies of their grant documents. And  
1660 guess who footed the bill for the research? The American  
1661 people.

1662 Our constituents' money went to China to conduct risky,

1663 dangerous, gain-of-function research. Albert Einstein said  
1664 years ago the only thing more dangerous than ignorance is  
1665 arrogance. Ladies and gentlemen, gain of function is  
1666 research arrogance. And this is just one of several  
1667 illustrations of conflicting information that surfaced when  
1668 the grant research documents were published last week.

1669         Political partisanship, academic group think, and big  
1670 tech shutdown any and all mention of the possibility that  
1671 COVID-19 emerged from a lab accident at the Wuhan Institute  
1672 of Virology. Facebook and Twitter literally deleted posts  
1673 that suggested this, and in some cases banned those users.

1674         Mark Zuckerberg and Jack Dorsey are not scientists, and  
1675 they should be condemned for pursuing China's lies out to the  
1676 world. So what do we do now? Congress must get to the  
1677 bottom of this. And while we may never get the answers we  
1678 want from the Chinese Communist Party, as the NIH authorizing  
1679 committee and the committee with jurisdiction over public  
1680 health, we have the responsibility to investigate how the  
1681 outbreak occurred, if for no other reason than to figure out  
1682 what steps we must take to prevent another pandemic.

1683         We must track every single U.S. taxpayer dollar spent on  
1684 this research in China. We must prohibit any U.S. funds from  
1685 going to the Wuhan Institute of Virology, a lab that the U.S.  
1686 State Department declared conducts secret military  
1687 experiments with the Chinese Communist People's Liberation

1688 Army.

1689 More importantly, we should pause federal funding for  
1690 gain-of-function studies into potential pandemic viruses  
1691 while we investigate and work with the HHS and the NIH to  
1692 establish a more transparent and thorough risk assessment  
1693 process for funding this kind of research.

1694 We have the opportunity to take immediate action today  
1695 by passing my amendment. It mirrors -- listen to this now:  
1696 it mirrors almost identically the 5-year moratorium President  
1697 Obama thoughtfully put in place in 2014 to pause gain-of-  
1698 function research.

1699 I urge a yes vote on this amendment, and I urge this  
1700 Committee to take the virus origin seriously and begin  
1701 investigation. It is this Committee's jurisdiction. It is  
1702 this Committee's responsibility, Mr. Chairman.

1703 My friends on the other side of the aisle, we have to  
1704 take this seriously. We should never let this happen again.

1705 I yield back, Mr. Chairman.

1706 \*The Chairman. I thank the gentleman.

1707 Ms. DeGette is recognized for 5 minutes on the Carter  
1708 amendment.

1709 \*Ms. DeGette. I thank the gentleman for recognizing me,  
1710 and I would say that Mr. Carter is correct. We have to take  
1711 this seriously. The Oversight Subcommittee, in working with  
1712 the Republican side of the aisle, is undergoing some very

1713 robust investigation of what happened in Wuhan, and we need  
1714 to do that to find out what happened, although I will say  
1715 there is no evidence that this was intentionally released.  
1716 But even if it was accidentally released from a lab, we need  
1717 to worry about that.

1718         But let's talk about what this amendment does. What  
1719 this amendment basically does is it stops us from doing gain-  
1720 of-function research around COVID, which would be a big  
1721 mistake. And here is why. Gain of research -- gain-of-  
1722 function research can be useful in helping researchers better  
1723 understand scientific theories or even to develop new  
1724 technologies, and not all gain-of-function research poses  
1725 security risks.

1726         An example -- gain-of-function research has been used to  
1727 create drought-resistant plants as well as research involving  
1728 modification of bacteria to improve insulin production in  
1729 humans. But it is true gain of research function also --  
1730 research also encompasses studying pathogens with pandemic  
1731 potential like bacteria and viruses.

1732         So in projects involving the NIH, this research is  
1733 appropriately highly regulated and has to adhere to strict  
1734 biosafety and biosecurity controls developed by health and  
1735 security experts.

1736         The gentleman is correct. In 2014, under the Obama  
1737 Administration, the NIH recognized that certain gain-of-



1738 function research could be risky and paused all federal  
1739 funding for projects that presented high pandemic potential  
1740 risk. What the gentleman doesn't say, though, is after  
1741 significant input from stakeholders, including the National  
1742 Academies of Science, Engineering, and Medicine, and the  
1743 National Science Advisory Board for Biosecurity, in 2017, HHS  
1744 issued additional guidelines and reporting requirements  
1745 related to this type of research.

1746           And subsequently, because of those guarantees, the NIH  
1747 lifted the funding pause and moved forward with the new  
1748 decision framework informed by medical and biosafety experts.

1749           I also want to know, as I said before, gain-of-function  
1750 research doesn't always involve high-risk pathogens. The  
1751 search for the coronavirus -- COVID-19 virus continues. We  
1752 can't stop research that we are going to need to have to  
1753 figure out what happened here. We have to follow the  
1754 science, but we have to have the strictest of protocols, and  
1755 we have to make sure those strict protocols are followed no  
1756 matter where the research is done.

1757           But this amendment here is a blunt instrument. It  
1758 doesn't say that. It just says we are not going to do the  
1759 research, and that will not help us to figure out what  
1760 happened here.

1761           For that reason, I urge my colleagues to reject the  
1762 amendment, and I yield back.

1763           \*Mr. Griffith. Mr. Chairman?

1764           \*The Chairman. We are going to go -- yes, who is -- who  
1765 seeks recognition?

1766           The gentlewoman has yielded back. Mr. Griffith is  
1767 recognized for 5 minutes.

1768           \*Mr. Griffith. Thank you very much, Mr. Chairman. I  
1769 think that the chairman of our Subcommittee, DeGette, is  
1770 right on some points and wrong on some points. Let's go over  
1771 the facts.

1772           We have been trying to get COVID origins for some time.  
1773 Here is my notebook on all of the letters that we have  
1774 written trying to get all of the information just available  
1775 in the U.S. We know the Chinese aren't going to give us  
1776 everything.

1777           This amendment makes sense, and let me tell you why it  
1778 makes sense, ladies and gentlemen. We have to put a hard  
1779 stop on what is going on with gain of function, even if it is  
1780 just close. And of course they say -- some say it is, and  
1781 some say it isn't. But they have humanized mice that they  
1782 have been using on this research, and it looks like they have  
1783 been doing some of that.

1784           And the problem is, as Ms. DeGette pointed out, we have  
1785 to make sure that there are strict guidelines, and HHS came  
1786 out with even more guidelines. But our investigation has  
1787 shown that they weren't following those guidelines. And then

1788 when we give money to EcoHealth Alliance, they then farm out  
1789 some of the research to the Wuhan virology lab. They farm  
1790 that out, and those folks were doing research that everybody  
1791 agrees should have been doing in safety level 3 lab. They  
1792 were doing it all in a safety level 2 lab.

1793         And then we sit here scratching our heads wondering,  
1794 huh, I wonder why there might have been an accident there? I  
1795 wonder why somebody might have made a mistake? Well, I will  
1796 tell you where the mistake was made is that we weren't  
1797 careful enough when we gave our federal dollars to EcoHealth  
1798 Alliance -- and maybe others, but certainly to them -- and  
1799 didn't do the proper follow up to make sure that they were  
1800 following the safety protocols that Ms. DeGette talked about.  
1801 We weren't even doing what we were supposed to be doing in  
1802 the past.

1803         So what makes us think that we are going to follow up in  
1804 the future? Further, to make -- to add insult to injury, we  
1805 not only found out this problem, NIH at one point said, "We  
1806 are going to have to suspend you because you weren't doing  
1807 everything right. You weren't giving us the data.'" And  
1808 then we gave EcoHealth Alliance additional money on  
1809 additional grant proposals.

1810         Folks, we need to put a pause on this right now. We  
1811 need to have the hearings, and I appreciate Chairman DeGette  
1812 wanting to get hearings done and wanting to get to the bottom

1813 of this, get all of the information we can for the American  
1814 taxpayers and for the world to know.

1815 \*Mr. Duncan. Would the gentleman yield?

1816 \*Mr. Griffith. But we need to -- hang on just a minute.  
1817 But we need to make sure we have all of that information  
1818 first. Put a pause on it now. Stop it now. Pass this  
1819 amendment now and then we can come back in and we can figure  
1820 out exactly what we need to do.

1821 Now I will tell you, I don't want to mislead anybody, I  
1822 am really worried, and I have a different opinion than  
1823 Ms. DeGette on gain of function. But there is a battle going  
1824 on in the scientific community. Let's say stop, pause, and  
1825 then let us -- in this Committee, the committee of  
1826 jurisdiction, let us figure out what the right answers are.

1827 I would be happy to yield for a question, but I don't  
1828 want to yield my time. I yield for a question to the  
1829 gentleman.

1830 \*Mr. Duncan. Not a question, just some time.

1831 \*Mr. Griffith. All right. I will give you a minute or  
1832 so. I might want to come back.

1833 \*Mr. Duncan. Thank you. I think this is an important  
1834 point. We are spending \$3.5 trillion, the largest spending  
1835 plan in United States history, but yet the other side of the  
1836 aisle will not adopt an amendment that looks into the origin  
1837 of COVID-19? The origin? We are going to spend all of this

1838 money -- of taxpayer hard-earned money, and we can't even  
1839 look into the origins of a pandemic? Are you kidding me?

1840 America, you need to realize what the majority party,  
1841 the Democrats, are saying right here. They are saying that  
1842 they don't want to spend money in the largest spending plan  
1843 to look at something that shut your businesses down,  
1844 quarantined you from your family and your loved ones in the  
1845 nursing homes, possibly even by moving people into nursing  
1846 homes caused the deaths of some of your loved ones, they  
1847 don't want to look into the origin of that in Wuhan when, as  
1848 Mr. Carter pointed succinctly out, the evidence is there, and  
1849 you don't want to look at that in the largest spending bill  
1850 in American history? Give me a break.

1851 I yield back.

1852 \*Mr. Griffith. I thank the gentleman. I did want to  
1853 hit a couple more points. First, let me be completely fair.  
1854 Chairwoman DeGette of the Oversight and Investigations  
1855 Subcommittee has indicated we are going to have hearings.

1856 We need to get those scheduled, but she has been -- she  
1857 has been wanting these answers all along. It is not -- it is  
1858 not an unwillingness to do some investigation, although I  
1859 think we need to move it along, but it is a concern that I  
1860 think we need to say hit the brakes. You know, sometimes you  
1861 just have to stop and catch your breath and say, wait a  
1862 minute, let's stop right now.

1863 I am not saying we couldn't move forward if we get  
1864 everything right. This amendment, though, puts the brakes on  
1865 those pathogens that have a pandemic potential. Doesn't  
1866 affect everything, just those pathogens that have a pandemic  
1867 potential. And when you are dealing with coronavirus, one of  
1868 the reasons they were doing the research is, it has a  
1869 pandemic potential.

1870 And our agencies didn't follow up with the people they  
1871 contracted with, didn't follow up on the folks who were the  
1872 third party providers -- in this case, Wuhan lab -- and as a  
1873 result, we don't -- we had a situation going, whether it  
1874 caused this problem or not is not the issue. But we do know  
1875 we had a situation going where we were allowing unsafe  
1876 practices to happen with American tax dollars in a foreign  
1877 country, and we weren't doing our homework.

1878 And that falls to the responsibility, as I think  
1879 Ms. DeGette would recognize, of the Oversight and  
1880 Investigations Subcommittee of this Committee. It is our  
1881 jurisdiction. We are going to do it. I know with her  
1882 assurances that we will get it done.

1883 \*Ms. DeGette. Would the gentleman yield?

1884 \*Mr. Griffith. But we need to do it quickly. I am  
1885 happy to yield to Ms. DeGette. She is always very good.  
1886 Yes, ma'am.

1887 \*Ms. DeGette. I just want to tell the gentleman, number

1888 one, I don't agree with the characterization of what the U.S.  
1889 has or hasn't done in Wuhan. I do think we need to have an  
1890 investigation.

1891 As I said earlier this summer, we were waiting to get  
1892 the classified report from the Biden Administration which  
1893 came out in August. And when we get back, we are going to  
1894 continue that investigation, but in my opinion, in the  
1895 meantime, what this amendment does, it is a blunt instrument  
1896 to stop this important type of research.

1897 So we are going to have to have a continuing  
1898 investigation, and we will have hearings, and I thank the  
1899 gentleman for working with me. He has been great. And I  
1900 yield back.

1901 \*Mr. Griffith. And sometimes, Mr. Chairman, a blunt  
1902 instrument is necessary to stop things until you can catch  
1903 your breath and figure out what you are supposed to do.

1904 I yield back.

1905 \*Mr. Palmer. Mr. Chairman, I have a question.

1906 \*The Chairman. The gentleman has yielded back. I  
1907 believe --

1908 \*Mr. Palmer. Mr. Chair, I have a question for the  
1909 chair.

1910 \*The Chairman. Mr. Palmer?

1911 \*Mr. Palmer. I have a question.

1912 \*The Chairman. Yes.

1913           \*Mr. Palmer. And I want to make sure I understood what  
1914 Ms. DeGette just said. Does the Committee have information  
1915 about the gain-of-function funding that -- does the chair  
1916 have that, or does the Subcommittee chair have information  
1917 about funding for gain of function that the Committee doesn't  
1918 have?

1919           \*The Chairman. Do you want time to address --

1920           \*Mr. Palmer. No, I am just asking a question. I can --

1921           \*The Chairman. I know. But you have to have -- did you  
1922 have your 5 minutes yet?

1923           \*Mr. Palmer. Not on this. No, sir.

1924           \*The Chairman. Well, you can be recognized for  
1925 5 minutes.

1926           \*Mr. Palmer. Striking the last word. I just have a  
1927 question. I just want to know if the leadership of the  
1928 Committee has information about gain-of-function funding that  
1929 hasn't been shared with the Committee.

1930           \*The Chairman. No. We have nothing like that.

1931           \*Mr. Palmer. I yield back.

1932           \*The Chairman. Thank you. And next I have Dr. Burgess  
1933 based on seniority. Did you want to be recognized?

1934           \*Mr. Burgess. Yes. Yes, Mr. Chairman. I move to  
1935 strike the last word and be recognized on the Carter  
1936 amendment.

1937           \*The Chairman. Dr. Burgess is recognized for 5 minutes.



1938           \*Mr. Burgess. Thank you, Mr. Chairman. And this is a  
1939 good amendment by the gentleman from Georgia and should be  
1940 supported by everyone on this Committee. It is, after all,  
1941 the responsibility of this Subcommittee -- of this Committee,  
1942 this full Committee, to be -- to be the one in charge here in  
1943 issues of public health that are so dire.

1944           Look, I had a similar amendment which I am not going to  
1945 offer in the interest of time. But the amendment that I had  
1946 proposed would require the federal agencies to release all  
1947 information requested under Freedom of Information Act by the  
1948 Energy and Commerce Committee within 45 business days after  
1949 the receipt of that request.

1950           And the reason for that is this past week -- and many of  
1951 us were sort of blindsided by reporters. There is a  
1952 publication called The Intercept that published 900 pages --  
1953 900 pages -- of documents related to the U.S-funded  
1954 coronavirus research in China through EcoHealth Alliance.

1955           So we, as a Committee, have sent several letters to the  
1956 National Institute of Health requesting further information  
1957 on the Wuhan lab's biosafety procedures and documents  
1958 relating to any grant dollars provided by EcoHealth Alliance.  
1959 But instead of providing members of Congress with a briefing  
1960 on these requested materials, members of Congress were left  
1961 to find out that 900 pages of materials were published by a  
1962 news hub.

1963           So the NIH really must be transparent about all of the  
1964 details relating to the origins of the COVID-19 virus. It is  
1965 beyond critical that we understand exactly what went wrong to  
1966 prevent this from ever happening again.

1967           And I so appreciate Ranking Member Griffith's comments  
1968 about making certain that viruses with pandemic potential --  
1969 could we also be sure that viruses with pandemic potential  
1970 are not funded for research in countries that are adversarial  
1971 to the United States? I mean, would this be too much to ask?

1972           Previous Administrations have made good faith efforts to  
1973 provide access to information when requested by Congressional  
1974 committees. I don't understand why this Administration has  
1975 chosen to be so non-transparent in this issue. With  
1976 40 million COVID cases in the United States, the pandemic has  
1977 demonstrated how serious a biologic threat can be.

1978           And this has affected everyone. Members in this room,  
1979 members of my family, have been affected by this virus. We  
1980 should all be equally concerned about the origins, and we  
1981 certainly should be willing to listen to the arguments of the  
1982 gentleman from Georgia that we not be funding this  
1983 research -- viruses and bacteria with a pandemic potential --  
1984 in an adversarial country.

1985           So I want to thank the gentleman from Georgia for  
1986 offering the amendment. I regret that there was not time to  
1987 offer the companion amendment on the origins of the

1988 coronavirus outbreak.

1989           Look, I have been on this Committee for a long time. We  
1990 have dealt with the People's Republic of China in a number of  
1991 activities that were certainly questionable. I remember  
1992 Chairman Dingell when -- back in 2007 and 2008 did multiple  
1993 investigations on Melamine in pet food that poisoned our dogs  
1994 and cats.

1995           We have had lead paint in our toys that were imported  
1996 into this country that affected our children several  
1997 Christmases ago that Jan Schakowsky worked on. The Fentanyl  
1998 that was brought up earlier by -- in an earlier amendment. I  
1999 mean, this stuff -- at some point, you begin to ask yourself,  
2000 is all of this accidental?

2001           Oh, and I forgot about the Heparin in 2008 that poisoned  
2002 our patients in dialysis centers. Is all of this stuff just  
2003 coincidental, or is there a pattern of practice here by an  
2004 adversarial country where at the very least we would never  
2005 again fund pathogenic research in a lab in an adversarial  
2006 country that has such a track record?

2007           Again, I thank the gentleman from Georgia for bringing  
2008 up the amendment. It deserves an aye vote.

2009           And I will yield back.

2010           \*The Chairman. I thank the gentleman.

2011           Who seeks time?

2012           \*Mr. Dunn. Mr. Dunn of Florida.

2013           \*The Chairman. Mr. Dunn is recognized for 5 minutes.

2014           \*Mr. Dunn. Thank you, Mr. Chairman. I move to strike  
2015 the last word and speak in support of the amendment.

2016           Thank you. I support this much needed amendment and  
2017 encourage my colleagues to do so as well. I can attest  
2018 personally to these risks. I worked in the BSL-4 lab at Fort  
2019 Detrick, Maryland, in the 1970s. We struggled to close down  
2020 the biological warfare labs in what was then the world's  
2021 premier isolation lab for the study of infectious agents. It  
2022 was the only lab in the world certified to do research on  
2023 recombinant DNA at the time.

2024           Nonetheless, pathogens from those labs continued to  
2025 surface periodically, including as recently as 2001 in a true  
2026 biological attack on civilians in America. I urge you to  
2027 take some time and Google the rich history of laboratory  
2028 leaks with infectious diseases around the world.

2029           Conducting gain-of-function -- and, by the way, this is  
2030 not a blunt instrument. This is a very sharp instrument. It  
2031 is aimed specifically at pathogenicity, not at the medical  
2032 research that Chairwoman DeGette mentioned. Conducting gain-  
2033 of-function research in a lab in an adversarial nation is  
2034 quite simply not a good idea. To do so in a nation that is  
2035 widely acknowledged to have the world's largest and most  
2036 advanced biological warfare program is recklessly foolish.  
2037 Yet this is precisely what NIH did through its surrogate

2038 subgrants using EcoHealth Alliance, which funded gain-of-  
2039 function research in Wuhan Institute of Virology.

2040 This is clearly evident in the wake of the worst  
2041 pandemic to affect our world since 1918. So far over  
2042 6 million people have lost their lives, and we are still  
2043 counting.

2044 Some will protest that China is a signatory to the  
2045 Biological Weapons Convention of 1972. They have never been  
2046 in full compliance, and since 2015 have refused all semblance  
2047 of compliance, a fact thoroughly reported by the French  
2048 government to our Department of State.

2049 With this amendment, Mr. Carter of Georgia raises an  
2050 important question. Do HHS and NIH need to do more to  
2051 protect national biosecurity when funding research projects  
2052 at home and abroad? And the world's experience with COVID-19  
2053 is a compelling argument that they should be doing much more  
2054 concern with national security, biosecurity, and the risks  
2055 that this type of research poses to the entire world.

2056 NIH imposed a moratorium, a complete moratorium on gain-  
2057 of-function research in the U.S. in 2014, recognizing the  
2058 special risks of such research, even an American-run BSL-4  
2059 lab. We know that the Chinese BSL-4 lab was never in  
2060 compliance with BSL-4 lab protocols. Again, the French kept  
2061 us informed on that.

2062 We know that the NIH knowingly funded subgrants using

2063 EcoHealth Alliance, and that gain-of-function research was  
2064 done on coronavirus in the Wuhan Institute of Virology. And,  
2065 in fact, NIH funding for those efforts goes on today, as we  
2066 speak. When NIH approved the gain-of-function research in  
2067 Wuhan Institute, were they or was HHS adequately equipped to  
2068 assess the risk inherent in that type of research? I am not  
2069 convinced they were, and I have serious concerns about the  
2070 NIH funding tied to that institute.

2071 Earlier Mr. Guthrie detailed the timeline and definition  
2072 of "gain of function". Well, it is clear that a re-  
2073 evaluation of the risks versus benefits of any research into  
2074 gain of function for pathogenicity is needed as well as a  
2075 hard stop to our funding of what amounts to biowarfare  
2076 research in China.

2077 Many questions remain, and this committee is getting  
2078 stonewalled by NIH for more information about all this, and  
2079 we need to continue our research.

2080 This amendment is common-sense. It will afford HSS time  
2081 and resources to assess the risks of the projects that they  
2082 are funding currently. \$3 billion is going out the door to  
2083 the ARPA-H title to supplement existing NIH grant monies, and  
2084 it would be prudent to take a moment to consider the national  
2085 security risk of all research conducted in China, and this  
2086 amendment is one way to do so. I strongly encourage my  
2087 colleagues to vote yes on this, as you value your life, and

2088 as you place a value on the lives of all of the Americans and  
2089 those around the world who have died from this pandemic  
2090 caused by this research.

2091 With that, Madam Chair, I yield back.

2092 \*Mr. Carter. Will the gentleman yield? Will the  
2093 gentleman yield? Will the gentleman yield?

2094 \*Mr. Dunn. You have 13 seconds.

2095 \*Mr. Carter. Okay. I just want to thank the gentleman  
2096 for pointing out something that was very important. This is  
2097 not a blunt instrument. This is a sharp instrument. And I  
2098 resent the chairperson of the O&I Committee of this committee  
2099 of jurisdiction insinuating that it was a blunt instrument  
2100 that included everything. It does not. It causes a pause  
2101 only on pathogens and coronavirus, not on plants or anything  
2102 else. That was intentionally misleading on her part, and I  
2103 resent that and I yield back.

2104 \*The Chairman. I guess I shouldn't have allowed you to  
2105 go over. Too late now.

2106 \*Mr. Dunn. Whistle it back.

2107 \*The Chairman. Thank you. Does anyone else wish time  
2108 on the Carter amendment?

2109 All right. If not, we are going to move to a vote.

2110 A recorded vote is ordered, and those in favor of the  
2111 amendment will say aye; those opposed to the Carter amendment  
2112 will say no. And the clerk shall call the roll.

2113 \*The Clerk. Mr. Rush?  
2114 \*Mr. Rush. Rush votes no.  
2115 \*The Clerk. Mr. Rush votes no.  
2116 Ms. Eshoo?  
2117 \*Ms. Eshoo. Eshoo votes no.  
2118 \*The Clerk. Ms. Eshoo votes no.  
2119 Ms. DeGette?  
2120 \*Ms. DeGette. DeGette votes no.  
2121 \*The Clerk. Ms. DeGette votes no.  
2122 Mr. Doyle?  
2123 \*Mr. Doyle. Doyle votes no.  
2124 \*The Clerk. Mr. Doyle votes no.  
2125 Ms. Schakowsky?  
2126 \*Ms. Schakowsky. Schakowsky votes no.  
2127 \*The Clerk. Ms. Schakowsky votes no.  
2128 Mr. Butterfield?  
2129 \*Mr. Butterfield. Butterfield votes no.  
2130 \*The Clerk. Mr. Butterfield votes no.  
2131 Ms. Matsui?  
2132 \*Ms. Matsui. Matsui votes no.  
2133 \*The Clerk. Ms. Matsui votes no.  
2134 Ms. Castor?  
2135 [No audible response.]  
2136 \*The Clerk. Ms. Castor votes no.  
2137 Mr. Sarbanes?



2138 \*Mr. Sarbanes. Sarbanes votes no.  
2139 \*The Clerk. Mr. Sarbanes votes no.  
2140 Mr. McNerney?  
2141 \*Mr. McNerney. McNerney votes no.  
2142 \*The Clerk. Mr. McNerney votes no.  
2143 Mr. Welch?  
2144 \*Mr. Welch. No.  
2145 \*The Clerk. Mr. Welch votes no.  
2146 Mr. Tonko?  
2147 \*Mr. Tonko. Tonko of New York votes no.  
2148 \*The Clerk. Mr. Tonko votes no.  
2149 Ms. Clarke?  
2150 \*Ms. Clarke. Clarke of New York votes no.  
2151 \*The Clerk. Ms. Clarke votes no.  
2152 \*Ms. Clarke. Clarke of New York votes no.  
2153 \*The Clerk. Ms. Clarke votes no.  
2154 Mr. Schrader?  
2155 \*Mr. Schrader. Schrader of Oregon votes no.  
2156 \*The Clerk. Mr. Schrader votes no.  
2157 Mr. Cardenas?  
2158 \*Mr. Cardenas. Cardenas representing California votes  
2159 no.  
2160 \*The Clerk. Mr. Cardenas votes no.  
2161 Mr. Ruiz?  
2162 \*Mr. Ruiz. Ruiz votes no.

2163 \*The Clerk. Mr. Ruiz votes no.  
2164 Mr. Peters?  
2165 [No response.]  
2166 \*The Clerk. Mr. Peters?  
2167 \*Mr. Peters. Peters votes no.  
2168 \*The Clerk. Mr. Peters votes no.  
2169 Mrs. Dingell?  
2170 \*Mrs. Dingell. Dingell votes no.  
2171 \*The Clerk. Mrs. Dingell votes no.  
2172 Mr. Veasey?  
2173 \*Mr. Veasey. Veasey votes no.  
2174 \*The Clerk. Mr. Veasey votes no.  
2175 Ms. Kuster?  
2176 \*Ms. Kuster. Kuster votes no.  
2177 \*The Clerk. Ms. Kuster votes no.  
2178 Ms. Kelly?  
2179 \*Ms. Kelly. Kelly votes no.  
2180 \*The Clerk. Ms. Kelly votes no.  
2181 Ms. Barragan?  
2182 \*Ms. Barragan. Barragan votes no.  
2183 \*The Clerk. Ms. Barragan votes no.  
2184 Mr. McEachin?  
2185 [No response.]  
2186 \*The Clerk. Ms. Blunt Rochester?  
2187 \*Ms. Blunt Rochester. Blunt Rochester votes no.

2188 \*The Clerk. Ms. Blunt Rochester votes no.  
2189 Mr. Soto?  
2190 \*Mr. Soto. Soto from Florida votes no.  
2191 \*The Clerk. Mr. Soto votes no.  
2192 Mr. O'Halleran?  
2193 \*Mr. McEachin. Madam Clerk, forgive me. McEachin votes  
2194 no.  
2195 \*The Clerk. Mr. McEachin votes no.  
2196 Mr. O'Halleran?  
2197 \*Mr. O'Halleran. O'Halleran votes no.  
2198 \*The Clerk. Mr. O'Halleran, can you please repeat your  
2199 vote? I could not see you on camera.  
2200 \*Mr. O'Halleran. O'Halleran votes no.  
2201 \*The Clerk. Mr. O'Halleran, can you please turn your  
2202 video on?  
2203 \*Mr. O'Halleran. It is on.  
2204 \*The Clerk. All right. Mr. O'Halleran votes no.  
2205 Miss Rice?  
2206 \*Miss Rice. Rice votes no.  
2207 \*The Clerk. Miss Rice votes no.  
2208 Ms. Craig?  
2209 \*Ms. Craig. Craig votes no.  
2210 \*The Clerk. Ms. Craig votes no.  
2211 Ms. Schrier?  
2212 \*Ms. Schrier. Schrier votes no.

2213 \*The Clerk. Ms. Schrier votes no.  
2214 Mrs. Trahan?  
2215 \*Mrs. Trahan. Trahan votes no.  
2216 \*The Clerk. Mrs. Trahan votes no.  
2217 Mrs. Fletcher?  
2218 \*Mrs. Fletcher. Fletcher votes no.  
2219 \*The Clerk. Mrs. Fletcher votes no.  
2220 Mrs. Rodgers?  
2221 [No audible response.]  
2222 \*The Clerk. Mrs. Rodgers votes aye.  
2223 Mr. Upton?  
2224 \*Mr. Upton. Upton votes aye.  
2225 \*The Clerk. Mr. Upton votes aye.  
2226 Mr. Burgess?  
2227 \*Mr. Burgess. Burgess votes aye.  
2228 \*The Clerk. Mr. Burgess votes aye.  
2229 Mr. Scalise?  
2230 \*Mr. Scalise. Scalise votes aye.  
2231 \*The Clerk. Mr. Scalise votes aye.  
2232 Mr. Latta?  
2233 \*Mr. Latta. Latta votes aye.  
2234 \*The Clerk. Mr. Latta votes aye.  
2235 Mr. Guthrie?  
2236 \*Mr. Guthrie. Guthrie votes aye.  
2237 \*The Clerk. Mr. Guthrie votes aye.

2238 Mr. McKinley?  
2239 [No audible response.]  
2240 \*The Clerk. Mr. McKinley votes aye.  
2241 Mr. Kinzinger?  
2242 \*Mr. Kinzinger. Kinzinger votes aye.  
2243 \*The Clerk. Mr. Kinzinger votes aye.  
2244 Mr. Griffith?  
2245 \*Mr. Griffith. Aye.  
2246 \*The Clerk. Mr. Griffith votes aye.  
2247 Mr. Bilirakis?  
2248 \*Mr. Bilirakis. Bilirakis votes aye.  
2249 \*The Clerk. Mr. Bilirakis votes aye.  
2250 Mr. Johnson?  
2251 \*Mr. Johnson. Johnson votes aye.  
2252 \*The Clerk. Mr. Johnson votes aye.  
2253 Mr. Long?  
2254 \*Mr. Long. Aye.  
2255 \*The Clerk. Mr. Long votes aye.  
2256 Mr. Bucshon?  
2257 \*Mr. Bucshon. Bucshon from Indiana votes aye.  
2258 \*The Clerk. Mr. Bucshon votes aye.  
2259 Mr. Mullin?  
2260 \*Mr. Mullin. Aye.  
2261 \*The Clerk. Mr. Mullin votes aye.  
2262 Mr. Hudson?

2263 \*Mr. Hudson. Hudson of North Carolina votes aye.  
2264 \*The Clerk. Mr. Hudson votes aye.  
2265 Mr. Walberg?  
2266 \*Mr. Walberg. Walberg votes aye.  
2267 \*The Clerk. Mr. Walberg votes aye.  
2268 Mr. Carter?  
2269 \*Mr. Carter. Carter of Georgia votes aye.  
2270 \*The Clerk. Mr. Carter votes aye.  
2271 Mr. Duncan?  
2272 \*Mr. Duncan. Duncan votes yes.  
2273 \*The Clerk. Mr. Duncan votes aye.  
2274 Mr. Palmer?  
2275 [No audible response.]  
2276 \*The Clerk. Mr. Palmer votes aye.  
2277 Mr. Dunn?  
2278 \*Mr. Dunn. Dunn votes aye.  
2279 \*The Clerk. Mr. Dunn votes aye.  
2280 Mr. Curtis?  
2281 \*Mr. Curtis. Curtis votes aye.  
2282 \*The Clerk. Mr. Curtis votes aye.  
2283 Mrs. Lesko?  
2284 \*Mrs. Lesko. Lesko votes aye.  
2285 \*The Clerk. Mrs. Lesko votes aye.  
2286 Mr. Pence?  
2287 \*Mr. Pence. Pence votes aye.

2288           \*The Clerk. Mr. Pence votes aye.  
2289           Mr. Crenshaw?  
2290           \*Mr. Crenshaw. Crenshaw votes aye. No? Crenshaw votes  
2291 aye.  
2292           \*The Clerk. Mr. Crenshaw votes aye.  
2293           Mr. Joyce?  
2294           \*Mr. Joyce. Joyce from Pennsylvania votes aye.  
2295           \*The Clerk. Mr. Joyce votes aye.  
2296           Mr. Armstrong?  
2297           \*Mr. Armstrong. Armstrong votes yes.  
2298           \*The Clerk. Mr. Armstrong votes aye.  
2299           Chairman Pallone?  
2300           \*The Chairman. Pallone from New Jersey votes no.  
2301           \*The Clerk. Chairman Pallone votes no.  
2302           \*The Chairman. Do we have anyone, Madam Clerk, who  
2303 hasn't voted?  
2304           \*The Clerk. No, sir.  
2305           \*The Chairman. All right. Then the clerk will report  
2306 the tally on the Carter amendment.  
2307           \*The Clerk. On that vote, Mr. Chairman, the yeas were  
2308 26 and the nays were 32.  
2309           \*The Chairman. Okay. On the Carter amendment, the vote  
2310 is 26 ayes to 32 noes, and the amendment is not agreed to.  
2311           Do we have additional amendments to the amendment in the  
2312 nature of a substitute?

2313 \*Mrs. Lesko. Mr. Chairman, it's Representative Lesko.

2314 \*The Chairman. Yes, Mrs. Lesko.

2315 \*Mrs. Lesko. Yes, I have an amendment at the desk. It  
2316 is FCR\_38.

2317 \*The Chairman. Does the clerk have that Lesko  
2318 amendment?

2319 \*The Clerk. Yes, sir.

2320 \*The Chairman. All right. The clerk will report the  
2321 amendment.

2322 \*The Clerk. Amendment to the amendment in the nature of  
2323 a substitute to the Committee Print for Subtitle J, offered  
2324 by Mrs. Lesko of Arizona.

2325 \*The Chairman. Without objection, the reading of the  
2326 amendment will be dispensed with and the gentlewoman from  
2327 Arizona is recognized for five minutes.

2328 \*Mrs. Lesko. Thank you, Mr. Chairman.

2329 My amendment prohibits taxpayer dollars from being used  
2330 to pay for abortions with any funds associated with the  
2331 public health programs created by Subtitle J. As I said last  
2332 night when we discussed this issue previously, many, many,  
2333 probably half of America has strong moral objections to  
2334 ending the lives of babies within the womb, and they  
2335 certainly do not want their hard-earned income in the form of  
2336 taxpayer dollars being used to end the lives of babies in a  
2337 woman's womb.



2338           Prior to this Congress, there used to be bipartisan  
2339 agreement that at the very least, taxpayer dollars should not  
2340 be used for abortions. Many of my colleagues agree. The  
2341 Hyde Amendment has been included in spending bills for over  
2342 40 years. However, the current reconciliation bill under  
2343 consideration intentionally leaves out nearly all pro-life  
2344 protections, and for someone that's pro-life, that is just  
2345 sad to me. It is very sad.

2346           I know many of my colleagues on the other side of the  
2347 aisle will say that abortion is healthcare. Let me share  
2348 with you a Supreme Court decision from 1980 in Harris versus  
2349 McRae.

2350           In that case, the Supreme Court made it very clear that  
2351 prohibitions on taxpayer funding of abortions are  
2352 constitutional. The Court said, and I quote, "Abortion is  
2353 inherently different from other medical procedures, because  
2354 no other procedure involves the purposeful termination of a  
2355 potential life."

2356           Mr. Chairman, I am saddened that the majority has thrown  
2357 out 40 years of bipartisanship by refusing to include the  
2358 Hyde Amendment and instead allow federally funded abortions.

2359           Mr. Chairman, I urge a yes vote on this amendment, I ask  
2360 for a recorded vote, and I yield back.

2361           \*The Chairman. I thank the gentlewoman.

2362           Next we yield to recognize Ms. Schakowsky for five

2363 minutes.

2364           \*Ms. Schakowsky. Thank you. We did discuss this  
2365 somewhat yesterday, and I do understand the painful  
2366 differences that people who oppose abortion feel and feel  
2367 compelled to do that, to limit the ability under the law for  
2368 women to have abortions. And of course, Roe v. Wade made  
2369 very clear that abortion in the United States was legal.

2370           It's not a matter of being pro-abortion or not. It is  
2371 about freedom to determine, for women to determine their  
2372 future.

2373           Now, understand, too, that when we talk about the Hyde  
2374 Amendment, we are talking not only -- and we talk a lot about  
2375 it, and we should, about low-income women because women of  
2376 any -- of means and mobility are able to get abortion  
2377 services. But it also applies to all federal employees.  
2378 Imagine being a woman overseas in a war zone, for example,  
2379 and you get pregnant. The medical facilities there are not  
2380 available to her to end an unplanned pregnancy. Or if you  
2381 are in the Peace Corps and you are in a country where  
2382 healthcare may not be healthily available.

2383           Because let's -- you know, actually in terms of danger  
2384 to women, physically, abortion done in a timely way is less  
2385 dangerous a physical state than pregnancy. But we have also  
2386 seen, particularly in this pandemic, that women of color,  
2387 low-income women face maternal and infant mortality much

2388 more, I mean tremendously more, than white women.

2389           And there's a sea change now in this country going on  
2390 where women are saying, this is the ultimate freedom that it  
2391 determines the rest of my life, and if I can avoid it with  
2392 birth control, great, but if I haven't -- and now we have got  
2393 laws that are saying even after six weeks, when most women  
2394 are not even aware, that it's illegal.

2395           Now, you are getting at the point of whether or not we  
2396 should all say that it should be covered, that abortion  
2397 services are healthcare and that -- but you say no, and it  
2398 shouldn't be paid for. You know, there is a lot of things,  
2399 like war, for example; there are people who don't want to pay  
2400 money that goes to war. There is people that don't want to  
2401 pay taxes for all kinds of reasons.

2402           That is not how we operate in this country. We make  
2403 decisions about what our priorities are. And I would suggest  
2404 that the ability of women -- women and their families, their  
2405 god, their doctor -- should be free to make that decision and  
2406 able to do it and not prohibited because they don't have the  
2407 money.

2408           There is now a majority in this country who think that  
2409 women should be able to make that decision on their own, have  
2410 the freedom to make that decision on their own, regardless of  
2411 their income, of any other -- their ZIP code, their -- that  
2412 it is their decision. And so I think it makes perfect sense

2413 now to say that no one has to have an abortion -- of course  
2414 not -- and no one is prohibited from believing that it is the  
2415 wrong thing to do. I get that. And that is a privilege that  
2416 we have in this country. But it is not a privilege to impose  
2417 that on women, and in the case of low-income people or women  
2418 overseas that work for the government, to have it forced on  
2419 them to carry a pregnancy to term.

2420 And I yield back.

2421 \*The Chairman. I thank the gentlewoman.

2422 Mr. Dunn had his hand up previously, but I don't know if  
2423 he wants to speak on this. Is there any Republican who does?

2424 All right. Then we will go to Ms. DeGette is recognized  
2425 for five minutes.

2426 \*Ms. DeGette. I just would -- I thank the gentleman. I  
2427 just want to point out, I said this last night and I will say  
2428 it again. Not only have the opinions in Congress shifted  
2429 about who pays for women being able to get the freedom to  
2430 have the full range of their healthcare, but also the public  
2431 opinion has changed on this.

2432 Last night I referred to a poll that was done in July  
2433 2021, just two months ago, and basically by a huge majority,  
2434 by a 38-point margin, Americans in battleground congressional  
2435 districts think that public funding should be used for  
2436 abortions because it is a part of women's healthcare. And in  
2437 fact, that same poll showed that voters think that if a

2438 candidate for Congress believes that a woman should be able  
2439 to have the full range of her healthcare options paid for by  
2440 however she has her healthcare, it will make them more likely  
2441 to vote for that candidate.

2442 Public opinions have changed in this country because  
2443 people realize all women should have access to the full range  
2444 of healthcare. And if it's okay, Mr. Chairman, I would be  
2445 happy to yield the balance of my time to Ms. Schrier.

2446 \*The Chairman. Yes, Ms. Schrier is recognized.

2447 \*Ms. Schrier. Thank you, Mr. Chairman.

2448 I just want to point out that this section of the bill  
2449 is about research, and that the (audio malfunction) here. I  
2450 think this is (audio malfunction) and an attempt to  
2451 politicize research, and that my colleagues vote no. Simple  
2452 as that.

2453 \*The Chairman. Ms. DeGette has the time. Would you --

2454 \*Mrs. Rodgers. I do.

2455 \*The Chairman. Does anyone else want her time? We are  
2456 going to move --

2457 \*Ms. DeGette. I yield back. Thank you.

2458 \*The Chairman. All right, you yield.

2459 \*Mrs. Rodgers. Someone needs to yield.

2460 \*The Chairman. You yield back. All right.

2461 On the Republican side?

2462 \*Mrs. Rodgers. Yes, I would like to speak.

2463           \*The Chairman. Miss -- the ranking member is recognized  
2464 for five minutes.

2465           \*Mrs. Rodgers. Thank you, Mr. Chairman. Thank you,  
2466 Chairman.

2467           I suppose we all have our polls that we can point to. I  
2468 have also seen the polls that suggest that public opinion,  
2469 especially among young people, is changing on this issue.  
2470 Because of technology today -- amazing technology, again --  
2471 we can look into the womb and we can watch the development of  
2472 a baby day by day, week by week. It is changing public  
2473 opinion because it is hard to turn your back and not  
2474 recognize that when you look at technology and look into the  
2475 womb, what actually is happening.

2476           Also, we hear a lot on this committee about science and  
2477 following the science. Science does evolve. We continue to  
2478 learn. We continue to explore the limits of science. We  
2479 were having the conversation about gain-of-function research.  
2480 We have a couple of scientists in this country, Dr. Fauci and  
2481 Dr. Collins, that are all about exploring the limits of  
2482 science. There is no limit.

2483           But as we explore the limits of science, I think we all  
2484 need to open our hearts and our minds to what we are  
2485 learning, and that applies to all of us, Republicans and  
2486 Democrats. And on this issue, the science is pretty clear as  
2487 to when life begins.

2488           So I would just submit to open your hearts to the  
2489 science, to what research has -- what we are discovering, and  
2490 to what technology has allowed us to see when it comes to  
2491 life. And let's be defenders of life, life at the beginning,  
2492 of when it starts, at conception. This is the United States  
2493 of America. Life, liberty and the pursuit of happiness for  
2494 all.

2495           I yield back.

2496           \*The Chairman. The gentlewoman yields back.

2497           Do we have another Democrat? Ms. Castor is recognized  
2498 for five minutes.

2499           \*Ms. Castor. Well, thank you, Mr. Chairman.

2500           Colleagues, every American deserves to live a safe and  
2501 healthy life, and that means ensuring that everyone has  
2502 access to healthcare, and that includes contraceptives,  
2503 checkups, abortion care, cancer screenings, prenatal visits,  
2504 the full range of healthcare.

2505           But too often in America, access to high-quality,  
2506 affordable healthcare has been limited due to racial  
2507 disparities or economic disparities or where someone lives.  
2508 Now, I'm really proud of what this committee has done over  
2509 the decades to improve the lives of American families and  
2510 improve their healthcare -- Medicare, Medicaid, the  
2511 Affordable Care Act, children's health insurance. But we're  
2512 in a moment in time where there is a radical fringe trying to

2513 take over these decisions.

2514 Remember that the decision about when, whether, how to  
2515 become a parent is a deeply personal life decision. It is a  
2516 decision for a woman and her family, and sometimes in gut-  
2517 wrenching medical cases of distress for doctors and medical  
2518 professionals. It is not a decision for politicians. We  
2519 Americans do not want to outsource these important,  
2520 fundamental life decisions to politicians.

2521 And I hope we can agree that we should not treat people  
2522 differently just because they're working to make ends meet or  
2523 the color of their skin or where they live. Because  
2524 fundamental human dignity means being able to make decisions  
2525 about your pathway in life, being able to determine your  
2526 pathway in life.

2527 And I have to say, it is so alarming to see this radical  
2528 move by Republicans here and in the recent extreme new law in  
2529 Texas that would ban abortion even when a girl or woman is  
2530 raped or is the victim of incest. I mean, that's  
2531 reprehensible for politicians to inject themselves and say  
2532 that the girl or the woman has to carry that pregnancy to  
2533 term.

2534 And just so folks know what's been going on here, there  
2535 was an amendment filed by the GOP that struck family planning  
2536 care. They didn't bring it up but they filed it. And at the  
2537 same time, they want to eliminate the right to abortion care.



2538 It is radical and it is wrong. Maybe we should page Margaret  
2539 Atwood. Maybe we are heading into the dystopian Handmaid's  
2540 Tale. They are trying to turn the Handmaid's Tale into  
2541 reality. And for my colleagues that haven't read this novel,  
2542 the main character is a young woman who is forced to bear  
2543 children for the ruling class of men.

2544 We are not going there. We are not going there. We are  
2545 going to do our job as members of Congress to put people's  
2546 health, safety and real needs first. We have got to ensure  
2547 that all people, no matter who they are and where they live  
2548 and how much they make and the color of their skin, they have  
2549 access to reproductive healthcare that they need and they  
2550 deserve.

2551 What are we doing here? We are doing everything we can  
2552 to improve the public health in the middle of the worst  
2553 pandemic in our lifetimes, because we know that COVID-19 has  
2554 shaken this country to its core. Our public health system  
2555 was not equipped for the full force of a global pandemic.  
2556 And we are building back better. We are investing in people.  
2557 We are investing in Americans. We are investing in the  
2558 healthcare workforce.

2559 We have a shortage of up to 122,000 physicians over the  
2560 next decade. We have got to hire hundreds of thousands of  
2561 nurses. That is where we are investing. Nursing schools are  
2562 turning away applicants; we want to help the nursing schools

2563 be able to educate the healthcare workforce.

2564 Over the past decade, the public health workforce has  
2565 shrunk while the country has grown. They are short 56,000  
2566 positions due to lack of funding. We are going to build back  
2567 better and invest in people.

2568 State health departments. Gosh, in Florida we are so  
2569 far behind. We need an infusion of resources to avoid the  
2570 next pandemic, to help us get out of this one and build back  
2571 better. We need to support our public health system dig us  
2572 out of this pandemic, but do it in a way that respects the  
2573 fundamental rights of everyone.

2574 I urge my colleagues to join me in voting against this  
2575 amendment and focusing instead on how we can expand and  
2576 improve healthcare access for all Americans.

2577 I yield back.

2578 \*The Chairman. I thank the gentlewoman.

2579 Mr. Crenshaw has asked for time. Mr. Crenshaw is  
2580 recognized for five minutes. And went back down, so you  
2581 don't want to be recognized.

2582 Is there anyone else on either side who seeks  
2583 recognition? If not, we will go to a vote.

2584 All right. We'll do a recorded vote is now ordered  
2585 on the Lesko amendment. Those in favor of the amendment will  
2586 say aye. Those opposed to the Lesko amendment will say no.  
2587 And the clerk shall call the roll.

2588 \*The Clerk. Mr. Rush?  
2589 \*Mr. Rush. Rush votes no.  
2590 \*The Clerk. Mr. Rush votes no.  
2591 Ms. Eshoo?  
2592 \*Ms. Eshoo. Eshoo votes no.  
2593 \*The Clerk. Ms. Eshoo votes no.  
2594 Ms. DeGette?  
2595 \*Ms. DeGette. DeGette votes no.  
2596 \*The Clerk. Ms. DeGette votes no.  
2597 Mr. Doyle?  
2598 \*Mr. Doyle. Doyle votes no.  
2599 \*The Clerk. Mr. Doyle votes no.  
2600 Ms. Schakowsky?  
2601 \*Ms. Schakowsky. Schakowsky votes no.  
2602 \*The Clerk. Ms. Schakowsky votes no.  
2603 Mr. Butterfield?  
2604 \*Mr. Butterfield. Butterfield votes no.  
2605 \*The Clerk. Mr. Butterfield votes no.  
2606 Ms. Matsui?  
2607 \*Ms. Matsui. Matsui votes no.  
2608 \*The Clerk. Ms. Matsui votes no.  
2609 Ms. Castor?  
2610 [No audible response.]  
2611 \*The Clerk. Ms. Castor votes no.  
2612 Mr. Sarbanes?

2613 \*Mr. Sarbanes. Sarbanes votes no.  
2614 \*The Clerk. Mr. Sarbanes votes no.  
2615 Mr. McNerney?  
2616 \*Mr. McNerney. McNerney votes no.  
2617 \*The Clerk. Mr. McNerney votes no.  
2618 Mr. Welch?  
2619 [No audible response.]  
2620 \*The Clerk. Mr. Welch votes no.  
2621 Mr. Tonko?  
2622 \*Mr. Tonko. Tonko of New York votes no.  
2623 \*The Clerk. Mr. Tonko votes no.  
2624 Ms. Clarke?  
2625 \*Ms. Clarke. Clarke of New York votes no.  
2626 \*The Clerk. Ms. Clarke votes no.  
2627 Mr. Schrader?  
2628 \*Mr. Schrader. Mr. Schrader from Oregon votes no.  
2629 \*The Clerk. Mr. Schrader votes no.  
2630 Mr. Cardenas?  
2631 \*Mr. Cardenas. Cardenas representing California votes  
2632 no. Cardenas votes no.  
2633 \*The Clerk. Mr. Cardenas votes no.  
2634 Mr. Ruiz?  
2635 \*Mr. Ruiz. Ruiz votes no.  
2636 \*The Clerk. Mr. Ruiz votes no.  
2637 Mr. Peters?

2638 \*Mr. Peters. Votes no.

2639 \*The Clerk. Mr. Peters votes no.

2640 Mrs. Dingell?

2641 \*Mrs. Dingell. Dingell votes no.

2642 \*The Clerk. Mrs. Dingell votes no.

2643 Mr. Veasey?

2644 [No response.]

2645 \*The Clerk. Ms. Kuster?

2646 \*Ms. Kuster. Kuster votes no.

2647 \*The Clerk. Ms. Kuster votes no.

2648 Ms. Kelly?

2649 \*Ms. Kelly. Kelly votes no.

2650 \*The Clerk. Ms. Kelly votes no.

2651 Ms. Barragan?

2652 \*Ms. Barragan. Barragan votes no.

2653 \*The Clerk. Ms. Barragan votes no.

2654 Mr. McEachin?

2655 [No response.]

2656 \*The Clerk. Ms. Blunt Rochester?

2657 \*Ms. Blunt Rochester. Blunt Rochester of Delaware votes

2658 no.

2659 \*The Clerk. Ms. Blunt Rochester votes no.

2660 Mr. Soto?

2661 \*Mr. Soto. Soto from Florida votes no.

2662 \*The Clerk. Mr. Soto votes no.

2663 Mr. O'Halleran?  
2664 [No response.]  
2665 \*The Clerk. Miss Rice?  
2666 \*Miss Rice. Rice votes no.  
2667 \*The Clerk. Miss Rice votes no.  
2668 Ms. Craig?  
2669 \*Ms. Craig. Craig votes no.  
2670 \*The Clerk. Ms. Craig votes no.  
2671 Ms. Schrier?  
2672 \*Ms. Schrier. Schrier votes no.  
2673 \*The Clerk. Ms. Schrier votes no.  
2674 Mrs. Trahan?  
2675 \*Mrs. Trahan. Trahan votes no.  
2676 \*The Clerk. Mrs. Trahan votes no.  
2677 Mrs. Fletcher?  
2678 \*Mrs. Fletcher. Fletcher of Texas votes no.  
2679 \*The Clerk. Mrs. Fletcher votes no.  
2680 Mrs. Rodgers?  
2681 [No audible response.]  
2682 \*The Clerk. Mrs. Rodgers votes aye.  
2683 Mr. Upton?  
2684 \*Mr. Upton. Upton votes aye.  
2685 \*The Clerk. Mr. Upton votes aye.  
2686 Mr. Burgess?  
2687 \*Mr. Burgess. Votes aye.

2688 \*The Clerk. Mr. Burgess votes aye.  
2689 Mr. Scalise?  
2690 \*Mr. Scalise. Scalise votes aye.  
2691 \*The Clerk. Mr. Scalise votes aye.  
2692 Mr. Latta?  
2693 \*Mr. Latta. Latta votes aye.  
2694 \*The Clerk. Mr. Latta votes aye.  
2695 Mr. Guthrie?  
2696 \*Mr. Guthrie. Aye.  
2697 \*The Clerk. Mr. Guthrie votes aye.  
2698 Mr. McKinley?  
2699 [No audible response.]  
2700 \*The Clerk. Mr. McKinley votes aye.  
2701 Mr. Kinzinger?  
2702 \*Mr. Kinzinger. Kinzinger votes aye.  
2703 \*The Clerk. Mr. Kinzinger votes aye.  
2704 Mr. Griffith?  
2705 \*Mr. Griffith. Aye.  
2706 \*The Clerk. Mr. Griffith votes aye.  
2707 Mr. Bilirakis?  
2708 \*Mr. Bilirakis. Bilirakis votes aye.  
2709 \*The Clerk. Mr. Bilirakis votes aye.  
2710 Mr. Johnson?  
2711 [No audible response.]  
2712 \*The Clerk. Mr. Johnson votes aye.

2713 Mr. Long?  
2714 \*Mr. Long. Aye.  
2715 \*The Clerk. Mr. Long votes aye.  
2716 Mr. Bucshon?  
2717 \*Mr. Bucshon. Bucshon from Indiana votes aye.  
2718 \*The Clerk. Mr. Bucshon votes aye.  
2719 Mr. Mullin?  
2720 \*Mr. Mullin. Aye.  
2721 \*The Clerk. Mr. Mullin votes aye.  
2722 Mr. Hudson?  
2723 [No audible response.]  
2724 \*The Clerk. Mr. Hudson votes aye.  
2725 Mr. Walberg?  
2726 \*Mr. Walberg. Walberg votes aye.  
2727 \*The Clerk. Mr. Walberg votes aye.  
2728 Mr. Carter?  
2729 \*Mr. Carter. Carter of Georgia votes aye.  
2730 \*The Clerk. Mr. Carter votes aye.  
2731 Mr. Duncan?  
2732 \*Mr. Duncan. Mr. Duncan of South Carolina votes aye.  
2733 \*The Clerk. Mr. Duncan votes aye.  
2734 Mr. Palmer?  
2735 \*Mr. Palmer. Aye.  
2736 \*The Clerk. Mr. Palmer votes aye.  
2737 Mr. Dunn?



2738 \*Mr. Dunn. Mr. Dunn votes aye.  
2739 \*The Clerk. Mr. Dunn votes aye.  
2740 Mr. Curtis?  
2741 \*Mr. Curtis. Curtis votes aye.  
2742 \*The Clerk. Mr. Curtis votes aye.  
2743 Mrs. Lesko?  
2744 \*Mrs. Lesko. Lesko of Arizona votes aye.  
2745 \*The Clerk. Mrs. Lesko votes aye.  
2746 Mr. Pence?  
2747 \*Mr. Pence. Pence from Indiana votes aye.  
2748 \*The Clerk. Mr. Pence votes aye.  
2749 Mr. Crenshaw?  
2750 [No response.]  
2751 \*The Clerk. Mr. Joyce?  
2752 \*Mr. Joyce. Joyce from Pennsylvania votes aye.  
2753 \*The Clerk. Mr. Joyce votes aye.  
2754 Mr. Armstrong?  
2755 \*Mr. Armstrong. Armstrong votes yes.  
2756 \*The Clerk. Mr. Armstrong votes aye.  
2757 Chairman Pallone?  
2758 \*The Chairman. Pallone from New Jersey votes no.  
2759 \*The Clerk. Chairman Pallone votes no.  
2760 \*The Chairman. Madam Clerk, who do we not have recorded  
2761 that would like to be?  
2762 \*The Clerk. Mr. Veasey is not recorded.

2763           \*The Chairman. Is Mr. Veasey available?

2764           \*Mr. Veasey. Mr. Chairman, how does the clerk have me  
2765 recorded?

2766           \*The Chairman. Does not.

2767           \*Mr. Veasey. Mr. Chairman, would you please instruct  
2768 the clerk to vote me as a no.

2769           \*The Chairman. Thank you.

2770           \*The Clerk. Mr. Veasey votes no.

2771           \*The Chairman. Is there anyone else who, Madam Clerk,  
2772 who is not recorded?

2773           \*The Clerk. Mr. McEachin.

2774           \*The Chairman. Mr. McEachin.

2775           \*Mr. McEachin. McEachin votes no.

2776           \*The Clerk. Mr. McEachin votes no.  
2777 Mr. O'Halleran?

2778           \*The Chairman. Mr. O'Halleran?

2779           \*Mr. O'Halleran. O'Halleran votes no.

2780           \*The Clerk. Mr. O'Halleran votes no.

2781           \*The Chairman. He's not recorded, Crenshaw.

2782           \*The Clerk. Mr. Crenshaw is not recorded.

2783           \*The Chairman. We may wait a minute. Let's see.  
2784 Having technical issues, as this is -- the picture.

2785           Here he comes. Mr. Crenshaw?

2786           \*Mr. Crenshaw. Crenshaw votes aye. Sorry about that,  
2787 Mr. Chairman.

2788 \*The Clerk. Mr. Crenshaw votes aye.

2789 \*The Chairman. That includes everyone, Madam Clerk?

2790 \*The Clerk. Yes, sir.

2791 \*The Chairman. All right. The clerk will report the  
2792 tally on the Lesko amendment.

2793 \*The Clerk. On that vote, Mr. Chairman, the yeas were  
2794 26 and the nays were 32.

2795 \*The Chairman. Okay. The vote on the Lesko amendment  
2796 is 26 ayes to 32 noes. The amendment is not agreed to.

2797 Are there further amendments to the amendment in the  
2798 nature of a substitute? No? All right.

2799 Then we are going to go back to the AINS. The AINS was  
2800 offered by Ms. Eshoo and we'll voice the AINS and then have a  
2801 recorded vote on final passage.

2802 So the AINS, if there's no further debate or amendments,  
2803 we will proceed to a vote on the amendment in the nature of a  
2804 substitute to the Committee Print Subtitle J, Budget  
2805 Reconciliation Legislative Recommendations Relating to Public  
2806 Health.

2807 All those in favor of the amendment in the nature of a  
2808 substitute to the Committee Print Subtitle J, Budget  
2809 Reconciliation Legislative Recommendations Relating to Public  
2810 Health, will signify by saying aye.

2811 That was weak.

2812 All those -- all right. All those opposed will signify

2813 by saying no.

2814 In the opinion of the chair, the ayes have it.

2815 Okay. Now the amendment in the nature of a substitute  
2816 to the Committee Print Subtitle J, Budget Reconciliation  
2817 Legislative Recommendations Relating to Public Health, is  
2818 agreed to. So now we go to final passage, recorded vote.  
2819 And this is final passage on the public health title.

2820 The question now occurs on approval and transmitting to  
2821 the Committee on Budget the Committee Print Subtitle J,  
2822 Budget Reconciliation Legislative Recommendations Relating to  
2823 Public Health, as amended.

2824 I move the committee do now approve and transmit the  
2825 recommendations of this committee and all appropriate  
2826 accompanying material, including additional supplemental  
2827 minority or dissenting views, to the House Committee on the  
2828 Budget, in order to comply with the reconciliation directive  
2829 included in Section 2002 of the Concurrent Resolution on the  
2830 Budget for Fiscal 2022, S.Con.Res.14, and consistent with  
2831 Section 310 of the Congressional Budget and Impoundment  
2832 Control Act of 1974.

2833 A recorded vote is ordered. All those in favor of this  
2834 public -- what is it called? The --

2835 \*Mrs. Rodgers. Public health.

2836 \*The Chairman. Public health title should say aye.  
2837 Those opposed will say no. And the clerk shall call the

2838 roll.

2839 \*The Clerk. Mr. Rush?

2840 \*Mr. Rush. Rush of Illinois votes aye.

2841 \*The Clerk. Mr. Rush votes aye.

2842 Ms. Eshoo?

2843 \*Ms. Eshoo. Eshoo votes aye.

2844 \*The Clerk. Ms. Eshoo votes aye.

2845 Ms. DeGette?

2846 \*Ms. DeGette. DeGette votes aye.

2847 \*The Clerk. Ms. DeGette votes aye.

2848 Mr. Doyle?

2849 \*Mr. Doyle. Doyle votes yes.

2850 \*The Clerk. Mr. Doyle votes aye.

2851 Ms. Schakowsky?

2852 \*Ms. Schakowsky. Schakowsky votes aye.

2853 \*The Clerk. Ms. Schakowsky votes aye.

2854 Mr. Butterfield?

2855 \*Mr. Butterfield. Butterfield votes yes.

2856 \*The Clerk. Mr. Butterfield votes aye.

2857 Ms. Matsui?

2858 \*Ms. Matsui. Matsui votes aye.

2859 \*The Clerk. Ms. Matsui votes aye.

2860 Ms. Castor?

2861 \*Ms. Castor. Aye.

2862 \*The Clerk. Ms. Castor votes aye.

2863 Mr. Sarbanes?

2864 \*Mr. Sarbanes. Sarbanes votes aye.

2865 \*The Clerk. Mr. Sarbanes votes aye.

2866 Mr. McNerney?

2867 \*Mr. McNerney. McNerney votes aye.

2868 \*The Clerk. Mr. McNerney votes aye.

2869 Mr. Welch?

2870 [No audible response.]

2871 \*The Clerk. Mr. Welch votes aye.

2872 Mr. Tonko?

2873 \*Mr. Tonko. Tonko of New York votes aye.

2874 \*The Clerk. Mr. Tonko votes aye.

2875 Ms. Clarke?

2876 \*Ms. Clarke. Clarke of New York votes aye.

2877 \*The Clerk. Ms. Clarke votes aye.

2878 Mr. Schrader?

2879 \*Mr. Schrader. Schrader of Oregon votes no.

2880 \*The Clerk. Mr. Schrader votes no.

2881 Mr. Cardenas?

2882 \*Mr. Cardenas. Cardenas representing California votes

2883 aye.

2884 \*The Clerk. Mr. Cardenas votes aye.

2885 Mr. Ruiz?

2886 \*Mr. Ruiz. Ruiz votes aye.

2887 \*The Clerk. Mr. Ruiz votes aye.

2888 Mr. Peters?

2889 \*Mr. Peters. Votes aye.

2890 \*The Clerk. Mr. Peters votes aye.

2891 Mrs. Dingell?

2892 \*Mrs. Dingell. Dingell votes aye.

2893 \*The Clerk. Mrs. Dingell votes aye.

2894 Mr. Veasey?

2895 \*Mr. Veasey. Veasey votes aye.

2896 \*The Clerk. Mr. Veasey votes aye.

2897 Ms. Kuster?

2898 \*Ms. Kuster. Kuster votes aye.

2899 \*The Clerk. Ms. Kuster votes aye.

2900 Ms. Kelly?

2901 \*Ms. Kelly. Kelly of Illinois votes aye.

2902 \*The Clerk. Ms. Kelly votes aye.

2903 Ms. Barragan?

2904 \*Ms. Barragan. Barragan votes aye.

2905 \*The Clerk. Ms. Barragan votes aye.

2906 Mr. McEachin?

2907 \*Mr. McEachin. McEachin of Virginia votes aye.

2908 \*The Clerk. Mr. McEachin votes aye.

2909 Ms. Blunt Rochester?

2910 \*Ms. Blunt Rochester. Blunt Rochester from Delaware

2911 votes aye.

2912 \*The Clerk. Ms. Blunt Rochester votes aye.

2913 Mr. Soto?

2914 \*Mr. Soto. Soto from Florida votes aye.

2915 \*The Clerk. Mr. Soto votes aye.

2916 Mr. O'Halleran?

2917 \*Mr. O'Halleran. O'Halleran votes aye.

2918 \*The Clerk. Mr. O'Halleran votes aye.

2919 Miss Rice?

2920 \*Miss Rice. Rice votes aye.

2921 \*The Clerk. Miss Rice votes aye.

2922 Ms. Craig?

2923 \*Ms. Craig. Craig votes aye.

2924 \*The Clerk. Ms. Craig votes aye.

2925 Ms. Schrier?

2926 \*Ms. Schrier. Schrier votes aye.

2927 \*The Clerk. Ms. Schrier votes aye.

2928 Mrs. Trahan?

2929 \*Mrs. Trahan. Trahan votes aye.

2930 \*The Clerk. Mrs. Trahan votes aye.

2931 Mrs. Fletcher?

2932 \*Mrs. Fletcher. Fletcher of Texas votes aye.

2933 \*The Clerk. Mrs. Fletcher votes aye.

2934 Mrs. Rodgers?

2935 [No audible response.]

2936 \*The Clerk. Mrs. Rodgers votes no.

2937 Mr. Upton?



2938 \*Mr. Upton. Upton votes no.  
2939 \*The Clerk. Mr. Upton votes no.  
2940 Mr. Burgess?  
2941 \*Mr. Burgess. Votes no.  
2942 \*The Clerk. Mr. Burgess votes no.  
2943 Mr. Scalise?  
2944 \*Mr. Scalise. Scalise votes no.  
2945 \*The Clerk. Mr. Scalise votes no.  
2946 Mr. Latta?  
2947 \*Mr. Latta. Latta votes no.  
2948 \*The Clerk. Mr. Latta votes no.  
2949 Mr. Guthrie?  
2950 \*Mr. Guthrie. No.  
2951 \*The Clerk. Mr. Guthrie votes no.  
2952 Mr. McKinley?  
2953 [No audible response.]  
2954 \*The Clerk. Mr. McKinley votes no.  
2955 Mr. Kinzinger?  
2956 \*Mr. Kinzinger. Kinzinger, no.  
2957 \*The Clerk. Mr. Kinzinger votes no.  
2958 Mr. Griffith?  
2959 \*Mr. Griffith. No.  
2960 \*The Clerk. Mr. Griffith votes no.  
2961 Mr. Bilirakis?  
2962 [No audible response.]

2963 \*The Clerk. Mr. Bilirakis votes no.  
2964 Mr. Johnson?  
2965 [No audible response.]  
2966 \*The Clerk. Mr. Johnson votes no.  
2967 Mr. Long?  
2968 \*Mr. Long. No.  
2969 \*The Clerk. Mr. Long votes no.  
2970 Mr. Bucshon?  
2971 \*Mr. Bucshon. Bucshon from Indiana votes no.  
2972 \*The Clerk. Mr. Bucshon votes no.  
2973 Mr. Mullin?  
2974 \*Mr. Mullin. No.  
2975 \*The Clerk. Mr. Mullin votes no.  
2976 Mr. Hudson?  
2977 \*Mr. Hudson. No.  
2978 \*The Clerk. Mr. Hudson votes no.  
2979 Mr. Walberg?  
2980 \*Mr. Walberg. Walberg votes no.  
2981 \*The Clerk. Mr. Walberg votes no.  
2982 Mr. Carter?  
2983 \*Mr. Carter. Carter of Georgia votes no.  
2984 \*The Clerk. Mr. Carter votes no.  
2985 Mr. Duncan?  
2986 \*Mr. Duncan. No.  
2987 \*The Clerk. Mr. Duncan votes no.

2988 Mr. Palmer?  
2989 \*Mr. Palmer. Palmer votes no.  
2990 \*The Clerk. Mr. Palmer votes no.  
2991 Mr. Dunn?  
2992 \*Mr. Dunn. Mr. Dunn votes no.  
2993 \*The Clerk. Mr. Dunn votes no.  
2994 Mr. Curtis?  
2995 \*Mr. Curtis. Curtis votes no.  
2996 \*The Clerk. Mr. Curtis votes no.  
2997 Mrs. Lesko?  
2998 \*Mrs. Lesko. Lesko votes no.  
2999 \*The Clerk. Mrs. Lesko votes no.  
3000 Mr. Pence?  
3001 \*Mr. Pence. Pence from Indiana votes no.  
3002 \*The Clerk. Mr. Pence votes no.  
3003 Mr. Crenshaw?  
3004 \*Mr. Crenshaw. Crenshaw votes no.  
3005 \*The Clerk. Mr. Crenshaw votes no.  
3006 Mr. Joyce?  
3007 \*Mr. Joyce. Joyce from Pennsylvania votes no.  
3008 \*The Clerk. Mr. Joyce votes no.  
3009 Mr. Armstrong?  
3010 \*Mr. Armstrong. Armstrong votes no.  
3011 \*The Clerk. Mr. Armstrong votes no.  
3012 Chairman Pallone?

3013           \*The Chairman. Pallone from New Jersey votes aye.

3014           \*The Clerk. Chairman Pallone votes aye.

3015           \*The Chairman. Madam Clerk, is there anyone who has not  
3016 been recorded who wants to be, or do you have everyone?

3017           \*The Clerk. I have everyone recorded.

3018           \*The Chairman. All right, then the clerk will report  
3019 the tally on the public health title.

3020           \*The Clerk. On that vote, Mr. Chairman, the yeas were  
3021 31 and the nays were 27.

3022           \*The Chairman. Okay. The vote is 31 ayes and 27 noes,  
3023 and the committee has approved the Committee Print Subtitle  
3024 J, Budget Reconciliation Legislative Recommendations Relating  
3025 to Public Health, as amended, and ordered the legislative  
3026 recommendations transmitted to the Committee on Budget.

3027           Now, we have -- oh, I am sorry. Did you want to do  
3028 that?

3029           \*Mrs. Rodgers. Oh, yes, I do. Yes, thank you, Mr.  
3030 Chairman. I plan to file views and request the usual number  
3031 of days.

3032           \*The Chairman. Without objection, so ordered.

3033           Now, let me just say to everyone, we have two titles  
3034 left. We have the one on Medicare and we have one on drug  
3035 pricing. We said last night that in order to be respectful  
3036 to the Jewish holidays that we would try to conclude at a  
3037 reasonable time this afternoon. I would ask everyone to

3038 please stay and participate in these last two titles, which  
3039 are important.

3040           And we are going to go to the drug pricing title first.  
3041 The chair calls up the Committee Print Subtitle E, Budget  
3042 Reconciliation Legislative Recommendations Relating to Drug  
3043 Pricing. The clerk will report the title of the bill.

3044           \*The Clerk. Committee Print to Budget Reconciliation  
3045 Legislative Recommendations Relating to Drug Pricing.

3046           \*The Chairman. Madam Clerk, without objection, the  
3047 first reading of the bill will be dispensed with. The bill  
3048 is now considered as read. And without objection, the bill  
3049 is considered as read and open for amendment at any point.

3050           [Subtitle E follows:]

3051

3052           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3053

3054           \*The Chairman. I understand we have an AINS from Mr.  
3055 Welch.

3056           \*Mr. Welch. That is correct. Thank you, Mr. Chairman.

3057           I'd like to offer an amendment in the nature of a  
3058 substitute to the underlying Committee Print for Subtitle E,  
3059 and it is titled Drug Price Cap AINS 01. This amendment  
3060 incorporates technical assistance throughout the Committee  
3061 Print.

3062           [Audio malfunction.]

3063           \*The Clerk. I have the amendment.

3064           \*The Chairman. Okay, the clerk will report the Welch --

3065           \*The Clerk. Amendment in the nature of a substitute to  
3066 Committee Print for Subtitle E, Relating to Drug Pricing,  
3067 offered by Mr. Welch of Vermont. In lieu of --

3068           \*The Chairman. Without objection, the reading of the  
3069 amendment will be dispensed with and the gentleman from  
3070 Vermont is now recognized for five minutes.

3071           \*Mr. Welch. The amendment incorporates technical  
3072 assistance throughout the Committee Print for a fair-price  
3073 negotiation program, inflation rebates, as well as the Part D  
3074 redesign.

3075           I would remind my colleagues that the majority of this  
3076 committee has already considered and voted on this bill  
3077 previously as well as in the House. This AINS will  
3078 effectively lower drug prices for the American people,

3079 deliver needed relief from the crushing burden of high  
3080 prescription drug costs, so that many of the people we  
3081 represent can get access to the medication they need. And it  
3082 is going to save taxpayers and workers money through the  
3083 lower premiums and higher wages.

3084         Mr. Chairman and my colleagues on the committee, one of  
3085 the concerns that we share is access to healthcare, and the  
3086 cost of healthcare has exploded and it is beyond reach. It  
3087 is putting an enormous burden on individuals, an enormous  
3088 burden on employers who are providing employer-sponsored  
3089 healthcare, and it is putting an enormous burden on taxpayers  
3090 with -- and the biggest and fastest rising cost in healthcare  
3091 has been prescription drugs.

3092         As we know, the United States pays the highest prices  
3093 for prescription medication of any country in the world.  
3094 According to a RAND study, it is about 344 percent higher for  
3095 brand-name drugs than countries in Europe and other  
3096 industrialized countries pay.

3097         The burden on taxpayers is immense. The burden on  
3098 employers is immense. And the pain inflicted on individuals  
3099 who are trying to get access to the medication they need is  
3100 immense.

3101         Let me give a few examples. Humira, which is used to  
3102 treat rheumatoid arthritis, is over 500 percent more  
3103 expensive in the U.S. when compared to the median price in

3104 other countries. Insulin, that so many of the people we  
3105 represent need, that is about \$10.58 a dose in other  
3106 countries; here it is nearly \$35 a dose. From 2014 to 2019,  
3107 the average retail price of insulin rose by 47 percent, and  
3108 that is because of the pricing power of pharma, not because  
3109 anything was done to change insulin in a way that provided  
3110 additional benefits to diabetics.

3111       Essentially what we have in this country is a situation  
3112 where pharma has immense pricing power, which it abuses.  
3113 Now, let me preface my remark by making an acknowledgment.  
3114 Pharma does some tremendous things. It creates, in many  
3115 cases, life-extending and pain-relieving drugs. That is a  
3116 good thing. But what it also does is it kills us with the  
3117 price.

3118       Pharma asserts that if we have price negotiation and  
3119 become the only country that does not continue to buy  
3120 wholesale and pay retail -- and that is what we do without  
3121 any kind of price negotiation -- that this will adversely  
3122 affect them and interfere with the market and be price-  
3123 setting. That is an argument that they make.

3124       They don't want the government to be involved on behalf  
3125 of the people we represent to lower prescription drug prices  
3126 to something that is affordable and fair. But let's  
3127 acknowledge something.

3128       Pharma gets the enormous advantage of governmental



3129 involvement, first of all with the patent protection. I  
3130 believe in the patent protection. It gives a period of  
3131 exclusivity for pricing by the inventor of a life-saving or  
3132 life-extending drug. I don't believe in abusing that power,  
3133 which pharma has consistently done.

3134         Second, pharma consistently abuses the patent system by  
3135 gaming it, and we all know what those games are -- changing  
3136 the color of the pill or the dosage or some minor thing that  
3137 they claim justifies an extended period of exclusivity.

3138         Next, pharma benefits enormously by governmental action  
3139 because the government provides a guaranteed market for their  
3140 medications through the Medicare program, through the  
3141 Medicaid program, and really, also through employer-sponsored  
3142 healthcare, which is deductible. And our employers work  
3143 really, really hard to provide good coverage to the employees  
3144 who are so valued in those companies.

3145         Next, pharma takes enormous advantage of the Wall Street  
3146 practices of merger and acquisition, and in many cases when  
3147 pharma is claiming that they need the money for the research,  
3148 it is not so much that they are getting the money for the  
3149 research; what they are doing is getting the money to buy a  
3150 company that may have invented a product, then the next day  
3151 raising the price of that product that they purchased. Let  
3152 me give a couple of examples.

3153         Revlimid is a cancer drug that as introduced, created by

3154 Celgene, bought by Bristol Myers Squibb. The price went from  
3155 \$215 in 2005 to \$800 per pill, nearly a 400 percent --

3156 \*The Chairman. Mr. Welch, you're over your time, if you  
3157 could wrap up.

3158 \*Mr. Welch. Okay. We have to provide relief to the  
3159 American citizen who is desperately in need of access to  
3160 these life-saving pain-relieving drugs, and we can do it by  
3161 finally doing what every other country does, having the  
3162 government stand up on behalf of its citizens for fair  
3163 prices.

3164 I yield back.

3165 \*The Chairman. I thank the gentleman.

3166 Does anyone want to speak on the underlying bill or the  
3167 AINS?

3168 Yes, Mr. Carter.

3169 \*Mr. Carter. I move to strike the last word.

3170 \*The Chairman. Mr. Carter is recognized for five  
3171 minutes.

3172 \*Mr. Carter. Mr. Chairman, I have got grave concerns  
3173 about the drug-pricing provisions in this legislation, and I  
3174 am not the only one. Several of my Democratic colleagues  
3175 from the committee sent a letter to the Speaker expressing  
3176 their concerns and a desire to work in a thoughtful way. I  
3177 suspect that is why we haven't had a markup on the standalone  
3178 bill, H.R. 3.

3179           These drug-pricing provisions that are included in this  
3180 legislation are an unprecedented act of government aggression  
3181 on the development of life-saving medicines. In this bill --  
3182 all this bill would do is to limit access to life-saving  
3183 medicines and new treatments for serious and rare diseases.

3184           As you know, Mr. Chairman, professionally I'm a  
3185 pharmacist, and I have said often that I have seen nothing  
3186 short of miracles through the results of research and  
3187 development in my years of practice as a pharmacist. I can  
3188 remember when I started practicing back in 1980. I can  
3189 remember that if you were diagnosed with hepatitis C, you  
3190 were going to die. That is all there was to it. Now we have  
3191 a pill -- a pill -- that you can take orally that will cure  
3192 it. That is phenomenal.

3193           Now, I get it. I understand that if you can't afford  
3194 that pill, if it is too expensive, it does you no good. And  
3195 yes, the pharmaceutical manufacturers need to do a better job  
3196 with their pricing; there is no question about that. And  
3197 there are ways that we can help them do that.

3198           But ever since I have been here, in the six and a half  
3199 years that I have been here, I have been preaching that the  
3200 problem is more with the middlemen, more with those PBMs, the  
3201 pharmaceutical benefit managers, those who are not putting  
3202 any money into research and development whatsoever.

3203           At least the pharmaceutical manufacturers are putting

3204 money into research and development, and that money that they  
3205 are putting into research and development is extremely  
3206 important. It is important to have new cures and new drugs  
3207 for rare and difficult-to-cure diseases. And a lot of those  
3208 come from small biotech companies that don't have the bank  
3209 accounts to fall back on.

3210 My colleague just mentioned about mergers, and yes, that  
3211 is the way that this works a lot of times. A small biotech  
3212 company may come up with a discovery, and yes, they are  
3213 bought out oftentimes, or at least that discovery is bought  
3214 out, by the larger manufacturers.

3215 But these small companies, they are the medical  
3216 innovation engines of America. This legislation, and why  
3217 this legislation is so dangerous, is because it will dry up  
3218 the capital investments that depend on -- that are dependent  
3219 on to conduct research and put them out of business, possibly  
3220 stopping new cures from ever reaching ALS patients, children  
3221 with pediatric diseases, Alzheimer's, or certain types of  
3222 cancers.

3223 This legislation will also have a disproportionate  
3224 negative effect on communities of color. I saw many of these  
3225 patients for everything from heart disease to cancer and  
3226 Alzheimer's. And today we find this very committee gutting  
3227 their healthcare after spending months talking about how we  
3228 can improve access for them.

3229 I don't know about my friends across the aisle, but I am  
3230 certainly not willing to vote for legislation that will  
3231 result in fewer cures and medicines. And that is what this  
3232 will result in, fewer cures and medicines. There are  
3233 bipartisan things that we can do to reduce drug prices, and  
3234 we can do them as soon as our chairman schedules the markup.  
3235 We can enact DIR clawback reform.

3236 We can enact H.R. 19, the Lower Costs, More Cures Act.  
3237 Legislation that is entirely bipartisan, entirely bipartisan.  
3238 Everything that is in H.R. 19, Mr. Chairman, is bipartisan.  
3239 It is a bipartisan bill. This is a broad, bipartisan  
3240 committee. I have often said this is the most bipartisan  
3241 committee in Congress. I tell everyone that. This is an  
3242 opportunity for us to prove it, right here. We can pass  
3243 legislation to bring transparency into the marketplace and  
3244 reduce the middlemen who gobble up all the profits at the  
3245 expense of patients.

3246 Mr. Chairman, this drug legislation that is being  
3247 proposed here is not the right answer, and I urge you,  
3248 please, reconsider. Please, reconsider. And I yield back.

3249 \*The Chairman. I thank the gentleman and now recognize  
3250 Ms. Eshoo for five minutes.

3251 \*Ms. Eshoo. Thank you, Mr. Chairman. I move to strike  
3252 the last word.

3253 I think as Americans, we love our history once it has

3254 been made. But I don't think it is very often that we see  
3255 the opportunity to make history. I think that this is one of  
3256 those moments, because this is huge. This is large. And it  
3257 is an issue that affects just about every single person in  
3258 our country. That is how sweeping it is.

3259         So today, I think we have a historic opportunity to  
3260 really readjust how seniors and others go into the drugstore  
3261 and the counter, and then having to walk away because they  
3262 can't afford what their doctors have said they need to take,  
3263 whether they're life-saving or dealing with something that is  
3264 chronic. That is the case for millions of Americans.

3265         Price of drugs, prescription drugs, have continued to  
3266 rise. In so many cases, they have skyrocketed. And there  
3267 are people that are having to make a choice between other,  
3268 vital things in their life, like paying rent, buying  
3269 groceries, or limiting their prescription drugs.

3270         One in four diabetes patients report rationing their  
3271 insulin. That is pretty dangerous to be doing that. This is  
3272 not like you are rationing cookies. This is something that  
3273 is vital for people to live. Thirty percent of Americans  
3274 have skipped a medication due to cost. That is dangerous;  
3275 that is another red light blinking.

3276         Every member of this committee has heard from their  
3277 constituents about the high cost of prescription drugs. So  
3278 today is really quite a day because this subcommittee, our

3279 subcommittee, has done a great deal of work on this, and the  
3280 policy before us is to require the HHS Secretary to annually  
3281 negotiate lower drug prices for drugs without market  
3282 competition and extend those lower prices to all insured  
3283 Americans.

3284         This legislation is going to cap out-of-pocket costs  
3285 on drugs at \$2,000 for Medicare beneficiaries. Today seniors  
3286 can pay more than \$15,000 a year for a single prescription  
3287 drug. The bill before us includes a provision I championed  
3288 to cap how much seniors with high out-of-pocket costs pay per  
3289 month to \$250. It stops drug-price hikes like the ones we  
3290 saw from EpiPen and Martin Shkreli. If a manufacturer raises  
3291 the price of a drug, including generics, above the rate of  
3292 inflation, then the manufacturer has to pay the entire price  
3293 above inflation back to the Treasury.

3294         Earlier nonpartisan analysis found these provisions  
3295 will, one, reduce U.S. prices for negotiated drugs by 40 to  
3296 55 percent on average; save the Federal Government and  
3297 taxpayers nearly \$500 billion over 10 years; save patients  
3298 \$120 billion in lower insurance premiums and out-of-pocket  
3299 costs; and save private businesses \$43 billion.

3300         Many members have raised the issue of money and spending  
3301 during this reconciliation. Look at the savings in this.  
3302 And with these savings we can expand Medicare coverage to  
3303 bring coverage not included today in vision, dental, and

3304 hearing. And the funding will also kick-start ARPA-H, which  
3305 we discussed earlier.

3306 So all of these provisions are popular. They are  
3307 bipartisan. Polling shows about 90 percent of Americans  
3308 support Medicare negotiations. This is not a new idea. For  
3309 decades there has been negotiations in the VA for their  
3310 prescription drugs. I have never had a complaint in 29 years  
3311 about that program, and it applies to TRICARE, the health  
3312 care system for our military in their families.

3313 So I think the moment has come. I think Americans have  
3314 waited a long time. I think it is time to live up to our  
3315 promises to lower the cost of prescription drugs for all of  
3316 our constituents.

3317 And with that, Mr. Chairman, I yield back the balance of  
3318 my time.

3319 \*Mr. Burgess. Mr. Chairman?

3320 \*The Chairman. I thank the gentlewoman. Dr. Burgess's  
3321 hand is up, virtually. He is more senior, right? So we will  
3322 go to Dr. Burgess. He is recognized for five minutes.

3323 \*Mr. Burgess. Thank you, Mr. Chairman, and this is an  
3324 important topic.

3325 You know, our committee has a pretty significant history  
3326 on the issue of drug pricing. We, of course, were the  
3327 committee back in 2003 that passed the Medicare Part D  
3328 benefit, and many will remember the -- one of the follow-ons



3329 from the Part D benefit was the fact that generic medications  
3330 at our country's pharmacies suddenly put 90 different generic  
3331 compounds at \$4 and under -- I think Walmart, Walgreens, a  
3332 number of pharmacies across the country -- after we had  
3333 passed the prescription drug benefit, and it no longer was  
3334 valuable to simply raise the prices on commonly-used  
3335 medications because they could be ordered from other sources.

3336         The retail pharmacies actually came along and said,  
3337 "Look, this is good. We want the traffic through our  
3338 pharmacies, we want the traffic through our stores, and we  
3339 are going to offer these generic drugs that are at a  
3340 significantly lower cost.'" And that was this committee that  
3341 did that, the Medicare Part D benefit. So we do know how to  
3342 lower costs.

3343         Mr. Carter mentioned Sovaldi, the hepatitis C drug, and  
3344 that is, obviously, always a favorite of mine, and many  
3345 people have heard me talk about it before. Mr. Shkreli had  
3346 cornered the market on Daraprim, and many people on this  
3347 committee have heard me say over the years that, if you don't  
3348 understand the difference between Sovaldi and Daraprim, you  
3349 are going to get the answer to this question wrong, because  
3350 Sovaldi was a gift, Sovaldi was a way of curing a disease  
3351 that was relatively recent in its emergence, hepatitis C.  
3352 Now, Daraprim was a medicine that had been around for a  
3353 while, and Mr. Shkreli decided, if he cornered the market, he

3354 could jack the price up, and he is in jail today. I don't  
3355 know whether it is because of those efforts or something  
3356 else, but that is probably the right place for him.

3357         But in the meantime, what has happened with medicines  
3358 for hepatitis C? Well, more have come on the market. They  
3359 weren't exactly generics, but they were similar in the  
3360 pharmacologic pathways that were targeted. And there are now  
3361 several that are available for a cure for hepatitis C for  
3362 substantially under \$10,000. We can say, well, that is still  
3363 a lot of money, but he is right. I mean, that was -- that is  
3364 a dreadful diagnosis, with such a dreadful consequence:  
3365 liver transplant, death, multiple hospitalizations, that that  
3366 -- the fact that those medicines are available at really  
3367 remarkably lower prices, that is something we should  
3368 celebrate. That is not something we should seek to end.

3369         Look, we can cap prices, and maybe there is times that  
3370 that is -- you would get me arguing alongside with you. But  
3371 on the other hand, we know the history of Federal price  
3372 controls in this country, and that is the sort of thing that  
3373 leads to long lines. No one wants to see someone denied  
3374 their insulin because it costs too much, but no one wants to  
3375 see someone denied their insulin because there simply is no  
3376 insulin for sale on the shelf, because people have simply  
3377 gotten out of the business because it is too tough to be  
3378 there.

3379           Look, when we marked up H.R. 3 a couple of years ago, I  
3380 offered you an amendment. I offered you an amendment for  
3381 insulin that would give the rebate, regardless of whether  
3382 someone was insured, uninsured, Medicare, Medicaid,  
3383 regardless -- private insurance. If there is a rebate  
3384 available, then it would just be rebated to the customer, to  
3385 the patient, to the consumer at the time of purchase. You  
3386 rejected that along party lines and, for the life of me, I  
3387 don't understand why you rejected that, but that seems like a  
3388 pretty plausible way to go about finding a solution for some  
3389 of these problems.

3390           I also need to just talk briefly about the issue of NIH  
3391 funding. Look, it is private market investment that is  
3392 largely responsible for the creation and approval of new  
3393 therapies. A study was done looking at over 23,000 NIH  
3394 grants in the year 2000, and they were able to follow those  
3395 along for 20 years, and 18 approved FDA medicines were there  
3396 by 2020. But none of these medicines reached approval  
3397 without significant private investment, and the total private  
3398 investment for these 18 approved medicines was \$44.2 billion,  
3399 compared to 670 million in NIH funding. The return on  
3400 investment, if we keep the private sector involved, is  
3401 phenomenal.

3402           But it is not to say that we don't have problems. Many  
3403 of the issues that -- or many of the policies in H.R. 19 from

3404 last Congress were actually signed into law, so things  
3405 actually got done. We could take that same approach this  
3406 Congress, and actually deliver for the American people.

3407 I thank the chairman, I yield back.

3408 \*The Chairman. Thank you, Dr. Burgess. I was just  
3409 looking at those books on your shelf, and wondering if those  
3410 were like the hearings from the ACA. I know in Rules often  
3411 times you would reference the official transcript of the  
3412 hearings. Is that what I am looking at, or those are medical  
3413 journals?

3414 \*Mr. Burgess. Yes, those are the Federal regulations  
3415 pertaining to the ACA.

3416 \*The Chairman. I figured as much.

3417 [Laughter.]

3418 \*The Chairman. I figured as much. All right.

3419 \*Mr. Burgess. Actually, it is a virtual bookshelf,  
3420 Chairman. I don't mean to disappoint you. I am not that  
3421 smart.

3422 \*The Chairman. Okay.

3423 [Laughter.]

3424 \*The Chairman. All right. Mr. Doyle is recognized next  
3425 for five minutes.

3426 \*Mr. Doyle. I move to strike the last word.

3427 Thank you, Mr. Chairman. Without objection, I would  
3428 like to enter into the record the comprehensive plan for

3429 addressing high drug prices that was put together by HHS, and  
3430 sent to the White House Competition Council.

3431         This plan lays out some of the misaligned incentives in  
3432 the prescription drug market, an industry that has led to  
3433 shockingly high drug prices for many Americans. The report  
3434 builds upon three guiding principles: lowering the cost of  
3435 prescription drugs for all Americans; improving competition  
3436 throughout the industry; and fostering innovation.

3437         The report specifically mentions one high-need area,  
3438 where current market incentives are not aligned to encourage  
3439 innovation, and that is the antibiotic and antimicrobial  
3440 market. In fact, in recent years, many of the small,  
3441 innovative companies working to develop new antimicrobials  
3442 have filed for bankruptcy after bringing novel and effective  
3443 drugs to market. And many of the major pharmaceutical  
3444 companies have shuttered their antibiotic divisions all  
3445 together.

3446         The truth is, the way the market incentivizes R&D right  
3447 now, sell as many drugs as you can at the highest price you  
3448 can, simply doesn't work for antimicrobials. Unfortunately,  
3449 our current health system rewards quantity over quality in  
3450 almost every aspect. We are working on moving towards a more  
3451 value-based model, but we just aren't there yet.

3452         When it comes to the pharmaceutical industry our system  
3453 is set up to reward drugs that treat symptoms, not find

3454 cures. Effective antibiotics, however, usually provide a  
3455 cure for the most infections in just five to seven days. The  
3456 problem is that we are losing our effective antibiotics and  
3457 antimicrobials to resistance, and there isn't a robust R&D  
3458 pipeline coming to replace them.

3459       Antimicrobial resistant infections are a huge public  
3460 health concern. A lot of public health experts agree that  
3461 antimicrobial resistance could be the next public health  
3462 crisis that we face. This isn't a hypothetical problem. It  
3463 is already here. In the United States alone, more than 2.8  
3464 million antibiotic resistant infections occur each year, and  
3465 more than 35,000 people die as a result.

3466       What is really scary is how much worse it could get.  
3467 Our modern health care system relies on the use of effective  
3468 antibiotics, surgery, the care of premature infants,  
3469 chemotherapy, and organ transplants are all dependent upon  
3470 effective antibiotics and other antimicrobials. We don't  
3471 want to get to a point where none of our antibiotics work,  
3472 but that is where we are headed without action and  
3473 innovation.

3474       The White House report also identifies a solution to  
3475 this growing public health problem, for which -- which is to  
3476 de-link revenue from sales volume for antimicrobials. A bill  
3477 that I have been working on with Mr. Ferguson and Senators  
3478 Bennett and Young would do just that. The PASTEUR Act, which

3479 would set up a new, truly value-based payment model for  
3480 antimicrobials. Instead of focusing on the quantity sold,  
3481 the bill would provide guaranteed revenue for companies  
3482 through a contract over the life of the patent for the  
3483 antimicrobials based on the value they provide. Some refer  
3484 to this as a subscription model like Netflix, where you pay a  
3485 set amount each year, and can watch as much or as little as  
3486 you want.

3487         We want to be sure that we aren't overusing  
3488 antimicrobials, because that also contributes to developing  
3489 resistance. So the contract simultaneously protects the  
3490 companies that bring innovative projects to the market, and  
3491 protects public health. Now, while it may not have fit into  
3492 the E&C bill today, I believe that the PASTEUR Act is a  
3493 critical component of efforts to improve competition and  
3494 foster innovation in the pharmaceutical industry.

3495         I am excited to work with you, Mr. Chairman, with  
3496 Ranking Member Rodgers, and the rest of the committee on  
3497 moving it forward. And with that, Mr. Chairman, I yield  
3498 back.

3499         \*The Chairman. Thank you, Mr. Doyle. We are printing  
3500 -- oh, you asked that the document be entered. We are  
3501 printing it, and we are going to look at it, and then we will  
3502 come back to it, Mr. Doyle, for the one that you asked to be  
3503 entered into the record.

3504           \*Mr. Doyle. Thank you.

3505           \*The Chairman. So I am going to go now to Mr. Griffith,  
3506 who is recognized for five minutes.

3507           \*Mr. Griffith. Thank you very much, Mr. Chairman.  
3508 First, before I get into this bill, I would suggest to my  
3509 colleague and Mr. Doyle that he take a look at Steffanie  
3510 Strathdee and Tom Patterson's book on "The Perfect  
3511 Predator.'" It is talking about phage therapy. It is a  
3512 real-life story, a medical mystery story, highly recommended,  
3513 and it deals with using viruses to attack those -- excuse me,  
3514 yes, to attack those bacteria that do not respond to our  
3515 current antibiotics.

3516           All right, back to this current subject. As you could  
3517 probably tell by that, yes, I am a boring, dull kind of guy.  
3518 And we are going to hear all kinds of stories, and I could  
3519 come up with some stories, but what I always do is I always  
3520 try to look at the underlying law. And when this concept  
3521 first came forward, I believe in 2019, I immediately looked  
3522 at it and said, "Whoa, whoa, whoa, whoa. This thing is  
3523 unconstitutional. It violates the takings clause of the  
3524 Fifth Amendment.'" I raised that in subcommittee. I have  
3525 been raising it ever since. I am absolutely convinced that  
3526 it is a violation. And lo and behold, some months later, the  
3527 Congressional Research Service, in their document dated  
3528 October 21, 2019, not only said was it likely to be a takings



3529 clause violation of the United States Constitution, it may  
3530 also violate the Eighth Amendment excessive fines provisions  
3531 in the Constitution.

3532         Folks, I know that I am, you know, a wet blanket and a  
3533 killjoy. This bill is unconstitutional. And, you know,  
3534 sometimes we have to get past the -- all the stories, and all  
3535 the good politics, and all the things that everybody, you  
3536 know, wants to talk about in the political world, and take a  
3537 look at what we can do and what we should do under the United  
3538 States Constitution. This bill is clearly unconstitutional.  
3539 I am absolutely convinced of that.

3540         And another problem that this bill has -- and I am  
3541 trying to keep it short, but -- well, let me tell you why it  
3542 is excessive fines, so that folks back home understand. This  
3543 bill has a punishment of 95 percent. If you don't accept the  
3544 government price, and don't agree to do what they tell you to  
3545 do, they will take 95 percent of your gross revenues, not  
3546 your net revenues, 95 percent of your gross revenues on the  
3547 medicine. It is not right, and it is not constitutional.

3548         And then another issue that is raised by the CRS report  
3549 -- and I encourage everybody to look at, it is not that long,  
3550 there it is -- it talks about taking away, which the bill  
3551 does, and which we have the right to do, in some cases,  
3552 taking away the right to access the courts to challenge the  
3553 maximum fair price.

3554           In other words, we got this formula set up in here that  
3555 sets up the maximum fair price that the government is going  
3556 to offer you for your drug, and if you don't accept it, we  
3557 are going to take 95 percent of your gross receipts from you,  
3558 and you can't even challenge how they come up with the  
3559 maximum fair price. And under the takings clause, that may  
3560 also be unconstitutional to ban you from going into court.

3561           But I will just tell you, even if that one is not  
3562 unconstitutional, folks, particularly my friends on the other  
3563 side of the aisle, often love to go to the courts to get  
3564 redress. The American people, whether somebody on Main  
3565 Street in Salem, Virginia, or whether some big corporation,  
3566 has a right to go to an independent arbiter -- and that would  
3567 be our court system -- and say this isn't right, take a look  
3568 at it, it doesn't follow the law, it is not fair. Do  
3569 something about it. This bill says you can't do that.

3570           It is just wrong, folks, it is unconstitutional, it is  
3571 wrong, it is bad policy, we have other ways we can deal with  
3572 this, some of which -- and some of my Republicans don't agree  
3573 with me. I think we can look at a strategy for negotiating,  
3574 but not when you come to it with a club so big that drugs  
3575 won't be developed because they won't ever be able to get  
3576 their money back. And that is a problem.

3577           And I will tell you, I don't know whether -- I know that  
3578 the drug I take for the blood clots I got as a result of

3579 COVID is probably on -- going to be on that list. I can't  
3580 tell you whether the research would have been done or not  
3581 done, but I suspect we wouldn't have two drugs that have been  
3582 miracle drugs for people who suffer from deep vein thrombosis  
3583 if this law had been in effect 15 years ago, when all of that  
3584 was happening. Today I have got some blood clots. I take a  
3585 pill every morning. No big deal. Twenty years ago, that was  
3586 a big deal. I wouldn't be able to travel and do my job for  
3587 the people of the 8th congressional district.

3588 This bill is wrong and unconstitutional. I yield back.

3589 \*The Chairman. I thank the gentleman. Next we go to --  
3590 Ms. Schakowsky is recognized for five minutes.

3591 \*Ms. Schakowsky. I move to strike the last word.

3592 \*The Chairman. The gentlewoman is recognized for five  
3593 minutes.

3594 \*Ms. Schakowsky. As we debate this issue, there are  
3595 people who lose their lives -- they are losing their lives  
3596 right now, because they can't afford their prescription  
3597 drugs. So even as we hear about the magic of the  
3598 pharmaceutical advances, they mean nothing if you can't  
3599 afford to buy the drugs.

3600 And you -- and our -- all of you colleagues would be  
3601 hard pressed to find any issue that has more unanimous  
3602 support than the idea of lowering the cost of prescription  
3603 drugs. All the recent data tells us that 90 percent of

3604 Americans, 90 percent -- that means, certainly, Republicans  
3605 and Democrats and independents and everybody else -- agree  
3606 that the cost of prescription drugs is too high, and needs to  
3607 be reduced.

3608         The fact that Americans pay two to three times, maybe  
3609 even more than three times, the cost of other countries for  
3610 the very same drugs around the world is deeply offensive to  
3611 Americans. And we can do something about this right now.

3612         You know, we hear from the pharmaceutical industry all  
3613 the time that the cost of their research and development --  
3614 number one, then tell us, show us the data. I have  
3615 legislation. Others have legislation that would require  
3616 disclosure of how much are you really spending, and how much  
3617 is really taxpayer dollars that are doing much of the basic  
3618 research. You know, most of these prescription drugs, these  
3619 miracle drugs, begin with taxpayer investments into research  
3620 and development. It is time -- it is beyond time for us to  
3621 say no one has to die.

3622         I remember when insulin was hitting the roof, and I  
3623 think Mr. Welch pointed out that, without any significant  
3624 change to that drug, that the pharmaceutical companies were  
3625 raising the price, that insulin, which had been, you know,  
3626 available almost to everyone, suddenly became so expensive.  
3627 We have the names of people who died. We know a young man  
3628 who decided, when the cost went up, he was going to try and

3629 take care of himself, a student. And he shortchanged his own  
3630 dosages, and he lost his life. No one should have to do  
3631 that.

3632 I have been behind people at the pharmacy who present  
3633 their prescription, look at the cost of that, and end up  
3634 walking away. And often it is the people who are the  
3635 poorest, because they don't have the kind of insurance, or a  
3636 Medicare Advantage plan, and have to walk away.

3637 We are talking about billions and billions of drugs that  
3638 could save lives that are inaccessible, period.

3639 And I was there. Many of you were there, I think,  
3640 probably, when we saw the Medicare Part D, and watched how  
3641 the pharmaceutical industry made sure that the language  
3642 saying Medicare may not negotiate for lower prices goes into  
3643 that legislation. And it is still there. Now, the VA, of  
3644 course, does negotiate and, fortunately, our benefits -- our  
3645 veterans have lower costs.

3646 It is an outrage. It is a scandal. And now we have an  
3647 opportunity, not only to lower the price, but to then be able  
3648 to use that money that we are handing over to the  
3649 pharmaceutical industry to help expand Medicare, to help  
3650 improve the health care of people in this country. We cannot  
3651 let this opportunity pass us by. We deserve, like people all  
3652 over the world, for the very same drugs to pay a reasonable  
3653 price, and to be able to keep our country healthy.

3654           And with that, I urge a yes vote, and I yield back.

3655           \*The Chairman. I thank the gentlewoman. Mr. Doyle had  
3656 asked that we enter into the record a report from the -- from  
3657 ASPE, a report to the White House Competition Council on a  
3658 comprehensive plan for addressing high drug prices.

3659           Without objection, so ordered.

3660           [The information follows:]

3661

3662           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

3663

3664           \*The Chairman. Mr. Upton is next. Mr. Upton is  
3665 recognized for five minutes.

3666           \*Mr. Upton. Well, thank you. Thank you, Mr. Chair -  
3667 [Audio malfunction.]

3668           \*Mr. Upton. -- debate that a lot of us have been  
3669 looking for a long time. And certainly, every one of us,  
3670 every single one of us here on both sides of the aisle, wants  
3671 to do something about higher drug costs, as it impacts all of  
3672 our constituents, as we know folks that are in desperate  
3673 need. So I don't question the motives of any of the members.

3674           But you know what? We have been on this drill, on this  
3675 same page, for the last couple of years. And despite your  
3676 majority, you don't have the votes, probably, today to move  
3677 this partisan bill. And like many of us said on this  
3678 committee on the Republican side in the last Congress, let's  
3679 not -- let's actually do something about this. Rather than  
3680 move a partisan bill, let's move something that is  
3681 bipartisan, that actually does some of these things.

3682           And I would credit former chairman Walden, who actually  
3683 put a bill together. It was called H.R. 19, and we have  
3684 introduced it again in this Congress, as we did the last one,  
3685 and it literally took every bipartisan approach on lowering  
3686 drug prices, every bill that had bipartisan support, and it  
3687 packaged it together as one. And we haven't been able to get  
3688 that moving in the last couple of years. And many of us

3689 said, "Why are we going through this same drill again, when  
3690 in fact we could do something, and do it with a bipartisan  
3691 approach?'"

3692         You know, listening to my good friends on your side,  
3693 Anna Eshoo said the moment is here. That is right, the  
3694 moment is here. The moment is now to do something that is  
3695 bipartisan.

3696         Mr. Welch talked about the price of insulin, and the  
3697 escalating cost. That is in H.R. 19. We can deal with this,  
3698 as Dr. Burgess just talked about, one of his amendments that  
3699 was unsuccessful in the last Congress.

3700         Mr. Doyle talks about the PASTEUR Act. He is right.  
3701 That is a really good bill. And guess what? DeGette and I  
3702 are going to have that as part of our Cures 2.0 legislation,  
3703 when we introduce it a little bit later this month.

3704         Those are some of the things that we can do on a  
3705 bipartisan basis.

3706         And it is not just us, the Republicans, that are saying  
3707 that we shouldn't go on this partisan approach. I take what  
3708 the CBO said in the last Congress, that, in fact, drugs are  
3709 not going to be developed here, or they are going to be  
3710 developed overseas. They confirmed that report.

3711         You know, when we began to develop 21st Century Cures,  
3712 we all came together on this committee. It was a bill that  
3713 passed 53 to nothing. All of us, every one of us, listened



3714 to people across the country, whether we did town halls,  
3715 whether we did roundtable discussions, we met with as many  
3716 experts as we could find, from MD Anderson to the Mayo Clinic  
3717 to the University of Michigan and Colorado. I mean, so many  
3718 different folks weighed in to what could we do to expedite  
3719 the FDA approval of drugs and devices.

3720         You and I, Mr. Chairman, sat down with DeGette and  
3721 others and, rightly so, we included a \$45 billion increase  
3722 above the baseline over the next 10 years for the NIH  
3723 research. We sat down with the FDA and we said, "Look, we  
3724 want you to have the -- we want the same safeguards for these  
3725 approvals. What is it that you need to make sure that you  
3726 have the resources to do it?" And they told us, and we  
3727 included it in that bill.

3728         We heard from the venture capitalists. I mean, this,  
3729 again, is back in 2014, 2015. We learned that 50 percent of  
3730 the venture capital that was going for new drugs for these  
3731 discoveries was going overseas because of the approval  
3732 process here. So we looked to change that.

3733         We want these new drugs developed, and we can do that.  
3734 But for God's sakes, why aren't we doing it on bills that  
3735 have bipartisan support that could actually get to the  
3736 President, versus going again on a dead-end circuit on a bill  
3737 that is not going to get there?

3738         And for our constituents, who are so frustrated with

3739 Washington anyway, here is just another example of not  
3740 getting things done. That is not what any of us want to see  
3741 happen.

3742         This bill, or these provisions that we are considering  
3743 today, you know, as they say in some places in the country,  
3744 this dog don't hunt. It doesn't, because there are many of  
3745 us that have actually looked at the facts, and see where that  
3746 is going to hurt and slow down the discovery of these  
3747 diseases that we want to find cures for. So let's do it  
3748 right. Let's have a debate on a bipartisan bill. Let's see  
3749 if we can't get together.

3750         You know, I -- part of the Problem Solvers Caucus -- and  
3751 we have got a prescription drug working group that is there  
3752 -- we know that it is a bipartisan approach that can actually  
3753 get the job done. I applaud Mr. Schrader, who has been a big  
3754 part of that. Together we know that we could find a  
3755 bipartisan sweet spot to move the bill forward. That is the  
3756 approach we ought to take, instead of this one.

3757         And with that, Mr. Chairman, I yield back.

3758         \*The Chairman. The gentleman yields back. Mr. McNerney  
3759 is recognized for five minutes.

3760

3761         \*Mr. McNerney. Mr. Chairman, I move to strike the last  
3762 word in support of the ANS.

3763         \*The Chairman. The gentleman is recognized for five

3764 minutes.

3765           \*Mr. McNerney. Well, every week I hear from  
3766 constituents who are struggling to afford essential  
3767 prescription medications.

3768           Prior to the pandemic, one in four Americans reported  
3769 difficulty affording their medications. But since this  
3770 January, there have been over 1,100 price hikes for  
3771 prescription drugs. That is gut wrenching, to hear so many  
3772 Americans talk about rationing their medications or their  
3773 meals because they are not able to afford a refill. About 60  
3774 percent of prescriptions are abandoned by patients when they  
3775 cost more than \$500. The fact that some people are forced to  
3776 choose between health and their ability to feed their  
3777 families is totally unacceptable.

3778           The Build Back Better Act will change that. The  
3779 legislation will allow the government to negotiate with drug  
3780 manufacturers for the highest priced and most commonly-used  
3781 prescription drugs, including insulin. This prescription  
3782 [sic] will cap out-of-pocket costs at \$2,000 for Medicare  
3783 Part B deficient -- beneficiaries.

3784           It will also stop drug companies from ripping off  
3785 Americans by limiting the maximum price for any negotiated  
3786 drug to be no more, no more, than 120 percent of the average  
3787 price in other countries with similar economies to the United  
3788 States, where these drug companies charge less for the same

3789 drugs, and still make a good profit.

3790           The Build Back Better Act will make life better for  
3791 Americans.

3792           And now I would like to yield to my friend from Vermont,  
3793 Mr. Welch.

3794           \*Mr. Welch. I thank the gentleman. A couple of things.  
3795           Number one, Mr. Upton advocates for bipartisan  
3796 approaches. I am totally for that. I supported all the  
3797 legislation that he described.

3798           But second, the heart of this is the pricing power that  
3799 is unchallenged by Pharma, and it is abused. It is abused.

3800           Negotiation works. COVID is an example of a government  
3801 and pharmaceutical company partnership. The United States  
3802 Government, through the taxpayers, put billions of dollars  
3803 into research. The United States Government provided a  
3804 guaranteed purchasing plan, and alleviated the cost for  
3805 Pharma, and Pharma came up with a COVID cure. It was a  
3806 partnership, and the price was set at \$19.50 on the Pfizer  
3807 cure -- \$26 billion in profit to Pharma. I am fine with  
3808 that. But it was a partnership. It wasn't whatever they can  
3809 charge, so it works.

3810           Second, there is an absolute unique situation in this  
3811 Congress. We are the only representative body in all of the  
3812 industrialized countries that doesn't take action to protect  
3813 the citizens who elected us from price gouging. We are

3814 unique, and we have to take that responsibility, and not just  
3815 blame it on Pharma. They are doing what they can do because  
3816 it is more profit for the shareholders and the CEOs, but that  
3817 is what they do. We have a responsibility to the people we  
3818 represent, and every single one of us has gotten a call from  
3819 people who are in enormous pain about what is happening to a  
3820 person they love.

3821         And the third thing I want to say is really what -- at  
3822 the heart of this is, this myth about how, if there is any  
3823 action by the government to protect consumers, it is going to  
3824 interfere with innovation. That is a reasonable concern, and  
3825 we have got to deal with it. But it is being exploited by  
3826 the pharmaceutical industry to purchase -- to set whatever  
3827 price they want.

3828         And think about what is happening. The love that  
3829 Americans have for people in their families, for a child who  
3830 is ill, for a partner who is ill is such that, whatever it  
3831 takes, that person, that family, is going to try to do it.  
3832 And if there is a potential for a cure, and it means they  
3833 have to get a second job, let's get one. If it means they  
3834 have to get a mortgage, they will do it. If they have to get  
3835 a second mortgage, they do it. If they have to liquidate the  
3836 retirement fund, they will do it, because they love that  
3837 person in their life, that child or that partner. And this  
3838 is true in your district and in mine. It is not a partisan

3839 thing. It is not whether you voted for Trump or you voted  
3840 for Biden. It is about this love that people have for those  
3841 who are close in their lives. Pharma exploits that. They  
3842 exploit it.

3843         There are so many good people in Pharma that are doing  
3844 such wonderful things to come up with these cures. But when  
3845 they put the heel of their pricing power and crush those  
3846 hopes of access to so many Americans, we are the people who  
3847 have the authority, and we are the people who have the  
3848 responsibility to make certain that it is fair and  
3849 accessible.

3850         I yield back.

3851         \*The Chairman. The gentleman's time has expired.

3852         Who is that?

3853         \*Voice. It is either Bucshon or Bill Johnson.

3854         \*The Chairman. I got to make sure that I don't call  
3855 Carter before the more senior members. So Mr. Johnson is  
3856 next.

3857         \*Mr. Johnson. Thank you --

3858         \*The Chairman. You are recognized for five minutes.

3859         \*Mr. Johnson. Thank you, Mr. Chairman. I move to  
3860 strike the last word.

3861         \*The Chairman. The gentleman is recognized for five  
3862 minutes.

3863         \*Mr. Johnson. Thank you, Mr. Chairman. I associate

3864 myself with the comments of my colleague, Mr. Upton. I think  
3865 we all want to make sure we have affordable drug prices here  
3866 in America.

3867         And I also associate myself with the comments that were  
3868 just made by my colleague on the other side of the aisle  
3869 that, you know, families are -- children, parents, spouses,  
3870 partners, families worry about the health care of their of  
3871 their loved ones, and they want to be able to provide them  
3872 the best that they can. And having access to the drugs that  
3873 can cure them is so vitally important. But what good does it  
3874 do you to manage costs for a drug that doesn't exist?  
3875 Because that is exactly what we are going to be doing here  
3876 today, if this were to pass.

3877         Frankly, I am astonished that after all our country has  
3878 gone through in the past year-and-a-half, that this  
3879 misguided, socialistic style legislation would rear its ugly  
3880 head again in front of this committee. We have already  
3881 debated H.R. 3, albeit unknowingly.

3882         Just as a once-in-a-century global pandemic was about to  
3883 make its way to our shores. After what good, old-fashioned  
3884 American private sector exceptionalism and innovation have  
3885 pulled off -- that is, the miraculous rapid development of  
3886 the safe, effective, mass-produced vaccines that will save  
3887 hundreds of millions of lives worldwide, my Democrat  
3888 colleagues are now expressing their gratitude by giving

3889 American medical innovators a legislative kick in the teeth.  
3890 Talk about poor timing.

3891         Honestly, Mr. Chairman, I am surprised that the majority  
3892 still want to go through with this.

3893         Let me be clear. Killing American medical innovation  
3894 will have deadly consequences. I fear the day that American  
3895 medical entrepreneurs and scientists, the best in the world,  
3896 are deprived of the tools they need to get us all out of the  
3897 next jam. And trust me, it will come.

3898         As we have examined on this committee, America is  
3899 increasingly becoming dangerously reliant on foreign  
3900 countries for so many things. Are we really going to put  
3901 American medical innovation on the chopping block, and ask  
3902 foreign countries like China to do our medical innovation?

3903         I mean, are we going to put medical innovation on that  
3904 list?

3905         Would we all rather get a dose of Vladimir Putin's  
3906 Sputnik V vaccine? I don't think I would.

3907         Put simply, this legislation is going to put barriers up  
3908 to future cures. You don't have to take my word for it. We  
3909 had the CBO look at this, specifically on how this bill would  
3910 affect new cures becoming available. The CBO's analysis  
3911 shows that this legislation would result in at least 38 less  
3912 new drugs over the next 20 years. What if you are sick, or a  
3913 loved one in your family is dying? I pray that the ailment



3914 that you or your family member has is not one of those 38  
3915 that lack a potential cure.

3916 But even in light of all of this knowledge and these  
3917 facts, my colleagues will keep going back to their sales  
3918 pitch for a European-style health care system. They want to  
3919 do what other advanced economies do. However, what I see in  
3920 these other foreign nations is that this is what this  
3921 legislation would effectuate here.

3922 Here is the proof. What the Democrats will conveniently  
3923 leave out is that the average European enjoys fewer cures  
3924 right now. Our Democratic friends will brag and say, "Look,  
3925 this cancer drug in Europe is cheap.'" Well, what they don't  
3926 tell you is that Americans are taking one that is newer and  
3927 better, right here. Europeans living under socialized  
3928 medicine don't get access.

3929 I just want to cite a few examples, quickly. The best  
3930 data we have shows that the average French citizen has access  
3931 to only 67 percent of the new cancer medicines that we have  
3932 here; Germans only get 50 percent of the diabetes medicines;  
3933 and finally, British citizens only get 67 percent of all new  
3934 medicines, compared to what we get here, in America.

3935 So in summary, to my Democrat colleagues, Mr. Chairman,  
3936 this is what you are voting for: less cures, fewer cures for  
3937 fewer people. Remember that. It could be one of your  
3938 family.

3939 Mr. Chairman, I yield back.

3940 \*The Chairman. I thank the gentleman. Mr. Peters is  
3941 now recognized for five minutes.

3942 \*Mr. Peters. Mr. Chairman, I move to strike the last  
3943 word.

3944 \*The Chairman. The gentleman is recognized for five  
3945 minutes.

3946 \*Mr. Peters. Thank you, Mr. Chairman. American Life  
3947 Science is a partnership between the public sector, which  
3948 funds basic research, and the private sector, which develops  
3949 drugs. On the public side, I am proud to have worked with  
3950 many of my colleagues here to increase the annual budget for  
3951 basic research funding at the National Institutes of Health,  
3952 from around \$29 billion when I joined Congress in 2013, to  
3953 \$43 billion today.

3954 But as important as that research is, we rely on the  
3955 private sector to use private capital to create applications  
3956 for that science. And that makes sense for taxpayers,  
3957 because drug development is full of risk, and most drug  
3958 candidates that receive investment never come to market. The  
3959 median investment required to bring a new drug to market is  
3960 about \$1 billion. And according to CBO, accounting for  
3961 failures, cost to bring just one drug or treatment to market  
3962 could be as high as \$2 billion. Those private investments  
3963 are substantial.

3964           In 2018 alone, according to Research America, private  
3965 investment funded \$102 billion of U.S. drug development,  
3966 dwarfing the \$40 billion budget of the NIH, plus anything we  
3967 are talking about for ARPA-H, which I support, and without  
3968 risk to the American taxpayer.

3969           Now, what would be the effect on future investment of  
3970 the price-setting mechanisms in the bill before us today?  
3971 Let's listen to the investors themselves.

3972           In a September 8th letter to the President and  
3973 congressional leadership, over 400 individual biotechnology  
3974 investors -- not big biopharmaceutical companies, by the way  
3975 -- gave us testimony as follows, and I will quote it.

3976           "Congress is considering allowing the government to  
3977 dictate the price that a company may charge for a novel drug,  
3978 with the threat of ruining the company financially with a 95  
3979 percent tax, should the company refuse to accept the  
3980 government's price. Such draconian measures would  
3981 immediately halt private funding of drug discovery and  
3982 development.''

3983           "As an industry, we would no longer be able to infer  
3984 what insurance plans might value and pay tomorrow from what  
3985 they value and pay today, which is the premise of a market  
3986 economy. Unpredictable government-dictated prices would  
3987 supplant the current market-based framework that inspires  
3988 biomedical R&D investment. The investors among us would have

3989 to shift our investments toward areas still governed by  
3990 markets such as technology and consumer goods. Those  
3991 companies with drug candidates in development would fail to  
3992 raise more capital, making it pointless for them to spend  
3993 existing dollars on ongoing research. The loss of hundreds  
3994 of thousands of well-paying jobs would be swift, although it  
3995 may take longer for the public to sense the loss of future  
3996 treatments and cures.''

3997 "Some may think NIH funding will be sufficient to fund  
3998 continued R&D. The NIH is a crucial funder of basic research  
3999 that provides the ideas for what kinds of drugs might be  
4000 possible. Translating those ideas into actual medicines is  
4001 almost entirely driven by the private sector that makes all  
4002 that basic research worth funding in the first place.''

4003 Now, it is not just investors who have raised the alarms  
4004 about lost cures, it is also patient advocates. From the  
4005 Alliance for Aging Research, the American Auto Autoimmune-  
4006 Related Diseases Association, the American Behcet's Disease  
4007 Association, the HIV and Hepatitis Policy Institute, and I  
4008 personally heard opposition to the H.R. 3 funding mechanisms,  
4009 or taxing mechanisms, from Lupus Foundation of Southern  
4010 California, Epilepsy Foundation of San Diego County,  
4011 Alzheimer's Association, and Autism Society San Diego.

4012 Another problem with the proposed approach is access.  
4013 Other countries save money on medicines by severely limiting

4014 who can have access to drugs in order to cut down on costs.  
4015 That is why the National Council on Disabilities opposes the  
4016 use of international reference pricing in H.R. 3.

4017 And, of course, the economic impact. As we discuss in  
4018 this very markup, reshoring parts of our supply chain back to  
4019 the U.S., we should avoid scaring off existing jobs in  
4020 American science. And for me, probably not surprisingly, it  
4021 hits home. According to the San Diego Economic Development  
4022 Corporation, the life sciences industry directly employs  
4023 about 27,000 San Diegans across nearly 1,000 firms, and about  
4024 two-thirds of those jobs are in research and development.

4025 We want API to be made here, we said that today. By the  
4026 same token, we want the talent and know-how that has  
4027 developed therapies and cures and the amazing COVID-19  
4028 vaccines right here in America to stay right here in America.

4029 People are demanding lower out-of-pocket costs for their  
4030 medicines. We have promised lower out-of-pocket costs, and  
4031 we should deliver. I have no disagreement with any of my  
4032 colleagues on that. But we have to lower out-of-pocket costs  
4033 for patients, and preserve the American ecosystem of private  
4034 investment innovation. And that is the proposal I will  
4035 advance today.

4036 If we only lower the cost of existing drugs, and cut the  
4037 legs out from the private sector ecosystem that develops new  
4038 medicines, we will be having hearings in the coming years in

4039 this committee about how to induce this brainpower, research,  
4040 and development back to our shores.

4041 This bill can be fixed. It needs to be. I hope my  
4042 colleagues on both sides will consider a different approach,  
4043 one that protects both our patients and our future.

4044 And Mr. Chairman, before I yield back, I ask unanimous  
4045 consent to add to the record a letter of September 8th from  
4046 approximately 400 investors led by Peter Kolchinsky to  
4047 President Biden and congressional leadership. Your staff got  
4048 that yesterday.

4049 And I yield back.

4050 \*The Chairman. Thank you, Mr. Peters. If we could get  
4051 a copy of that, or we already have it, I don't know --

4052 \*Mr. Peters. Yes.

4053 \*The Chairman. And we will look at it, and then come  
4054 back as to inserting it into the record. Thank you.

4055 \*Mr. Peters. Thank you --

4056 \*The Chairman. Do we have a Republican? Do we -- Mr.  
4057 Bucshon is next. Mr. Bucshon is recognized for five minutes.

4058 \*Mr. Bucshon. Thank you, Mr. Chairman. And, you know,  
4059 I am not going to repeat what some of my colleagues have  
4060 said. I want to associate myself with Mr. Upton, Mr.  
4061 Johnson, and Mr. Peters. I think all of the salient points  
4062 have been made.

4063 For me, as a physician, access is critical, and I think

4064 the point has been made that access to current medications  
4065 that might go away if you set this type of price-fixing  
4066 scheme for current medications is frightening. It has been  
4067 pointed out that other countries in Europe don't have access  
4068 to these medications, and that will happen here.

4069 And then again, as was just recently pointed out, future  
4070 innovation and development of pharmaceuticals by the private  
4071 sector will be stymied if we use this type of price-fixing  
4072 scheme.

4073 Look, when the Trump Administration proposed  
4074 international price indexing, I was one of the few  
4075 Republicans who stuck my neck out against it. Fortunately, I  
4076 was subsequently followed by most everyone on Capitol Hill,  
4077 in a bipartisan way.

4078 So I am against this proposal, and I think it is  
4079 unfortunate, because I want to remind everyone we passed  
4080 unanimously out of our committee three pieces of legislation  
4081 unanimously by voice vote a number of years ago. And when  
4082 that stuff was brought to the floor, when those bills were  
4083 brought to the floor, they were attached to a bunch of  
4084 Obamacare-related laws that the majority knew that  
4085 Republicans couldn't support.

4086 And so why did that happen? That happened so that, like  
4087 the next day, we could have ads run against some of our -- my  
4088 colleagues on our side, saying that we don't support lowering

4089 drug prices for Americans, which couldn't be further from the  
4090 truth. So it is completely political.

4091 And now, after years of working on this issue in a  
4092 bipartisan way, now we have a partisan piece of legislation  
4093 being rammed through Congress that is being written in the  
4094 Speaker's office, essentially, and ignoring all of the work  
4095 we have done, really, for years and years. H.R. 19 has been  
4096 pointed out, I won't continue to belabor that point.

4097 But these problems can be solved. We all want the  
4098 prices to go down. But if we do this, the free market, our  
4099 free market economy, will respond. That is the other thing I  
4100 think that people don't sometimes realize is, when government  
4101 makes one move, it is like a chess game. The private sector  
4102 will not just sit on their hands, they will respond. And in  
4103 many ways, you found that out with Obamacare.

4104 You know, we can mandate insurance companies cover  
4105 people regardless, and take away all of the work actuaries  
4106 have done, and not allow insurance companies to assess risk,  
4107 but they are not just going to sit on their hands. And that  
4108 is exactly what happened. The premiums went up. And, more  
4109 importantly for my constituents, the deductibles went through  
4110 the roof because it is a free market economy, and the free  
4111 market will react.

4112 So, you know, if you put together a price-fixing scheme  
4113 for pharmaceuticals in the United States without trying to



4114 address actual issues that will really, legitimately, lower  
4115 drug prices without limiting access, don't be surprised what  
4116 type of result that you get.

4117         Again, I think Congressman Johnson pointed out -- that  
4118 is not my opinion. That is -- the CBO has clearly stated  
4119 that we are not going to develop lifesaving cures for  
4120 diseases if we do this.

4121         And imagine, for example, if we didn't have statin  
4122 agents today for cardiovascular disease, or some of the newer  
4123 drugs being used for arthritis today, the biologics that are  
4124 being developed, or the cure for hepatitis C. Well, here is  
4125 the thing. We don't know what the next lifesaving or life-  
4126 changing drug is. You don't know until the research develops  
4127 it. And so that won't happen under this bill.

4128         I am strongly opposed to this, and I think all of my  
4129 colleagues should be, also. I yield back.

4130         \*The Chairman. I thank Mr. Bucshon, and I am going to  
4131 yield myself such time as I may -- I am sorry, I am going to  
4132 yield myself five minutes to speak.

4133         Basically, what I want to do is address my colleagues on  
4134 the Democratic side who have expressed reservations regarding  
4135 the drug pricing measures we are considering today. And I  
4136 want to say that I hear your concerns, and I pledge to work  
4137 with you to address them. But I would urge you to join us  
4138 today to vote this bill out of committee, and to keep this

4139 process moving forward.

4140           There is a real opportunity here to include drug pricing  
4141 reform in the bill that the President is asking us to pass.  
4142 We have elected a Democratic President with a mandate to  
4143 build back better, to create a more inclusive and equitable  
4144 economy, one that lifts up working Americans by cutting their  
4145 taxes and lowering their costs. And House Democrats have put  
4146 forward an ambitious agenda to meet President Biden's call.

4147           In the Energy and Commerce Committee a priority is to  
4148 deliver on prescription drug pricing reform. Last Congress  
4149 we promised Americans that we would bring about meaningful  
4150 reforms to reduce drug prices. We all pledged to do this  
4151 when we passed H.R. 3 three times last Congress, once in this  
4152 committee, and again twice on the House floor. And I don't  
4153 think we can fail the American people, who are struggling  
4154 under the crippling weight of astronomical drug prices that  
4155 rise year after year.

4156           And I really believe the current system is not  
4157 sustainable. I think we can all agree on that. We can't  
4158 have a system that continues to allow drug manufacturers to  
4159 charge whatever they want at the expense of American  
4160 families.

4161           Now, I know that Mr. Peters is going to offer a  
4162 substitute today, and he has agreed to withdraw it after we  
4163 debate it, and I appreciate that, but I want him to

4164 understand why I can't support that alternative. There are  
4165 many good policies in his proposal, and many areas of  
4166 commonality. But it, unfortunately, doesn't go far enough to  
4167 address the unsustainable cost of prescription drugs,  
4168 particularly for those drugs with no competition.

4169         We have to have a Medicare drug negotiation for high-  
4170 cost drugs with no competition, and we have to have a  
4171 negotiation framework that will get us results. We have to  
4172 have a bill that will make a meaningful difference in the  
4173 lives of our constituents by significantly lowering their  
4174 prescription drug costs.

4175         I also think that this committee has a responsibility to  
4176 help pay for the important health coverage policies included  
4177 in the other committee prints that we have considered here  
4178 today and over the last three days. As many members have  
4179 made clear, we should be reinvesting in our health care  
4180 system, and offsetting some of the costs related to expanding  
4181 access to coverage for those who need it.

4182         So let's not forget that, beyond lowering the price of  
4183 prescription drugs, we are making important investments in  
4184 our health care system through this title, and this is a  
4185 major way to pay for it.

4186         But beyond these important principles, I just want to  
4187 stress again I am more than willing to work with my  
4188 colleagues to strike the right balance. And here is what I

4189 propose to my Democratic colleagues who have reservations on  
4190 the drug pricing measure. Vote for the bill before us today.  
4191 It is the language of H.R. 3, which, as I said, has  
4192 previously passed the House many times, and has long been  
4193 advocated by the Democratic Party, either in our platform, or  
4194 when we ran previously. Vote to move forward today. Vote to  
4195 continue the conversation. And in exchange, I pledge to work  
4196 with you to address your concerns before the floor. My staff  
4197 stands ready to work with you. I promise that your voices  
4198 will be heard, either with a seat at the table or through me.

4199       And ultimately, we all want the same things, which is  
4200 meaningful drug pricing reform that can pass the U.S. Senate  
4201 and get sent to the President's desk. I think that is going  
4202 to be achieved.

4203       I know my Republican colleagues, you know, don't like  
4204 the process, and I am not going to, you know, debate that  
4205 today. But I do believe that we are going to have a  
4206 reconciliation bill that is going to be -- also move with the  
4207 Senate bipartisan infrastructure bill. I don't know how big  
4208 it will be, but I know it is going to have drug pricing  
4209 reform, and I want that to be achieved. I don't want to lose  
4210 the opportunity, and I think we can work together to deliver  
4211 on this. And I want those of you who has -- have  
4212 reservations to be involved in this. So please consider  
4213 voting for this committee print today.

4214 And with that, I yield back.

4215 Do we have a Republican who wants to speak on the  
4216 underlying bill?

4217 Mr. Crenshaw is -- wants to strike the last word?

4218 \*Mr. Crenshaw. Thank you, Chairman. I move to strike  
4219 the last word. My question is for counsel.

4220 \*The Chairman. Okay, go ahead, Dan.

4221 \*Mr. Crenshaw. Regarding section 1194(b), how much  
4222 negotiation is allowed by the underlying legislative text?

4223 \*The Chairman. How much legislation is allowed by the  
4224 legislative text? Would the counsel answer Mr. Crenshaw's  
4225 question, if you can?

4226 \*Counselor. Sure. In terms of 1194(b), the Secretary  
4227 has the authority to select up to no fewer than 25  
4228 negotiation-eligible drugs in the first year. That increases  
4229 to no fewer than 50 in the second price applicability year,  
4230 in 2026.

4231 \*Mr. Crenshaw. Now -- but my question is regarding  
4232 negotiation, because the legislative text -- define the  
4233 variables the Secretary shall consider in picking a number  
4234 between the ceiling and the floor, as far as price is  
4235 concerned. It also defines how much weight those variables  
4236 should have, and all the variables are defined  
4237 quantitatively.

4238 Now, this isn't surprising because, according to the

4239 Administrative Procedures Act, you have to have a very  
4240 consistent procedure and process by which you deal with  
4241 companies, by which you deal with outsiders. If you didn't,  
4242 everybody would sue, based on some kind of unjust or unfair  
4243 claim. So this, of course, makes sense.

4244 But I am trying to figure out where the definition of  
4245 negotiation comes into play there. I mean, we are calling it  
4246 a negotiation. But how is this a negotiation, given that the  
4247 definition of a negotiation is both parties trying to  
4248 persuade one another?

4249 So my next question to you is, you know, given that it  
4250 is typical in a negotiation for a party to reject the first  
4251 offer, I am assuming a company will choose the highest  
4252 possible option, the government will choose the lowest offer.  
4253 So what options does the legislative text provide for the  
4254 company to persuade the government to go for a higher price?

4255 \*Counselor. Congressman, I would point you to the -- to  
4256 section 1196, which requires the Secretary to establish  
4257 procedures to govern the negotiation, but then the  
4258 negotiation itself will take a -- over a period of time, in  
4259 which, during that time, the Secretary and the manufacturer  
4260 can continue to negotiate back and forth over a period of  
4261 time.

4262 \*Mr. Crenshaw. Right, but is there anything in the  
4263 legislative text that gives these companies an option?

4264           Again, because, like you said, established procedures  
4265 and a process, according to the Administrative Procedures  
4266 Act, you have to do it. But what negotiation is there? What  
4267 tools does the company have to -- is there anything in the  
4268 legislative text that would indicate that? Because there is  
4269 for the government.

4270           \*Counselor. There is a number of considerations that  
4271 are laid out in the text under -- considerations on page 28  
4272 and 29, and it lists manufacturer-specific information,  
4273 information on alternative products, foreign sales  
4274 information, and the additional information that the  
4275 manufacturer would like to provide that could be helpful to  
4276 the negotiation.

4277           \*Mr. Crenshaw. Okay, and this is my point. What you  
4278 are describing is an application process. You are not  
4279 describing the negotiation. You are describing an  
4280 application process, which, again, is not surprising, given  
4281 the Administrative Procedures Act.

4282           What options does the legislative text provide for the  
4283 government to persuade the company to go for a lower price?

4284           Now, here I think there is quite a bit.

4285           \*Counselor. Again, Congressman, the terms, in terms of  
4286 the negotiation process, are laid out in the text. Should a  
4287 manufacturer offer the lowest price available in the six  
4288 countries applicable, then the Secretary shall accept that

4289 price.

4290           \*Mr. Crenshaw. Okay. Once the Secretary provides these  
4291 procedures, and establishes these processes, is there  
4292 anything in the legislative text that provide the Secretary  
4293 the ability to deviate from the formula and methodology?

4294           I mean, obviously, if it is a negotiation, then the  
4295 Secretary would have the option to deviate, given the  
4296 subjective nature of a negotiation. So is there anything in  
4297 the legislative text that would allow them to do that, once  
4298 the processes are established?

4299           \*Counselor. I think that would depend on the processes  
4300 that are established under section 1196, the administrative  
4301 duties that would be required to be set up through rulemaking  
4302 beforehand.

4303           \*Mr. Crenshaw. Okay, look, the point I am trying --  
4304 thank you, Counsel.

4305           The point I am trying to make here is this is clearly  
4306 not a negotiation. It is being labeled as a negotiation.  
4307 And we talked about Pfizer a minute ago where, oh, look, that  
4308 was a great example of a public-private partnership in a  
4309 negotiation. Worth noting, it happened without H.R. 3,  
4310 everyone, worth noting that.

4311           Also worth noting, that if Pfizer had not taken that  
4312 price, the government wouldn't have had the option of taxing  
4313 them 95 percent of their revenues. That is not a



4314 negotiation, that is holding a gun to somebody's head and  
4315 saying, "If you don't do this, we will put you out of  
4316 business.'" It is not a negotiation. It is not a fair way  
4317 to characterize this bill. And yet that is the main  
4318 characterization that has occurred with H.R. 3. But it is  
4319 not that at all.

4320         The legislative text is very clear, that you set up a  
4321 process, which is basically an application process for these  
4322 companies to get the price, and for the government to accept  
4323 it and, if they don't feel like accepting it, well, then they  
4324 tax 95 percent of the revenues. Not a negotiation.

4325         I yield back. Thank you, Mr. Chairman.

4326         \*The Chairman. The gentleman yields back. Mr. Sarbanes  
4327 is recognized for five minutes.

4328         \*Mr. Sarbanes. Thank you, Mr. Chairman. Actually, I am  
4329 going to restrain myself.

4330         I just wanted to observe that the public cannot figure  
4331 out why we can't get this done. I mean, they have been  
4332 asking us to do it for 1,000 years. They really think --

4333         [Audio malfunction.]

4334         \*Mr. Sarbanes. -- and I don't blame them for that. So  
4335 we have an opportunity here to respond to the great, great  
4336 majority of people out there who don't buy the argument that  
4337 they can't get prices at a reasonable price without giving up  
4338 on good American research and development, because they just

4339 don't think that argument holds water.

4340           Broadly, on the margins, I understand some of the  
4341 concerns expressed. But structurally, I think that the  
4342 industry can find a way to keep delivering on good products,  
4343 even as we take steps to make sure that they are not gouging  
4344 the consumer.

4345           And I know we cite these statistics from overseas, but,  
4346 you know, a lot of that can be misleading. I mean, I heard  
4347 about Germany, France, the UK not having the same access.  
4348 They all have life expectancies higher than the United States  
4349 does. And there is other statistics that you can bring to  
4350 bear.

4351           With that, I yield back.

4352           \*The Chairman. Thank you, Mr. Sarbanes.

4353           Let me just say we have a number of people that had  
4354 their hands up, but I -- you know, virtually -- but I think  
4355 it is from the past. So please lower your hand if --  
4356 virtually, if you do not want to speak.

4357           Now, what we are doing now is we are speaking on the ANS  
4358 and the underlying bill. I don't want to cut anybody off  
4359 because, you know, like myself and everyone else, we all want  
4360 to say something. But I will just remind you that we have to  
4361 get to the amendments. And, you know, we are going to -- we  
4362 got to move quickly, otherwise we are not going to be  
4363 respectful of the Jewish holiday, which begins this evening.

4364           So next I have -- is there no -- there is no Republican?

4365   No?

4366           Okay, then we go to -- then I guess I was addressing  
4367   that to Democrats.

4368           Mr. Soto, you are recognized for five minutes.

4369           \*Mr. Soto. Mr. Chairman, I move to strike the last  
4370   word.

4371           \*The Chairman. The gentleman is recognized for five  
4372   minutes.

4373           \*Mr. Soto. We Americans, by and large, pay more for  
4374   prescription drugs than any other developed country in the  
4375   world, even as we make most of these drugs here in the United  
4376   States. I have been to town halls and pharmacy tours  
4377   throughout my district in Orlando, St. Cloud, Kissimmee,  
4378   Haines City, Winter Haven. And seniors across the spectrum,  
4379   Democrats, Republicans, independents, all have agreed on two  
4380   points, over and over and over: they overwhelmingly are  
4381   unable to afford their medications, and they support Medicare  
4382   negotiating lower drug prices.

4383           We know they can't afford their insulin, heart  
4384   medications, cancer medications, stroke medications. They  
4385   are cutting their pills in half and quarters, waiting until  
4386   the end of the month until they get their Social Security  
4387   checks. I have heard story after story of tragedy, and many  
4388   are dying as a result.

4389           What good is having these prescription drugs, if  
4390 millions of American seniors can't afford them?

4391           The VA and Medicaid both negotiate drug prices. So it  
4392 is good enough for our veterans, for our needy families, to  
4393 negotiate drug prices, but not for our seniors. It is  
4394 actually an aberration that Medicare still can't negotiate.  
4395 And these lower drug prices -- we would have private plans be  
4396 able to take advantage of them. And so this would apply not  
4397 just to our seniors, but all private plans, to all Americans,  
4398 and caps out-of-pocket expenses to \$2,000 a year.

4399           Critically, and the best part, it raises nearly a half-  
4400 a-trillion dollars to help pay for a long-time injustice, to  
4401 finally expand Medicare to cover hearing, vision, dental,  
4402 promises we have been making to the American people for many,  
4403 many years, everybody on both sides of the aisle.

4404           So it is time to get this done, to lower drug prices for  
4405 seniors and all Americans, and I yield back.

4406           \*The Chairman. I thank the gentleman. Do we have  
4407 anyone else on the on either side of the aisle?

4408           No? All right. We want -- we will then go to  
4409 amendments. And I believe the ranking member has an  
4410 amendment.

4411           \*Mrs. Rodgers. Yes, Mr. Chairman. I move to call up  
4412 amendment 30.

4413           \*The Chairman. The clerk -- does the clerk have the

4414 Rodgers amendment?

4415 \*The Clerk. Yes, sir.

4416 \*The Chairman. Okay, the clerk will report the  
4417 amendment.

4418 \*The Clerk. Amendment to the amendment in the nature of  
4419 a substitute to committee print for Subtitle E Relating to  
4420 Drug Pricing -

4421 \*The Chairman. Madam Clerk, without objection, the  
4422 reading of the amendment will be dispensed with.

4423 [The amendment of Mrs. Rodgers follows:]

4424

4425 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4426

4427           \*The Chairman. And the ranking member is recognized for  
4428 five minutes.

4429           \*Mrs. Rodgers. Thank you, Mr. Chairman. Thank you, Mr.  
4430 Chairman.

4431           Speaker Pelosi's government price control scheme takes  
4432 yet another massive step toward government-run health care.  
4433 It allows for the Federal Government to use foreign price  
4434 controls to determine the cost of prescription drugs. It  
4435 would make us more dependent upon China, and willingly  
4436 jeopardize and surrender Americans' leadership in  
4437 biotechnology investment, investment that will allow foreign  
4438 citizens increasingly more first access to drugs than  
4439 Americans.

4440           It will also devastate innovation here at home.

4441           Perhaps worst of all, it also devalues the lives of  
4442 people with disabilities and chronic illnesses through the  
4443 importation of the quality-adjusted life years, or QALYs.  
4444 QALYs undervalue treatments for patients who have a shorter  
4445 lifespan than others. In short, if a therapeutic treats a  
4446 condition for patients who are sicker, older, or have  
4447 disabilities, the treatment is assessed as being less  
4448 valuable. In countries with QALYs, the most vulnerable get  
4449 pushed to the back of the line for treatment. People like  
4450 those with cystic fibrosis, ALS, and people like my son with  
4451 Down Syndrome. The government says that their lives are not

4452 as valuable. They are not equal.

4453 I want to begin by doing something that hasn't happened  
4454 often in a markup. I want to agree with the Democratic  
4455 National Committee and the Biden Administration. As you may  
4456 know, the DNC platform is against QALYs. Just last week, the  
4457 President's Department of Health and Human Services came out  
4458 with its comprehensive plan for addressing high drug prices  
4459 -- I think we just maybe entered that into the record -- in  
4460 response to the President's executive order on competition.  
4461 The report states -- and I quote -- "There are important  
4462 concerns about the equity implications of certain  
4463 methodologies, such as quality adjusted life years, QALYs,  
4464 for people of all ages with disabilities and chronic  
4465 conditions. Drug pricing reforms should avoid utilization of  
4466 methodologies that adversely impact access to needed  
4467 medications for vulnerable populations.'"

4468 I am grateful that the Biden Administration has taken  
4469 this position, a position that has long been emphasized by  
4470 the Citizens Council on Disabilities, who wrote Chairman  
4471 Pallone in 2019 on this legislation to say, "Many of the  
4472 nations used to create the average international market price  
4473 rely on QALYs to determine their coverage and prices. CCD is  
4474 very concerned that these provisions effectively import a  
4475 QALY-based and discriminatory system from abroad. These  
4476 systems are discriminatory against people with disabilities,

4477 and do not have a place in the United States health care  
4478 system.''

4479           Just this past April, Chairman Pallone got a letter from  
4480 the National Council on Disability, and I would like to enter  
4481 it into the record. I have it here somewhere. I will give  
4482 it to you.

4483           \*The Chairman. You can give it to me later.

4484           \*Mrs. Rodgers. Okay.

4485           \*The Chairman. I will put it in.

4486           \*Mrs. Rodgers. The National Council on Disability is an  
4487 independent executive branch agency dedicated to disability  
4488 policy leadership. They write, "I write on behalf of the  
4489 National Council on Disability as your Federal disability  
4490 policy adviser to urge policy makers not to rely on foreign  
4491 drug prices set in reliance on the quality-adjusted life  
4492 year, quality -- QALY. I urge support of my amendment to  
4493 stop discrimination of people with disabilities and pre-  
4494 existing conditions.''

4495           I have some questions for counsel.

4496           Counsel, can you affirm that, on page six of the ANS,  
4497 Australia is an applicable country -- sorry -- used to  
4498 determine the average international market price to be used  
4499 by the Health and Human Services Secretary to set prices for  
4500 U.S. drug prices?

4501           \*Counselor. That is right, Ranking Member Rodgers,



4502 Australia is one of the six countries.

4503 \*Mrs. Rodgers. Thank you. Can you affirm whether or  
4504 not the country of Australia uses quality-adjusted life years  
4505 in its determination of prices for coverage of prescription  
4506 drugs?

4507 \*Counselor. For the laws and regulations of a foreign  
4508 country, I cannot confirm. I would refer you to the  
4509 Congressional Research Service for their laws, with respect  
4510 to drug pricing.

4511 \*Mrs. Rodgers. Thank you. Thank you. Can you confirm  
4512 that the countries of Canada, France, Germany, Japan, and the  
4513 United Kingdom are the remaining reference countries on page  
4514 7, lines 1 through 5?

4515 \*Counselor. That is right, Congresswoman.

4516 \*Mrs. Rodgers. Can you confirm whether or not any of  
4517 these countries use QALYs to determine prescription drug  
4518 pricing or coverage in their countries?

4519 \*Counselor. Again, I cannot confirm that. I would  
4520 refer you to the Congressional Research Service for foreign  
4521 laws and regulations pertaining to drug prices.

4522 \*Mrs. Rodgers. So now it is my understanding that all  
4523 six of these countries use metrics -- oh, my time is expired.

4524 \*The Chairman. All right, the gentlewoman yields back?

4525 \*Mrs. Rodgers. I yield back.

4526 \*The Chairman. Do we have anyone else who wants to

4527 speak on the Rodgers amendment?

4528 \*Mrs. Rodgers. I should have -

4529 \*The Chairman. Apparently not on either -- oh, yes, Mr.  
4530 Palmer.

4531 \*Mr. Palmer. Mr. Chairman --

4532 \*The Chairman. You are recognized for five minutes.

4533 \*Mr. Palmer. I move to strike the last word.

4534 \*The Chairman. The gentleman is recognized.

4535 \*Mr. Palmer. I yield additional time to the ranking  
4536 member.

4537 \*Mrs. Rodgers. I thank the gentleman. I thank the  
4538 gentleman for yielding.

4539 So it is my understanding that all six of these  
4540 countries -- Australia, Canada, France, Germany, Japan, and  
4541 the United Kingdom -- use metrics which restrict access to  
4542 treatments, and this legislation imports those very  
4543 discriminatory drug pricing policies right here into the  
4544 United States.

4545 It is remarkable to me that, despite the consistent  
4546 opposition from patient advocates, promises from the  
4547 Democrats' own political arm, and the Biden Administration's  
4548 recent study on this issue, that my colleagues on this  
4549 committee continue to pursue a policy that Speaker Pelosi -  
4550 from Speaker Pelosi that fundamentally bakes quality-adjusted  
4551 life years, QALYs, into the United States drug pricing

4552 system.

4553 I offer this amendment to provide us all an opportunity  
4554 to safeguard the dignity and the lives of countless Americans  
4555 with disabilities and other diseases.

4556 And I yield back.

4557 \*The Chairman. I thank the gentlewoman. Oh, Mr. -- I  
4558 am sorry, Mr. Palmer?

4559 \*Mr. Palmer. I thank the gentlelady. I would like to  
4560 add to this that, in my own research, and what is going on,  
4561 particularly in the Canadian and British health care systems,  
4562 as I articulated yesterday, there are certain classes of  
4563 patients that are denied coverage. It depends on their age,  
4564 their disabilities, their abilities.

4565 I mean, they are literally rationing cataract surgeries  
4566 because of the age of the patients in the United Kingdom.

4567 We have examples here, in the United States. There was  
4568 a lady named Barbara Wagner in Oregon who had cancer. She  
4569 was able to get the drug she needed. The cancer went into  
4570 remission. It came back. And when it came back, the Oregon  
4571 health care system, the plan that she was on, would not cover  
4572 the drug that she needed to prolong her life, but it would  
4573 cover the drug for physician-assisted suicide.

4574 There was another example in California. A young lady  
4575 -- I think her name was Stephanie Packer -- a young mother in  
4576 her early thirties, a mother of three, kids, I think, aged --

4577 ranged from 7 to 13, cancer, had a drug that would have  
4578 prolonged her life. The California health care plan that she  
4579 was in would not cover the cancer drug, but it would cover  
4580 the physician-assisted suicide drug, and her co-pay would  
4581 have only been about \$1.60.

4582 So to the ranking member, you don't have to look at  
4583 Europe, the United Kingdom, or Canada. You can look right  
4584 here to see examples of what you are talking about.

4585 And I yield back.

4586 \*Mr. Bucshon. Mr. Palmer, this is Bucshon. Can you  
4587 yield?

4588 \*Mr. Palmer. I will be glad to yield to the gentleman  
4589 from Indiana.

4590 \*Mr. Bucshon. Thank you for yielding, I will be brief.

4591 I just want to say, as a physician, I have a strong  
4592 moral objection for government bureaucrats to make a decision  
4593 how valuable your life is or is not, and putting a dollar  
4594 sign on everyone, and deciding who gets care and who doesn't.

4595 This is what happens when you have government-run health  
4596 care to control costs. This is rationing in the worst  
4597 possible way. I strongly support this amendment. And again,  
4598 I have a strong moral objection to government bureaucrats  
4599 deciding whose life is or is not valuable, and making  
4600 coverage decisions based on it.

4601 I yield back to Mr. Palmer.

4602           \*Mr. Palmer. I thank the gentleman. Do any of my other  
4603 colleagues desire time?

4604           Hearing none, I yield back.

4605           \*The Chairman. Thank you. I would like to move on,  
4606 because we may have -- I know we have additional amendments.  
4607 And again, as the day wears on, we may start losing people  
4608 because of the holiday. And I would like everybody to be  
4609 here and voting on everything. We still have the Medicaid --  
4610 I mean the Medicare -- title, as well.

4611           So in any case, Mrs. -- the ranking member asked  
4612 unanimous consent to include in the record a letter from the  
4613 National Council on Disability to the House committees.

4614           So, without objection, so ordered.

4615           [The information follows:]

4616

4617           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4618

4619           \*The Chairman. Now, can we move --

4620           \*Mr. Burgess. Mr. Chairman?

4621           \*Voice. No.

4622           \*The Chairman. Who is that?

4623           \*Voice. Move on.

4624           \*Mr. Burgess. Well, Burgess here. I was wondering if I

4625 could ask a question or two of counsel.

4626           \*The Chairman. Who is asking the question, which

4627 member?

4628           \*Mr. Burgess. Burgess.

4629           \*Voice. Dr. Burgess has a question for counsel.

4630           \*The Chairman. Dr. Burgess, would you mind -- I mean,

4631 we are going to run out of time here, you know, and some of

4632 the members who are of the Jewish faith are just going to not

4633 be able to vote. I hate to put it that way, but, you know,

4634 we still have the Medicare. So could we just move on, if

4635 that is all right?

4636           \*Mr. Burgess. Well, Mr. Chairman, these are important

4637 topics, and --

4638           \*The Chairman. I know.

4639           \*Mr. Burgess. That is -- you are running the committee,

4640 you are running the show.

4641           \*The Chairman. All right, I --

4642           \*Mr. Burgess. If that is --

4643           \*The Chairman. I yield to the gentleman. It is your

4644 right --

4645 \*Mr. Burgess. If that is how you want to do it --

4646 \*The Chairman. It is your right to ask a question, go  
4647 ahead. The gentleman is recognized for five minutes.

4648 \*Mr. Burgess. Wait a minute. I have got incoming  
4649 information. Yes? You don't want me to ask questions of  
4650 counsel anymore?

4651 Okay. Mr. Chairman, I will reluctantly yield back.  
4652 These were terribly important questions, but we will leave  
4653 them for the Rules Committee. Thank you, and I yield back.

4654 \*Mr. Dunn. Mr. Chairman?

4655 \*The Chairman. All right --

4656 \*Mr. Dunn. Dr. Dunn.

4657 \*The Chairman. Yes, Dr. Dunn.

4658 \*Mr. Dunn. Mr. Chairman, Dr. Dunn. I would like to --  
4659 I feel moved to speak on this rather important subject.

4660 \*Voice. You better call Dr. Dunn.

4661 \*The Chairman. The gentleman is recognized.

4662 \*Voice. I said you better call Dr. Dunn, because he  
4663 is --

4664 \*Mr. Dunn. Yes, I am going to be on -- I won't take all  
4665 the time. So, Mr. Chairman, I move to strike the last word  
4666 to speak in support of the amendment.

4667 I wholeheartedly support this amendment, and I encourage  
4668 my colleagues to do so. Quality-adjusted life years and

4669 other similar measures that seek to assign a relative value  
4670 to an individual's life have no place in the American health  
4671 care system.

4672         This is personal to me. I am a surgeon of 35 years.  
4673 And in nations where QALYs are used to inform coverage  
4674 decisions of treatment that extends the life in a chronically  
4675 ill or disabled patient is deemed worthless to society than  
4676 treatment that restores health to young, healthy patients  
4677 [sic].

4678         I remind committee members we are all dying. No one  
4679 gets out of this life alive, and tomorrow is promised no one.

4680         American innovations brought our medical armamentarium,  
4681 many remarkable therapies. Some are curative, others add  
4682 longevity or quality of life. American patients should have  
4683 access to all effective drugs. Our constituents want their  
4684 doctors to come to their bedside and practice medicine, not  
4685 public policy. They want the same measure of care for their  
4686 child born with a disability as they do for a child born  
4687 healthy. They want it for their mother, as much as they want  
4688 it for themselves. For a doctor to do less than this is  
4689 dehumanizing.

4690         To arbitrarily assign greater value to one person's life  
4691 than another is a fundamentally anti-American concept, and  
4692 flies in the face of our most sacred founding principles. We  
4693 should reject all assessments of the value of human life by



4694 bureaucrats, period. Importing this type of socialist  
4695 thinking is a grave mistake, a denial of our humanity.

4696 With that, Mr. Chairman, I encourage all of my  
4697 colleagues in the strongest terms to reject all forms of  
4698 quality-style metrics, and support this amendment.

4699 I yield back.

4700 \*The Chairman. The gentleman yields back.

4701 \*Mr. Cardenas. I would like to clarify for the record,  
4702 Mr. Chairman.

4703 \*The Chairman. Mr. Cardenas?

4704 \*Mr. Cardenas. Yes. I would like to clarify for the  
4705 record. There might have been some miscommunication. I  
4706 heard you, as the chairman, encouraged Mr. Burgess if he  
4707 would forego his questions. However, then I heard you  
4708 recognize him for five minutes and, then I --

4709 \*The Chairman. No, no, he -- Mr. Cardenas, look. Let  
4710 me -

4711 \*Mr. Cardenas. I need it clarified for the record.  
4712 What took place, please?

4713 \*The Chairman. This is a free country. You have the  
4714 right to ask a question if you want to. Mr. Burgess decided  
4715 not to, because I and -

4716 \*Mr. Cardenas. I would like a clarification from Mr.  
4717 Burgess if she -- if he realized that he was recognized for  
4718 five minutes, because I heard a dialogue from him as though

4719 he was asked not to --

4720           \*The Chairman. He was asked not to, and he yielded  
4721 back. But I am not going to preclude anybody who wants to be  
4722 heard -

4723           \*Mr. Cardenas. No, no, I am sorry, Mr. Chairman. I am  
4724 sorry, Mr. Chairman. I would like Mr. Burgess to clarify.

4725           \*Mr. Burgess. Mr. Chairman, just so the gentleman from  
4726 California is clear, I didn't realize the questions had  
4727 already been asked by the ranking member. So in order to  
4728 avoid a duplication, and being embarrassed, I withdrew the  
4729 questions.

4730           \*Mr. Cardenas. Thank you. Thank you so much to my  
4731 colleague for clarification. Thank you so much. Thank you.

4732           \*The Chairman. All right, I want everyone to understand  
4733 we are not stopping you from asking a question. It is just  
4734 that we are going to run out of time because of Yom Kippur,  
4735 okay? And then we don't want people to not be able to  
4736 participate.

4737           Okay, now I am going to move to the Rodgers amendment,  
4738 unless anyone else has their hand up, virtually or otherwise.

4739           So a recorded vote is ordered on the Rodgers amendment.  
4740 Those in favor of the amendment will say aye, those  
4741 opposed --

4742           \*Mrs. Rodgers. Aye.

4743           \*The Chairman. Well, not yet. We are going to record

4744 it, right?

4745 [Laughter.]

4746 \*The Chairman. You want to record it?

4747 All right. Those in favor of the amendment will say

4748 aye, those opposed will say no, and the clerk shall call the

4749 roll.

4750 \*The Clerk. Mr. Rush?

4751 \*Mr. Rush. Rush votes no.

4752 \*The Clerk. Mr. Rush votes no.

4753 Ms. Eshoo?

4754 \*Ms. Eshoo. Eshoo votes no.

4755 \*The Clerk. Ms. Eshoo votes no.

4756 Ms. DeGette?

4757 \*Ms. DeGette. DeGette votes no.

4758 \*The Clerk. Ms. DeGette votes no.

4759 Mr. Doyle?

4760 \*Mr. Doyle. Doyle votes no.

4761 \*The Clerk. Mr. Doyle votes no.

4762 Ms. Schakowsky?

4763 \*Ms. Schakowsky. Schakowsky votes no.

4764 \*The Clerk. Ms. Schakowsky votes no.

4765 Mr. Butterfield?

4766 \*Mr. Butterfield. Butterfield votes no.

4767 \*The Clerk. Mr. Butterfield votes no.

4768 Ms. Matsui?

4769 \*Ms. Matsui. Matsui votes no.  
4770 \*The Clerk. Ms. Matsui votes no.  
4771 Ms. Castor?  
4772 \*Ms. Castor. [Inaudible.]  
4773 \*The Clerk. Ms. Castor votes no.  
4774 Mr. Sarbanes?  
4775 \*Mr. Sarbanes. Sarbanes votes no.  
4776 \*The Clerk. Mr. Sarbanes votes no.  
4777 Mr. McNerney?  
4778 \*Mr. McNerney. McNerney votes no.  
4779 \*The Clerk. Mr. McNerney votes no.  
4780 Mr. Welch?  
4781 \*Mr. Welch. [Inaudible.]  
4782 \*The Clerk. Mr. Welch votes no.  
4783 Mr. Tonko?  
4784 [No response.]  
4785 \*Voice. They are going to call me on this.  
4786 \*The Clerk. Ms. Clarke?  
4787 [No response.]  
4788 \*The Clerk. Mr. Schrader?  
4789 \*Mr. Schrader. Schrader from Oregon votes no.  
4790 \*The Clerk. Mr. Schrader votes no.  
4791 Mr. Cardenas?  
4792 \*Mr. Cardenas. Cardenas, representing California, votes  
4793 no.

4794 \*The Clerk. Mr. Cardenas votes no.  
4795 Mr. Ruiz?  
4796 \*Mr. Ruiz. Ruiz votes no.  
4797 \*The Clerk. Mr. Ruiz votes no.  
4798 Mr. Peters?  
4799 \*Mr. Peters. Peters votes no.  
4800 \*The Clerk. Mr. Peters votes no.  
4801 Mrs. Dingell?  
4802 \*Mrs. Dingell. Dingell votes no.  
4803 \*The Clerk. Mrs. Dingell votes no.  
4804 Mr. Veasey?  
4805 [No response.]  
4806 \*The Clerk. Ms. Kuster?  
4807 \*Ms. Kuster. Ms. Kuster votes no.  
4808 \*The Clerk. Ms. Kuster votes no.  
4809 Ms. Kelly?  
4810 \*Ms. Kelly. Kelly is a no.  
4811 \*The Clerk. Ms. Kelly votes no.  
4812 Ms. Barragan?  
4813 \*Ms. Barragan. Barragan votes no.  
4814 \*The Clerk. Ms. Barragan votes no.  
4815 Mr. McEachin?  
4816 \*Mr. McEachin. McEachin of Virginia votes no.  
4817 \*The Clerk. Mr. McEachin votes no.  
4818 Ms. Blunt Rochester?

4819 \*Ms. Blunt Rochester. Blunt Rochester votes no.  
4820 \*The Clerk. Ms. Blunt Rochester votes no.  
4821 Mr. Soto?  
4822 \*Mr. Soto. [Inaudible.]  
4823 \*The Clerk. Mr. Soto votes no.  
4824 Mr. O'Halleran?  
4825 \*Mr. O'Halleran. O'Halleran votes no.  
4826 \*The Clerk. Mr. O'Halleran votes no.  
4827 Miss Rice?  
4828 \*Miss Rice. Rice votes no.  
4829 \*The Clerk. Miss Rice votes no.  
4830 Ms. Craig?  
4831 \*Ms. Craig. Craig votes no.  
4832 \*The Clerk. Ms. Craig votes no.  
4833 Ms. Schrier?  
4834 \*Ms. Schrier. Schrier votes no.  
4835 \*The Clerk. Ms. Schrier votes no.  
4836 Mrs. Trahan?  
4837 \*Mrs. Trahan. Trahan votes no.  
4838 \*The Clerk. Mrs. Trahan votes no.  
4839 Mrs. Fletcher?  
4840 \*Mrs. Fletcher. Fletcher votes no.  
4841 \*The Clerk. Mrs. Fletcher votes no.  
4842 Mrs. Rodgers?  
4843 \*Mrs. Rodgers. [Inaudible.]

4844 \*The Clerk. Mrs. Rodgers votes aye.  
4845 Mr. Upton?  
4846 \*Mr. Upton. Upton votes aye.  
4847 \*The Clerk. Mr. Upton votes aye.  
4848 Mr. Burgess?  
4849 \*Mr. Burgess. Burgess votes aye.  
4850 \*The Clerk. Mr. Burgess votes aye.  
4851 Mr. Scalise?  
4852 \*Mr. Scalise. Scalise votes aye.  
4853 \*The Clerk. Mr. Scalise votes aye.  
4854 Mr. Latta?  
4855 [No response.]  
4856 \*The Clerk. Mr. Latta?  
4857 \*Mr. Latta. Latta votes aye.  
4858 \*The Clerk. Mr. Latta votes aye.  
4859 Mr. Guthrie?  
4860 \*Mr. Guthrie. [Inaudible.]  
4861 \*The Clerk. Mr. Guthrie votes aye.  
4862 Mr. McKinley?  
4863 \*Mr. McKinley. [Inaudible.]  
4864 \*The Clerk. Mr. McKinley votes aye.  
4865 Mr. Kinzinger?  
4866 \*Mr. Kinzinger. Kinzinger votes aye.  
4867 \*The Clerk. Mr. Kinzinger votes aye.  
4868 Mr. Griffith?

4869 \*Mr. Griffith. [Inaudible.]  
4870 \*The Clerk. Mr. Griffith votes aye.  
4871 Mr. Bilirakis?  
4872 \*Mr. Bilirakis. [Inaudible.]  
4873 \*The Clerk. Mr. Bilirakis votes aye.  
4874 Mr. Johnson?  
4875 \*Mr. Johnson. [Inaudible.]  
4876 \*The Clerk. Mr. Johnson votes aye.  
4877 Mr. Long?  
4878 [No response.]  
4879 \*The Clerk. Mr. Long?  
4880 \*Mr. Long. Aye.  
4881 \*The Clerk. Mr. Long votes aye.  
4882 Mr. Bucshon?  
4883 \*Mr. Bucshon. Bucshon from Indiana votes aye.  
4884 \*The Clerk. Mr. Bucshon votes aye.  
4885 Mr. Mullin?  
4886 \*Mr. Mullin. Aye.  
4887 \*The Clerk. Mr. Mullin votes aye.  
4888 Mr. Hudson?  
4889 \*Mr. Hudson. Hudson of North Carolina votes aye.  
4890 \*The Clerk. Mr. Hudson votes aye.  
4891 Mr. Walberg?  
4892 \*Mr. Walberg. Aye.  
4893 \*The Clerk. Mr. Walberg votes aye.



4894 Mr. Carter?

4895 \*Mr. Carter. Carter from Georgia votes aye.

4896 \*The Clerk. Mr. Carter votes aye.

4897 Mr. Duncan?

4898 \*Mr. Duncan. Mr. Duncan from South Carolina votes aye.

4899 \*The Clerk. Mr. Duncan votes aye.

4900 Mr. Palmer?

4901 \*Mr. Palmer. [Inaudible.]

4902 \*The Clerk. Mr. Palmer votes aye.

4903 Mr. Dunn?

4904 \*Mr. Dunn. Dunn votes aye.

4905 \*The Clerk. Mr. Dunn votes aye.

4906 Mr. Curtis?

4907 \*Mr. Curtis. Curtis votes aye.

4908 \*The Clerk. Mr. Curtis votes aye.

4909 Mrs. Lesko?

4910 \*Mrs. Lesko. Lesko votes aye.

4911 \*The Clerk. Mrs. Lesko votes aye.

4912 Mr. Pence?

4913 \*Mr. Pence. Pence from Indiana votes aye.

4914 \*The Clerk. Mr. Pence votes aye.

4915 Mr. Crenshaw?

4916 \*Mr. Crenshaw. Crenshaw votes aye.

4917 \*The Clerk. Mr. Crenshaw votes aye.

4918 Mr. Joyce?

4919 \*Mr. Joyce. [Inaudible.]  
4920 \*The Clerk. Mr. Joyce votes aye.  
4921 Mr. Armstrong?  
4922 \*Mr. Armstrong. Yes.  
4923 \*The Clerk. Mr. Armstrong votes aye.  
4924 Mr. Pallone?  
4925 \*The Chairman. Pallone from New Jersey votes no.  
4926 \*The Clerk. Mr. Pallone votes no.  
4927 \*Mr. Tonko. Mr. Chairman?  
4928 \*The Chairman. Yes?  
4929 \*Mr. Tonko. How am I recorded?  
4930 \*The Chairman. Mr. Tonko, how is he recorded?  
4931 \*The Clerk. Mr. Tonko is not recorded.  
4932 \*The Chairman. Tonko from New York votes no.  
4933 \*The Clerk. Mr. Tonko votes no.  
4934 \*The Chairman. Is there anyone else who wants to be  
4935 recorded?  
4936 Madam Clerk who is missing?  
4937 \*The Clerk. Ms. Clarke is not recorded, and neither is  
4938 Mr. Veasey.  
4939 \*The Chairman. Are they available, to our knowledge?  
4940 No? Those are the only two?  
4941 \*The Clerk. Yes, sir.  
4942 \*The Chairman. All right. The clerk will report the  
4943 tally on the Rodgers amendment.

4944           \*The Clerk. On that vote, Mr. Chairman, the yeas were  
4945 26 and the nays were 30.

4946           \*The Chairman. Okay, the vote on the Rodgers amendment  
4947 is 26 ayes to 30 noes, the amendment is not agreed to.

4948           Now we have more amendments to the amendment in the  
4949 nature of a substitute.

4950           \*Mr. Guthrie. Mr. Chair?

4951           \*The Chairman. Yes.

4952           \*Mr. Guthrie. I have an amendment at the desk.

4953           \*The Chairman. Mr. Guthrie?

4954           \*Mr. Guthrie. Amendment 28.

4955           \*The Chairman. You have that one, Madam Clerk?

4956           \*The Clerk. Yes, sir.

4957           \*The Chairman. All right, the clerk will report the  
4958 Guthrie amendment.

4959           \*The Clerk. Amendment to the amendment in the nature of  
4960 a substitute to committee print for Subtitle E relating to  
4961 drug pricing, offered by Mr. Guthrie of Kentucky.

4962           \*The Chairman. And Madam Clerk, without objection, the  
4963 reading of the Guthrie amendment will be dispensed with.

4964           [The amendment of Mr. Guthrie follows:]

4965

4966           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

4967

4968           \*The Chairman. And the gentleman is recognized for five  
4969 minutes.

4970           \*Mr. Guthrie. Thank you, Mr. Chairman. This amendment  
4971 is about the rebate rule and insulin.

4972           We had a hearing last Congress, and we had insulin  
4973 manufacturers in this room, insulin manufacturers. We had  
4974 PBMs, we had health insurance companies, we had retail  
4975 pharmacies. And in the very end we had someone who is  
4976 diabetic who buys insulin. And the whole hearing was about  
4977 the rising cost of insulin on the lady at the far -- to my  
4978 right, far end of the table.

4979           And as we were having the hearing, there was a whole  
4980 group of people going back and forth of each level of the  
4981 industry talking about rebates, discounts, all the other  
4982 things that go on in the pharmaceutical world. But in the  
4983 end, the lady that was diabetic said, "Well, I am -- all  
4984 these discounts are out there, but I am not seeing them."

4985           And then the argument was made by all the other groups  
4986 sitting there that, if the discounts and the rebates were  
4987 passed on to the consumer, it would raise the price of health  
4988 insurance for everybody else, because that money would come  
4989 out of the system and go to the consumer. And the majority  
4990 here today is affirming that.

4991           So what President Trump did in the Trump Administration  
4992 is said, not just for people that are diabetics, but rebate.

4993 The rebates within the pharmaceutical system will go to the  
4994 consumer.

4995           So we have had a lot of talk back and forth. I think we  
4996 had somebody say that one in four diabetics have to ration  
4997 their medicine. So we have had a lot of talk today about  
4998 making drug prices affordable for the people using the  
4999 pharmaceuticals, the prescriptions, and we can do that. So  
5000 -- but part of this provision is to take \$120 billion that  
5001 were going to go to the consumers, and put that money back  
5002 into the system so it can subsidize everything else.

5003           So the lady said -- the lady was diabetic -- finally  
5004 said, "I figured out, sitting here, that, because I am -- the  
5005 diabetics are subsidizing everything else.'" And that is  
5006 exactly what the provision in this bill does. It takes the  
5007 money, the rebates that were going to go to the consumer, and  
5008 puts them back into the system, and spends it on other  
5009 things.

5010           And so I know that Dr. Burgess has worked on this very  
5011 strongly -- he talked about it earlier. What my amendment  
5012 does, it doesn't repeal the entire rebate, taking the rebates  
5013 from the consumers into -- back into the system. But what --  
5014 it does exempt diabetics, or people who purchase insulin. So  
5015 insulin is exempted from this undoing of the rebate rule, so  
5016 it will make insulin more affordable. Money will go into the  
5017 pockets of the diabetic, and they won't be subsidizing other

5018 spending. And that is what my amendment does.

5019 And I will -- if nobody wants my time, I will yield  
5020 back.

5021 \*The Chairman. Thank you, Mr. Guthrie. Does anyone  
5022 else want to speak on the Guthrie amendment?

5023 Hearing none, we will go to a recorded vote.

5024 \*Ms. Schrier. Mr. Chairman?

5025 \*The Chairman. Oh, Mrs. Rodgers?

5026 \*Ms. Schrier. I would like to strike the last word.

5027 \*The Chairman. Oh, Ms. -- yes, the gentlewoman is  
5028 recognized for five minutes.

5029 \*Ms. Schrier. Mr. Chairman, I move to strike the last  
5030 word and speak in opposition to this amendment.

5031 You are right, insulin costs way too much, and I am  
5032 really glad that my Republican colleagues and Mr. Guthrie  
5033 agree with that sentiment.

5034 And I get that the goal here is to make insulin more  
5035 affordable. And, as a person with type one diabetes whose  
5036 life depends on insulin, I am very grateful. This issue is  
5037 really personal to me. In fact, the cost of my insulin --  
5038 and I will show you the size of the bottle here -- this is  
5039 the same type brand I have used for the past 25 years, and it  
5040 has increased from less than \$40 a bottle to over 300, and  
5041 that is for a 10 milliliter bottle. This is two teaspoons of  
5042 medication, and that is less than one month's supply for most

5043 of us.

5044 Now, as Mr. Welch noted way back at the beginning of  
5045 this discussion, there is just no plausible reason for such  
5046 egregious price increases, other than corporate greed. There  
5047 is no explanation. And that is why the proposal on this  
5048 amendment is just the wrong way to address insulin pricing.  
5049 It allows insulin manufacturers to continue to raise prices  
5050 with impunity, knowing that all of us will just continue to  
5051 pay it in one form or another. And it rewards that greed, it  
5052 feeds that greed, rather than stopping it.

5053 And the underlying bill is the way to bring costs down  
5054 for patients. It gives Medicare the power to negotiate lower  
5055 prices, so that Americans can afford the medications they  
5056 need. And frankly, it slaps the hand of the manufacturers  
5057 who are gouging American consumers, rather than rewarding  
5058 them.

5059 Insulins, I should note, are at the top of the list for  
5060 the medications to be negotiated. So I would recommend a no  
5061 vote on this amendment, and yes on the underlying bill.

5062 Thank you, and I yield back.

5063 \*The Chairman. I thank the gentlewoman. Is that it?

5064 Can we go to a vote on the Guthrie amendment?

5065 Okay. A recorded vote is ordered on the Guthrie  
5066 amendment. Those in favor will say aye. Those opposed will  
5067 say no, and the Clerk shall call the roll.

5068 \*The Clerk. Mr. Rush?  
5069 \*Mr. Rush. Rush votes no.  
5070 \*The Clerk. Mr. Rush votes no.  
5071 Ms. Eshoo?  
5072 \*Ms. Eshoo. Eshoo votes no.  
5073 \*The Clerk. Ms. Eshoo votes no.  
5074 Ms. DeGette?  
5075 \*Ms. DeGette. DeGette votes no.  
5076 \*The Clerk. Ms. DeGette votes no.  
5077 Mr. Doyle?  
5078 \*Mr. Doyle. Doyle votes no.  
5079 \*The Clerk. Mr. Doyle votes no.  
5080 Ms. Schakowsky?  
5081 \*Ms. Schakowsky. Schakowsky votes no.  
5082 \*The Clerk. Ms. Schakowsky votes no.  
5083 Mr. Butterfield?  
5084 \*Mr. Butterfield. Butterfield votes no.  
5085 \*The Clerk. Mr. Butterfield votes no.  
5086 Ms. Matsui?  
5087 \*Ms. Matsui. Matsui votes no.  
5088 \*The Clerk. Ms. Matsui votes no.  
5089 Ms. Castor?  
5090 \*Ms. Castor. No.  
5091 \*The Clerk. Ms. Castor votes no.  
5092 Mr. Sarbanes?



5093 [No response.]

5094 \*The Clerk. Mr. McNerney?

5095 \*Mr. McNerney. McNerney votes no.

5096 \*The Clerk. Mr. McNerney votes no.

5097 Mr. Welch?

5098 \*Mr. Welch. Mr. Welch votes no.

5099 \*The Clerk. Mr. Welch votes no.

5100 Mr. Tonko?

5101 \*Mr. Tonko. Tonko from New York votes no.

5102 \*The Clerk. Mr. Tonko votes no.

5103 Ms. Clarke?

5104 \*Ms. Clarke. Clarke of New York votes no.

5105 \*The Clerk. Ms. Clarke, I am having trouble seeing you.

5106 \*Ms. Clarke. Clarke votes no. [Inaudible] there.

5107 \*The Clerk. Ms. Clarke, I will come back to you.

5108 Mr. Schrader?

5109 \*Mr. Schrader. Schrader from Oregon votes no.

5110 \*The Clerk. Mr. Schrader votes no.

5111 Mr. Cardenas?

5112 \*Mr. Cardenas. Cardenas representing California votes

5113 no.

5114 \*The Clerk. Mr. Cardenas votes no.

5115 Mr. Ruiz?

5116 \*Mr. Ruiz. Ruiz votes no.

5117 \*The Clerk. Mr. Ruiz votes no.

5118 Mr. Peters?

5119 \*Mr. Peters. Votes no.

5120 \*The Clerk. Mr. Peters votes no.

5121 Mrs. Dingell?

5122 \*Mrs. Dingell. Dingell votes no.

5123 \*The Clerk. Mrs. Dingell votes no.

5124 Mr. Veasey?

5125 \*Mr. Veasey. Veasey votes no.

5126 \*The Clerk. Mr. Veasey votes no.

5127 Ms. Kuster?

5128 \*Ms. Kuster. Kuster votes no.

5129 \*The Clerk. Ms. Kuster votes no.

5130 Ms. Kelly?

5131 \*Ms. Kelly. Kelly votes no.

5132 \*The Clerk. Ms. Kelly votes no.

5133 Ms. Barragan?

5134 \*Ms. Barragan. Barragan votes no.

5135 \*The Clerk. Ms. Barragan votes no.

5136 Mr. McEachin?

5137 \*Mr. McEachin. McEachin of Virginia votes no.

5138 \*The Clerk. Mr. McEachin votes no.

5139 Ms. Blunt Rochester?

5140 \*Ms. Blunt Rochester. Blunt Rochester votes no.

5141 \*The Clerk. Ms. Blunt Rochester votes no.

5142 Mr. Soto?

5143 \*Mr. Soto. Soto votes no.  
5144 \*The Clerk. Mr. Soto votes no.  
5145 Mr. O'Halleran?  
5146 [No response.]  
5147 \*The Clerk. Miss Rice?  
5148 \*Miss Rice. Rice votes no.  
5149 \*The Clerk. Miss Rice votes no.  
5150 Ms. Craig?  
5151 \*Ms. Craig. Craig votes no.  
5152 \*The Clerk. Ms. Craig votes no.  
5153 Mrs. Trahan?  
5154 \*Mrs. Trahan. Trahan votes no.  
5155 \*The Clerk. Mrs. Trahan votes no.  
5156 Mrs. Fletcher?  
5157 \*Mrs. Fletcher. Fletcher votes no.  
5158 \*The Clerk. Mrs. Fletcher votes no.  
5159 Ms. Schrier?  
5160 \*Ms. Schrier. Schrier votes no.  
5161 \*The Clerk. Ms. Schrier votes no.  
5162 Mrs. Rodgers?  
5163 \*Mrs. Rodgers. Mrs. Rodgers votes aye.  
5164 \*The Clerk. Mrs. Rodgers votes aye.  
5165 Mr. Upton?  
5166 \*Mr. Upton. Votes aye.  
5167 \*The Clerk. Mr. Upton votes aye.

5168 Mr. Burgess?  
5169 \*Mr. Burgess. Votes aye.  
5170 \*The Clerk. Mr. Burgess votes aye.  
5171 Mr. Scalise?  
5172 \*Mr. Scalise. Mr. Scalise votes aye.  
5173 \*The Clerk. Mr. Scalise votes aye.  
5174 Mr. Latta?  
5175 \*Mr. Latta. Latta votes aye.  
5176 \*The Clerk. Mr. Latta votes aye.  
5177 Mr. Guthrie?  
5178 \*Mr. Guthrie. Guthrie votes aye.  
5179 \*The Clerk. Mr. Guthrie votes aye.  
5180 Mr. McKinley?  
5181 \*Mr. McKinley. McKinley votes aye.  
5182 \*The Clerk. Mr. McKinley votes aye.  
5183 Mr. Kinzinger?  
5184 \*Mr. Kinzinger. Kinzinger votes aye.  
5185 \*The Clerk. Mr. Kinzinger votes aye.  
5186 Mr. Griffith?  
5187 \*Mr. Griffith. Aye.  
5188 \*The Clerk. Mr. Griffith votes aye.  
5189 Mr. Bilirakis?  
5190 \*Mr. Bilirakis. Aye.  
5191 \*The Clerk. Mr. Bilirakis votes aye.  
5192 Mr. Johnson?

5193 \*Mr. Johnson. Aye.  
5194 \*The Clerk. Mr. Johnson votes aye.  
5195 Mr. Long?  
5196 \*Mr. Long. Aye.  
5197 \*The Clerk. Mr. Long votes aye.  
5198 Mr. Bucshon?  
5199 \*Mr. Bucshon. Bucshon from Indiana votes aye.  
5200 \*The Clerk. Mr. Bucshon votes aye.  
5201 Mr. Mullin?  
5202 \*Mr. Mullin. Aye.  
5203 \*The Clerk. Mr. Mullin votes aye.  
5204 Mr. Hudson?  
5205 \*Mr. Hudson. Hudson of North Carolina votes aye.  
5206 \*The Clerk. Mr. Hudson votes aye.  
5207 Mr. Walberg?  
5208 \*Mr. Walberg. Aye.  
5209 \*The Clerk. Mr. Walberg votes aye.  
5210 Mr. Carter?  
5211 \*Mr. Carter. Carter of Georgia votes aye.  
5212 \*The Clerk. Mr. Carter votes aye.  
5213 Mr. Duncan?  
5214 \*Mr. Duncan. Mr. Duncan of South Carolina votes aye.  
5215 \*The Clerk. Mr. Duncan votes aye.  
5216 Mr. Palmer?  
5217 \*Mr. Palmer. Aye.

5218 \*The Clerk. Mr. Palmer votes aye.  
5219 Mr. Dunn?  
5220 \*Mr. Dunn. Dunn votes aye.  
5221 \*The Clerk. Mr. Dunn votes aye.  
5222 Mr. Curtis?  
5223 \*Mr. Curtis. Curtis votes aye.  
5224 \*The Clerk. Mr. Curtis votes aye.  
5225 Mrs. Lesko?  
5226 \*Mrs. Lesko. Lesko votes aye.  
5227 \*The Clerk. Mrs. Lesko votes aye.  
5228 Mr. Pence?  
5229 \*Mr. Pence. Pence from Indiana votes aye.  
5230 \*The Clerk. Mr. Pence votes aye.  
5231 Mr. Crenshaw?  
5232 \*Mr. Crenshaw. Crenshaw votes aye.  
5233 \*The Clerk. Mr. Crenshaw votes aye.  
5234 Mr. Joyce?  
5235 \*Mr. Joyce. Aye.  
5236 \*The Clerk. Mr. Joyce votes aye.  
5237 Mr. Armstrong?  
5238 \*Mr. Armstrong. Armstrong votes yes.  
5239 \*The Clerk. Mr. Armstrong votes aye.  
5240 Chairman Pallone?  
5241 \*The Chairman. Pallone from New Jersey votes no.  
5242 \*The Clerk. Chairman Pallone votes no.

5243           So let's see if --

5244           \*Mr. Sarbanes. How is Sarbanes recorded?

5245           \*The Clerk. Mr. Sarbanes is not recorded.

5246           \*Ms. Clarke. Clarke votes no.

5247           \*Mr. Sarbanes. Sarbanes votes no.

5248           \*The Clerk. Mr. Sarbanes votes no.

5249           \*Ms. Clarke. Can you hear and see me now?

5250           \*The Clerk. Ms. Clarke?

5251           \*Ms. Clarke. Can you hear and see me now?

5252           \*The Clerk. Yes, ma'am.

5253           \*Ms. Clarke. Ms. Clarke of New York votes no.

5254           \*The Clerk. Ms. Clarke votes no.

5255           Mr. O'Halleran is not recorded.

5256           \*Mr. O'Halleran. Mr. O'Halleran votes no.

5257           \*The Clerk. Mr. O'Halleran votes no.

5258           \*The Chairman. Is that everyone, Madam Clerk?

5259           \*The Clerk. Yes, sir.

5260           \*The Chairman. All right. So on the Guthrie

5261 amendment, would you please report the tally?

5262           \*The Clerk. On that vote, Mr. Chairman, the yeas were

5263 26 and the nays were 32.

5264           \*The Chairman. So okay. The vote on the Guthrie

5265 amendment is 26 ayes to 32 noes, and the amendment is not

5266 agreed to.

5267           Do we have additional -- Mr. Peters, we will go to a

5268 Democratic amendment.

5269 Mr. Peters is recognized. Do you have the amendment at  
5270 the desk?

5271 \*Mr. Peters. Mr. Chairman, I have amendment PETECA 36.  
5272 Should I proceed?

5273 \*The Clerk. I have the amendment.

5274 \*The Chairman. All right. The Clerk will report the  
5275 amendment.

5276 \*The Clerk. Amendment to the amendment in the nature  
5277 of a substitute to committee print for Subtitle E relating  
5278 to drug pricing of the committee print offered by Mr. Peters  
5279 of California.

5280 \*The Chairman. Without objection, the reading of the  
5281 Peters amendment will be dispensed with, and the gentleman  
5282 from California is recognized for five minutes.

5283 \*Mr. Peters. Mr. Chairman, earlier I voiced the  
5284 concerns that I have with the existing proposed H.R. 3. I  
5285 have an amendment that outlines the direction I think we  
5286 should be going in to strike the balance between  
5287 affordability, which we all agree about, and maintaining  
5288 incentive for innovation.

5289 It sounds like somebody is unmuted, Mr. Chairman.

5290 This amendment is from the bill I introduced with Mr.  
5291 Schrader and, I think, infers hard work on it.

5292 The amendment has three main things to lower drug



5293 prices for consumers, which should be our top priority when  
5294 approaching drug pricing reform, and so I do not forget it,  
5295 the amendment ensures that no one pays more than \$50 for  
5296 insulin in a month.

5297         First, we enable the Secretary of HHS to negotiate  
5298 discounts between 25 and 35 percent for drugs that no longer  
5299 have exclusivity for which there is no competition in  
5300 Medicare Part B.

5301         Why Medicare Part B? According to a study by Milliman,  
5302 patients can face extreme cost for Medicare Part B  
5303 medications. Among blood cancer patients, lymphoma  
5304 patients, multiple myeloma patients, their costs are  
5305 regularly in the tens of thousands of dollars for treatment.

5306         Spending on Part B anti-cancer therapies is  
5307 significantly higher than spending on anti-cancer therapy in  
5308 Part B in the first year after diagnosis. For some of the  
5309 most expensive leukemia patients, the difference in spending  
5310 can be more than \$100,000 from Part B to Part D.

5311         As we continue to see the introduction of biologics to  
5312 treat and cure cancers and other highly complex diseases, we  
5313 can expect Part B spending to increase.

5314         The cure for Hepatitis C, which was mentioned, Sovaldi,  
5315 came out at \$80,000, a high price tag, yes, but a money  
5316 saver for the health care system on chronic treatments and  
5317 liver transplants even at that price.

5318           And as with Sovaldi, if there is competition, that  
5319 competition should result in price reduction, in that case  
5320 from 80,000 to less than \$40,000 to cure Hepatitis C, and  
5321 that is the way the market is intended to work.

5322           When there is no competition, the government should not  
5323 be held hostage by a market failure. We need to continue to  
5324 reward innovation and encourage to introduce treatments and  
5325 cures, but we have to step in and address that market  
5326 failure.

5327           My amendment strikes that balance by allowing  
5328 negotiations on products that are off-patent and which lack  
5329 competition.

5330           Second, my amendment redesigns the Part B program to  
5331 limit patients' liabilities along the lines of the \$2,000  
5332 cap in H.R. 3. We suggest a \$1,200 cap for seniors earning  
5333 less than 300 percent of the poverty level, 1,800 for  
5334 seniors earning between 300 and 400 percent of the poverty  
5335 level, 1,800 for seniors earning between 300 and 400 percent  
5336 of the poverty level, and a \$3,100 cap for those above 400  
5337 percent of the poverty level.

5338           Now, for high-cost patients, the ability to smooth  
5339 those payments over the course of a year, that means that  
5340 those at less than 300 percent of the Federal poverty, their  
5341 drug costs would be capped at \$100 a month.

5342           Third, our proposal changes how patient cost sharing is

5343 calculated. Currently, patients with a 25 percent  
5344 coinsurance pay their share based on a list price of the  
5345 drugs. Our manufacturers and plans negotiate rebates that  
5346 can drastically lower the cost of the drug.

5347 For instance, earlier this year, Eli Lilly, in  
5348 testimony before this committee, revealed that one of its  
5349 insulin products has a \$600 per month list price, but with  
5350 rebates the net cost is about \$135.

5351 Under a 25 percent cost share based on the list price,  
5352 the patient would pay \$150 for their insulin rather than the  
5353 \$34 they would pay for it based on the net price.

5354 And, finally, my amendment assures that we control  
5355 growth in the cost of drugs similar to setting out-of-pocket  
5356 costs for seniors. There is bipartisan agreement around  
5357 this principle.

5358 The amendment would create an inflation rebate that  
5359 would require manufacturers to rebate price increases that  
5360 outpace inflation back to the government beginning in 2016.

5361 This creates downward pressure on the rate of growth in  
5362 drug prices and will help continue to hold manufacturers  
5363 accountable.

5364 Additionally, my amendment further holds manufacturers  
5365 accountable by cracking down on anticompetitive prices like  
5366 pay for delay, pan ticketing, and product copying to prevent  
5367 competitors from entering the market and bringing prices

5368 down.

5369           But together this amendment is a good deal for seniors  
5370 and ensures that they are able to afford their drugs. It  
5371 holds manufacturers accountable for excessively increasing  
5372 prices and anticompetitive practices and allows the  
5373 government to negotiate prices where the market has failed,  
5374 and it does these things while continuing to allow the  
5375 investments, incentive in investment and innovative  
5376 treatments and cures we need.

5377           I just want to disassociate myself from some of the  
5378 things I heard Republicans say about socialized medicine. I  
5379 do not support these things. Some of these things are very,  
5380 very much opposed by Pharma. In fact, the fallback of  
5381 profits from 2016 is the thing they hate second most about  
5382 H.R. 3 after the national reference pricing.

5383           But I want to work with my colleagues to get something  
5384 that we can agree on that makes sense, that lowers drug  
5385 costs as we have promised as Democrats, and also preserves  
5386 innovation.

5387           Under an agreement with the chairman, after Mr.  
5388 Schrader speaks to it, I plan to withdraw this amendment,  
5389 but I am committed to working together with you all to make  
5390 a real difference for our constituents, while maintaining  
5391 American innovation and jobs.

5392           Thank you, Mr. Chairman.

5393 [The Amendment PETECA 36 of Mr. Peters follows:]

5394

5395 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

5396

5397           \*The Chairman. I thank the gentleman.

5398           And I appreciate he wants to withdraw, but I know that  
5399 there are other -- well, I could be wrong -- but I think  
5400 there are some other members that wanted to speak on it.  
5401 But let's start with a Republican.

5402           Does anyone on your side before he withdraws?

5403           Mr. Schrader, you do not have to speak, but I thought  
5404 your hand was up.

5405           \*Mr. Schrader. Well, I kind of would like to, yes.

5406           \*The Chairman. All right.

5407           \*Mr. Schrader. Well, I want to thank you, Mr.  
5408 Chairman.

5409           I rise to speak in support of my amendment with Mr.  
5410 Peters.

5411           For many years now, I have been committed to addressing  
5412 drug prices in a meaningful way, and Americans, regardless  
5413 of political affiliation, have made it clear Congress has to  
5414 actually act and get something done.

5415           The legislative process is intentionally deliberative,  
5416 and there is demonstrated ability to address the high cost  
5417 of prescription drugs in a bipartisan, bicameral fashion,  
5418 and we have done so in a number of areas already.

5419           In the last Congress, we took a partisan approach in  
5420 this chamber to pass H.R. 3, despite bipartisan efforts in  
5421 the Senate from both the Finance and Health Committees.

5422 While I reluctantly participated in that process, it was not  
5423 without making clear my reservations for the mechanisms in  
5424 the bill.

5425 Medicare should be able to negotiate drug prices,  
5426 absolutely. We do so in Medicaid. We do so in the VA.

5427 But we should not be using an international pricing  
5428 index or an excise tax that is so harsh that it hardly  
5429 qualifies as negotiation, as we have heard, and according to  
5430 the Congressional Budget Office, stifles innovation.

5431 With a 95 percent excise tax, industry would have to  
5432 abide by whatever the Secretary's determination of price is  
5433 or face going out of business. We do not have that type of  
5434 penalty attached anywhere else where we negotiate prices.

5435 That is an unacceptable solution to the high cost of  
5436 drugs, sets up a vicious cycle of killing jobs and  
5437 innovation that drives cures for these rare diseases that we  
5438 had no opportunity to deal with before.

5439 And it would have prevented us from being at the  
5440 forefront of the COVID-19 vaccine development.

5441 I would also point out that H.R. 3 has failed twice.  
5442 It has no chance of passing the United States Senate. The  
5443 amendment before you today reflects an updated version of a  
5444 bipartisan proposal that came from Senators Grassley and  
5445 Wyden out of the Finance Committee in 2019.

5446 And the bill also adds and includes an opportunity to

5447 negotiate drug prices on most expensive drugs on the market  
5448 that Representative Peters talked about, Medicare Part D.

5449 HHS has found that over the 2006 to 2017 period,  
5450 Medicare fee-for-service Part B drug spending per enrollee  
5451 grew at an eight percent annual level, more than twice as  
5452 high as Part D and three times as high as the Nation's  
5453 overall retail drug spending.

5454 I believe government should intervene when there is  
5455 market failure. We cannot sustain that growth rate.

5456 Medicare currently pays 106 percent of the average  
5457 sales price for Part B drugs. In our bill, it goes down to  
5458 65 percent, already a guaranteed discount for those drugs  
5459 outside of their exclusivity period.

5460 Since beneficiaries pay a coinsurance of 20 percent on  
5461 these drugs, their savings could be life changing for anyone  
5462 needing to use any of these innovative drugs.

5463 Data from 2013 shows that the range of costs that a  
5464 beneficiary currently pays on Part B drugs ranges from about  
5465 \$2,000 to over \$100,000. That is untenable. We need to  
5466 act.

5467 While my major concerns lie with negotiation provisions  
5468 in the drug pricing title before us today, I am also very  
5469 concerned we have not taken advantage of the two-year period  
5470 to improve policies that were initially rushed through the  
5471 committee process in 2019. My amendment today addresses a



5472 lot of those changes.

5473           This amendment includes policy to provide an out-of-  
5474 pocket cap, as Rep. Peters talked about, Medicare Part D,  
5475 that offers more help for seniors -- they need it most --  
5476 than any other proposal out there, including the one before  
5477 us today.

5478           One of my greatest concerns has been with the  
5479 exorbitant increases in the cost of medications that have  
5480 long been on the market. In just four years, the cost of  
5481 insulin has doubled. We heard good testimony to that  
5482 effect, and that is unconscionable, should not happen. I  
5483 use it a lot in my veterinary practice. It used to be very  
5484 affordable.

5485           To that end, our amendment tackles insulin directly by  
5486 capping out-of-pocket cost at \$50 a month, and for the  
5487 first-time seniors will really benefit with the rebate  
5488 system and see a significant decrease at the drug counter  
5489 because we ensure that cost sharing is based on these  
5490 discounts, not the list price.

5491           We also maintain the inflationary rebate provisions  
5492 like those in Grassley-Wyden that limit price increases to  
5493 virtually the same as inflation, gaining by the industry to  
5494 extend patent life, keep generics and biosimilars off  
5495 markets, and other loopholes in the approval process or the  
5496 reason we have so many high-cost, single course drugs.

5497           The system is broken, but rather than uproot it  
5498 entirely, we take the necessary steps to fix it. All of  
5499 these proposals have had bipartisan, bicameral support and  
5500 are included in our legislation.

5501           I support Mr. Peters' intention to withdraw today, but  
5502 I sincerely hope this is generally the beginning of a  
5503 conversation on drug pricing policy that can actually be  
5504 signed into law. For too long seniors and families across  
5505 my home State of Oregon, across America struggle to afford  
5506 the prescriptions they need to live.

5507           We were elected to do better, and I think we can do  
5508 better, Mr. Chairman.

5509           And I yield back.

5510           \*The Chairman. The gentleman yields back.

5511           Is there anyone on the Republican side who wants to  
5512 comment on the Peters amendment? I guess it is the Peters-  
5513 Schrader amendment.

5514           [No response.]

5515           \*The Chairman. All right. I am just going to  
5516 strike --

5517           \*Mr. Cardenas. Cardenas.

5518           \*The Chairman. Yes?

5519           \*Mr. Cardenas. I request to be recognized.

5520           \*Mr. Peters. I would like to withdraw my amendment.

5521           \*Mr. Cardenas. And strike the last word.

5522           \*The Chairman. Mr. Cardenas is recognized for five  
5523 minutes.

5524           \*Mr. Cardenas. Before you do that, Mr. Peters, thank  
5525 you, Mr. Chairman. I would like to strike the last word on  
5526 this amendment. I will be brief, less than 30 seconds.

5527           I just wanted to concur with everything that Mr. Peters  
5528 and Mr. Schrader just spoke of and to say that I agree with  
5529 them that we all want to lower prescription drug costs to  
5530 all Americans and that we need to be very forthright about  
5531 how we are going to make that happen.

5532           And with that I yield back.

5533           \*The Chairman. I would ask you not to yield back, if  
5534 that is all right, and yield to me just briefly as well, if  
5535 that is all right.

5536           \*Mr. Cardenas. Yes. Yes, I yield to you, Mr.  
5537 Chairman.

5538           \*The Chairman. Thank you, Mr. Cardenas.

5539           I just wanted to say again I appreciate the fact that  
5540 the gentlemen are going to withdraw this amendment.

5541           The biggest problem I have with this substitute is that  
5542 it only allows the Federal Government to negotiate for the  
5543 Part D Medicare Program drugs. Most of the drugs that we  
5544 are concerned about and that have high cost and no  
5545 competition are in the Medicare Part D.

5546           And the fact of the matter is that, you know, in our

5547 meetings with the Senate, they do intend to allow for  
5548 negotiations with Part D, which is, of course, where the  
5549 prohibition is. The prohibition when the Part D program was  
5550 created was in Part D, and that is where most of the drugs  
5551 are.

5552           And this substitute does not provide for negotiation of  
5553 Part D. So in that respect it will be very difficult to  
5554 support something that does not do that because that is an  
5555 important part of what we are trying to accomplish.

5556           The other thing is the amendment also sets a higher  
5557 out-of-pocket threshold for many Part D beneficiaries than  
5558 the underlying bill, and depending on your income, that  
5559 would leave beneficiaries exposed to more cost and also the  
5560 lack of enforcement.

5561           But, again, I do not want to get into that. I  
5562 appreciate the fact that the gentleman is withdrawing it. I  
5563 am just going to make one final plea. I will not say it  
5564 again, which is that I do believe that we are going to have  
5565 a provision in this reconciliation bill with the Senate  
5566 support that will pay us, that will address drug pricing,  
5567 and I would really like to have you at the table over the  
5568 next couple of weeks as we negotiate this, and that is why I  
5569 am asking you to vote with us to move forward on the  
5570 underlying bill.

5571           I understand that you have an alternative and you are

5572 going to withdraw it, but it would be very helpful to us if  
5573 we could have your support in moving forward if that were  
5574 possible.

5575 And with that I yield back to Mr. Cardenas.

5576 Mr. Cardenas, it is your time.

5577 \*Mr. Cardenas. Mr. Chairman, I yield back.

5578 \*The Chairman. You yield back.

5579 Is there any further discussion other than -- well, he  
5580 is going to withdraw the amendment.

5581 Mr. Peters withdraws the amendment at this time?

5582 \*Mr. Peters. I withdraw the amendment, Mr. Chairman.

5583 Thank you.

5584 \*The Chairman. Thank you.

5585 Now, Mr. Guthrie, you have an amendment?

5586 \*Mr. Guthrie. I do have an amendment at the desk,

5587 Number 2.

5588 \*The Chairman. Another Guthrie amendment. All right.

5589 \*Mr. Guthrie. My wife's amendment, and I will be

5590 brief.

5591 \*The Chairman. No, I know. I am just kidding. I know  
5592 what you are doing.

5593 So let's ask if the Clerk has that, the second Guthrie  
5594 amendment.

5595 \*The Clerk. Yes, sir, I do.

5596 \*The Chairman. Would the Clerk please report the

5597 Guthrie amendment?

5598 \*The Clerk. Amendment to the amendment in the nature  
5599 of a substitute to committee print for Subtitle E relating  
5600 to drug pricing, offered by Mr. Guthrie of Kentucky. In the  
5601 section 1192(d)(1) --

5602 \*The Chairman. Without objection, the reading of the  
5603 Guthrie amendment will be dispensed with, and the gentleman  
5604 is recognized for five minutes.

5605 \*Mr. Guthrie. Thank you, Mr. Chair.

5606 I will not use the five. I will use just a few  
5607 minutes.

5608 The biggest concern we have with the provisions of this  
5609 bill is what it will do to innovation, and I do not think I  
5610 could explain it any better or more eloquently than Mr.  
5611 Peters just did from California in his previous time. So I  
5612 will let it stand at that.

5613 I will say that we had a hearing in this room on  
5614 neurodegenerative disease. We had Parkinson's. We had  
5615 Huntington's Disease and all the other people come before  
5616 us, and we know that these are devastating diseases. We  
5617 know for particular Alzheimer's it is devastating on the  
5618 patients. It is devastating on the family that has to care  
5619 for the patients.

5620 And by 2050, it is estimated to cost the Federal  
5621 Government a trillion dollars.

5622           So if we look at the overall effect on innovation, we  
5623 are opposed to this bill altogether because of its overall  
5624 effect, but we do know and it has been already explained so  
5625 I will not re-explain it except to say this.

5626           We believe we should carve out neurodegenerative  
5627 diseases. They are complex. The NIH is currently going  
5628 through the Brain Project that is going to generate all  
5629 kinds of research that can come to other business and be  
5630 commercialized.

5631           And as Mr. Peters said, if there are not investors  
5632 willing to invest and bring it to the marketplace, we can  
5633 move forward, and we hear a lot of times talking about, and  
5634 I agree, all of us are frustrated and it seems like the U.S.  
5635 taxpayer, the U.S. consumer is subsidizing the world's  
5636 innovation because other countries do not do it.

5637           But the question is do we not do it. If we do not do  
5638 it, we are not going to have it. And so there needs to be a  
5639 way to get other countries to participate more, but we do  
5640 not want to lose what we have because you get what you pay  
5641 for, and if you want a European style system, you will get  
5642 European style results and European style innovation.

5643           So this amendment carves out neurodegenerative diseases  
5644 from the negotiation process so we can have innovation in  
5645 that space. That is what this amendment does.

5646           And I will yield back.

5647 [The Amendment No. 2 of Mr. Guthrie follows:]

5648

5649 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

5650



5651           \*The Chairman. Does anyone want to speak on the  
5652 Guthrie amendment?

5653           \*Ms. Schakowsky. Ms. Schakowsky.

5654           \*The Chairman. Ms. Schakowsky is recognized for five  
5655 minutes.

5656           \*Ms. Schakowsky. Mr. Chairman, I move to strike the  
5657 last word.

5658           Okay. And after the subcommittee that Mr. Guthrie  
5659 referred to where we heard direct testimony from patients  
5660 and also from the FDA and the NIH, and all agreed that more  
5661 must be done to improve access to safe and effective  
5662 treatment, particularly for ALS, nobody that was in that  
5663 hearing room could listen to the powerful testimony of Ryan  
5664 Wallach and his wife Sandra from the organization I Am ALS  
5665 or any of the other witnesses from the other degenerative  
5666 diseases and walk away without considering the challenge  
5667 that is put in front of us in Congress.

5668           Unfortunately, this what I see as a partisan "gotcha"  
5669 amendment that gets us no closer to a cure for ALS and these  
5670 other severe diseases, and I think that we need to reject  
5671 this amendment.

5672           My Republican colleagues and the pharmaceutical  
5673 industry would have you believe that only by continuing to  
5674 charge whatever they want that we could potentially have  
5675 future treatment and cures for ALS and other devastating

5676 diseases.

5677           Under that logic, we have no choice but to thwart  
5678 [inaudible] whatever the industry demands from those  
5679 patients, but we know the arguments do not hold water  
5680 because patients are paying for a lot more than research and  
5681 development when they fill their prescriptions.

5682           For example, the House Oversight Committee research  
5683 found that the leading drug companies have spent more on  
5684 stock buybacks, dividends to investors, and executive  
5685 compensation than on research and development.

5686           That same report found that the drug companies could  
5687 maintain or even exceed the current R&D expenditures and any  
5688 kind of reducing of revenue from that if they reduced the  
5689 spending on buybacks and dividends.

5690           And so today we are living in a world that even under  
5691 the current drug pricing framework in which drug companies  
5692 can charge whatever they want and rake in every kind of  
5693 profit that they want and keep needed competition at bay, we  
5694 will lack good treatment for diseases like ALS.

5695           Instead of turning toward cynicism like the amendment  
5696 that has been offered, the Build Back Better plan will move  
5697 forward toward treatments and cures for ALS and other  
5698 diseases like it by investing \$3 billion toward the advanced  
5699 research projects that are available.

5700           I also just wanted to mention that one of the major

5701 things that the patients were asking for in this very  
5702 emotional hearing was that these patients, especially Mr.  
5703 Wallach, are dying, and he wanted to get access to  
5704 experimental drugs. But what we just learned today is that  
5705 Amylyx announced that they are planning to apply for FDA  
5706 approval of this drug for ALS, an ALS treatment, and we just  
5707 need to ensure that this is going to be affordable.

5708 People are dying and waiting, and we are saying that  
5709 these companies can charge whatever they want. I am sorry.  
5710 We should reject this amendment.

5711 I yield back.

5712 \*The Chairman. I thank the gentlewoman.

5713 So we are on the Guthrie amendment. Does anyone else  
5714 want to speak?

5715 If not, we will go to a vote.

5716 All right. A recorded vote is ordered on the Guthrie  
5717 amendment. Those in favor will say aye. Those opposed will  
5718 say no, and the Clerk shall call the roll.

5719 \*The Clerk. Mr. Rush?

5720 \*Mr. Rush. Mr. Rush votes no.

5721 \*The Clerk. Mr. Rush votes no.

5722 Ms. Eshoo?

5723 \*Ms. Eshoo. Eshoo votes no.

5724 \*The Clerk. Ms. Eshoo votes no.

5725 Ms. DeGette?

5726 \*Ms. DeGette. DeGette votes no.  
5727 \*The Clerk. Ms. DeGette votes no.  
5728 Mr. Doyle?  
5729 \*Mr. Doyle. Doyle votes no.  
5730 \*The Clerk. Mr. Doyle votes no.  
5731 Ms. Schakowsky?  
5732 \*Ms. Schakowsky. Schakowsky votes no.  
5733 \*The Clerk. Ms. Schakowsky votes no.  
5734 Mr. Butterfield?  
5735 \*Mr. Butterfield. Butterfield votes no.  
5736 \*The Clerk. Mr. Butterfield votes no.  
5737 Ms. Matsui?  
5738 \*Ms. Matsui. Matsui votes no.  
5739 \*The Clerk. Ms. Matsui votes no.  
5740 Ms. Castor?  
5741 \*Ms. Castor. No.  
5742 \*The Clerk. Ms. Castor votes no.  
5743 Mr. Sarbanes?  
5744 \*Mr. Sarbanes. Sarbanes votes no.  
5745 \*The Clerk. Mr. Sarbanes votes no.  
5746 Mr. McNerney?  
5747 \*Mr. McNerney. McNerney votes no.  
5748 \*The Clerk. Mr. McNerney votes no.  
5749 Mr. Welch?  
5750 \*Mr. Welch. No.

5751 \*The Clerk. Mr. Welch votes no.  
5752 Mr. Tonko?  
5753 \*Mr. Tonko. Tonko from New York votes no.  
5754 \*The Clerk. Mr. Tonko votes no.  
5755 Ms. Clarke?  
5756 [No response.]  
5757 \*The Clerk. Mr. Schrader?  
5758 \*Mr. Schrader. Schrader from Oregon votes no.  
5759 \*The Clerk. Mr. Schrader votes no.  
5760 Mr. Cardenas?  
5761 \*Mr. Cardenas. Cardenas representing California votes  
5762 no.  
5763 \*The Clerk. Mr. Cardenas votes no.  
5764 Mr. Ruiz?  
5765 \*Mr. Ruiz. Ruiz votes no.  
5766 \*The Clerk. Mr. Ruiz votes no.  
5767 Mr. Peters?  
5768 \*Mr. Peters. Votes no.  
5769 \*The Clerk. Mr. Peters votes no.  
5770 Mrs. Dingell?  
5771 \*Mrs. Dingell. Dingell votes no.  
5772 \*The Clerk. Mrs. Dingell votes no.  
5773 Mr. Veasey?  
5774 \*Mr. Veasey. Veasey votes no.  
5775 \*The Clerk. Mr. Veasey votes no.

5776 Ms. Kuster?  
5777 \*Ms. Kuster. Kuster votes no.  
5778 \*The Clerk. Ms. Kuster votes no.  
5779 Ms. Kelly?  
5780 \*Ms. Kelly. Kelly votes no.  
5781 \*The Clerk. Ms. Kelly votes no.  
5782 Ms. Barragan?  
5783 \*Ms. Barragan. Barragan votes no.  
5784 \*The Clerk. Ms. Barragan votes no.  
5785 Mr. McEachin?  
5786 \*Mr. McEachin. McEachin of Virginia votes no.  
5787 \*The Clerk. Mr. McEachin votes no.  
5788 Ms. Blunt Rochester?  
5789 \*Ms. Blunt Rochester. Blunt Rochester votes no.  
5790 \*The Clerk. Ms. Blunt Rochester votes no.  
5791 Mr. Soto?  
5792 \*Mr. Soto. No.  
5793 \*The Clerk. Mr. Soto votes no.  
5794 Mr. O'Halleran?  
5795 \*Mr. O'Halleran. O'Halleran votes no.  
5796 \*The Clerk. Mr. O'Halleran votes no.  
5797 Miss Rice?  
5798 \*Miss Rice. Rice votes no.  
5799 \*The Clerk. Miss Rice votes no.  
5800 Ms. Craig?

5801 \*Ms. Craig. Craig votes no.  
5802 \*The Clerk. Ms. Craig votes no.  
5803 Ms. Schrier?  
5804 \*Ms. Schrier. Schrier votes no.  
5805 \*The Clerk. Ms. Schrier votes no.  
5806 Mrs. Trahan?  
5807 \*Mrs. Trahan. Trahan votes no.  
5808 \*The Clerk. Mrs. Trahan votes no.  
5809 Mrs. Fletcher?  
5810 \*Mrs. Fletcher. Fletcher votes no.  
5811 \*The Clerk. Mrs. Fletcher votes no.  
5812 Mrs. Rodgers?  
5813 \*Mrs. Rodgers. Mrs. Rodgers votes aye.  
5814 \*The Clerk. Mrs. Rodgers votes aye.  
5815 Mr. Upton?  
5816 \*Mr. Upton. Upton votes aye.  
5817 \*The Clerk. Mr. Upton votes aye.  
5818 Mr. Burgess?  
5819 \*Mr. Burgess. Burgess votes aye.  
5820 \*The Clerk. Mr. Burgess votes aye.  
5821 Mr. Scalise?  
5822 \*Mr. Scalise. Mr. Scalise votes aye.  
5823 \*The Clerk. Mr. Scalise votes aye.  
5824 Mr. Latta?  
5825 \*Mr. Latta. Latta votes aye.

5826 \*The Clerk. Mr. Latta votes aye.  
5827 Mr. Guthrie?  
5828 \*Mr. Guthrie. Guthrie votes aye.  
5829 \*The Clerk. Mr. Guthrie votes aye.  
5830 Mr. McKinley?  
5831 \*Mr. McKinley. McKinley votes aye.  
5832 \*The Clerk. Mr. McKinley votes aye.  
5833 Mr. Kinzinger?  
5834 \*Mr. Kinzinger. Kinzinger, aye.  
5835 \*The Clerk. Mr. Kinzinger votes aye.  
5836 Mr. Griffith?  
5837 [No response.]  
5838 \*The Clerk. Mr. Bilirakis?  
5839 \*Mr. Bilirakis. Bilirakis votes aye.  
5840 \*The Clerk. Mr. Bilirakis votes aye.  
5841 Mr. Johnson?  
5842 \*Mr. Johnson. Aye.  
5843 \*The Clerk. Mr. Johnson votes aye.  
5844 Mr. Long?  
5845 \*Mr. Long. Aye.  
5846 \*The Clerk. Mr. Long votes aye.  
5847 Mr. Bucshon?  
5848 \*Mr. Bucshon. Bucshon votes aye.  
5849 \*The Clerk. Mr. Bucshon votes aye.  
5850 Mr. Mullin?



5851 \*Mr. Mullin. Aye.  
5852 \*The Clerk. Mr. Mullin votes aye.  
5853 Mr. Hudson?  
5854 \*Mr. Hudson. Hudson of North Carolina votes aye.  
5855 \*The Clerk. Mr. Hudson votes aye.  
5856 Mr. Walberg?  
5857 \*Mr. Walberg. Aye.  
5858 \*The Clerk. Mr. Walberg votes aye.  
5859 Mr. Carter?  
5860 \*Mr. Carter. Carter votes aye.  
5861 \*The Clerk. Mr. Carter votes aye.  
5862 Mr. Duncan?  
5863 \*Mr. Duncan. Mr. Duncan of South Carolina votes aye.  
5864 \*The Clerk. Mr. Duncan votes aye.  
5865 Mr. Palmer?  
5866 \*Mr. Palmer. Palmer votes aye.  
5867 \*The Clerk. Mr. Palmer votes aye.  
5868 Mr. Dunn?  
5869 \*Mr. Dunn. Dunn votes aye.  
5870 \*The Clerk. Mr. Dunn votes aye.  
5871 Mr. Curtis?  
5872 \*Mr. Curtis. Curtis votes aye.  
5873 \*The Clerk. Mr. Curtis votes aye.  
5874 Mrs. Lesko?  
5875 [No response.]

5876 \*The Clerk. Mr. Pence?  
5877 \*Mr. Pence. Pence from Indiana votes aye.  
5878 \*The Clerk. Mr. Pence votes aye.  
5879 Mr. Crenshaw?  
5880 \*Mr. Crenshaw. Crenshaw votes aye.  
5881 \*The Clerk. Mr. Crenshaw votes aye.  
5882 Mr. Joyce?  
5883 \*Mr. Joyce. Joyce from Pennsylvania votes aye.  
5884 \*The Clerk. Mr. Joyce votes aye.  
5885 Mr. Armstrong?  
5886 \*Mr. Armstrong. Armstrong votes yes.  
5887 \*The Clerk. Mr. Armstrong votes aye.  
5888 Chairman Pallone?  
5889 \*The Chairman. Pallone from New Jersey votes no.  
5890 \*The Clerk. Chairman Pallone votes no.  
5891 \*Ms. Clarke. Mr. Chairman?  
5892 \*The Chairman. Ms. Clarke.  
5893 \*Ms. Clarke. Mr. Chairman?  
5894 \*The Chairman. Ms. Clarke?  
5895 \*Ms. Clarke. Yes, Ms. Clarke. How am I recorded?  
5896 \*The Chairman. You are not.  
5897 \*Ms. Clarke. Ms. Clarke of New York votes no.  
5898 \*The Clerk. Ms. Clarke votes no.  
5899 \*The Chairman. Is that everyone recorded, Madam Clerk?  
5900 Oh, Mr. Griffith.

5901 \*Mr. Griffith. Griffith votes aye.

5902 \*The Clerk. Mr. Griffith votes aye.

5903 Mrs. Lesko is not recorded.

5904 \*The Chairman. Mrs. Lesko? Oh, try to use the  
5905 Facebook or whatever. Whatever works.

5906 (Pause.)

5907 \*Ms. Eshoo. Who are we waiting for, Mr. Chairman?

5908 \*The Chairman. Who is that?

5909 \*Ms. Eshoo. Anna. What are we waiting for?

5910 \*The Chairman. Oh. Mrs. Lesko, we can see her on her  
5911 iPhone, but we cannot see her on the Internet, but as long  
5912 as the Clerk can see her as she votes even if it is on an  
5913 iPhone, we are allowing it. We have been doing that all  
5914 along.

5915 But I do not know. It may not happen here because we  
5916 may not be able to get her. So we are going to wait another  
5917 minute or so, and then we are going to have to move on.

5918 (Pause.)

5919 \*The Chairman. All right. We are going to have the  
5920 Clerk call the tally. All right. You can proceed. The  
5921 Clerk can call the tally on the Guthrie amendment.

5922 \*The Clerk. On that vote, Mr. Chairman, the yeas were  
5923 25 and the nays were 32.

5924 \*The Chairman. All right. So on the Guthrie amendment  
5925 the vote is 25 ayes to 32 noes. The amendment is not agreed

5926 to.

5927 Are there further amendments to the amendment in the  
5928 nature of a substitute?

5929 \*Mr. Hudson. Mr. Chairman.

5930 \*The Chairman. Yes. Mr. Hudson is recognized.

5931 \*Mr. Hudson. I have an amendment at the desk.

5932 \*The Chairman. Does the Clerk have that amendment?

5933 \*The Clerk. What is the name of the amendment?

5934 \*Mr. Hudson. Biosimilars.

5935 \*The Clerk. To confirm, is it Sub E AMD 2001?

5936 \*Mr. Hudson. Yes, that is correct.

5937 \*The Clerk. I have the amendment.

5938 \*The Chairman. The Clerk will report the amendment.

5939 \*The Clerk. Amendment to the amendment in the nature  
5940 of a substitute to committee print for Subtitle E relating  
5941 to drug pricing offered by Mr. Hudson of North Carolina.

5942 \*The Chairman. Without objection, the reading of the  
5943 Hudson amendment will be dispensed with, and the gentleman  
5944 from North Carolina is recognized for five minutes.

5945 \*Mr. Hudson. Thank you, Mr. Chairman.

5946 I want to say thank you to my colleagues. This has  
5947 been a long three days, and we have considered a lot of  
5948 amendments. Most of these amendments have really  
5949 demonstrated the difference in approach, the difference in  
5950 philosophy between the two parties when dealing with some

5951 very complex issues.

5952 But this amendment is different. This amendment,  
5953 number one, is going to improve this bill. Number two, it  
5954 actually will reduce drug costs. And, number three, you  
5955 know, I have complained a lot about what we are spending  
5956 here today, but this will actually save \$12 billion for  
5957 Medicare. So this is a pay-for.

5958 Why would I want to improve this bill? Because I am  
5959 passionate about this issue. Mr. Chairman, this amendment  
5960 aims to increase utilization of lower cost biosimilars by  
5961 incentivizing providers to prescribe these innovative  
5962 alternatives.

5963 This amendment is based on a Democrat bill introduced  
5964 by our colleagues Tony Cardenas, Angie Craig, and Lisa Blunt  
5965 Rochester, who are members of this committee, and it is  
5966 similar to a bill that I introduced last Congress with Mr.  
5967 Cardenas.

5968 This amendment encourages providers to look to lower  
5969 cost of biosimilars to treat some of the most complex  
5970 diseases patients face, in fact, many of the diseases we  
5971 have talked about in the last day or so.

5972 When I talk to patients back in my district, they are  
5973 concerned about the rising cost of health care. They are  
5974 not worried about the back-and-forth squabbling between  
5975 Republicans and Democrats in Washington.

5976           And as I mentioned, this bill has a long bipartisan  
5977 history. So I am bringing it here today in the spirit of  
5978 bipartisanship.

5979           I know, again, we have debated maybe hundreds of  
5980 amendments. Not one amendment has passed, but I believe  
5981 this is the one because it does not take anything away from  
5982 the legislation. In fact, it improves the bill.

5983           I would like to enter for the record, Mr. Chairman, and  
5984 I will pass this letter down to you, a letter from the  
5985 Association for Affordable Medicine, dated April 28, 2021.  
5986 It says that shared savings could save seniors as much as \$4  
5987 billion.

5988           But also to my earlier point, it could save \$12 billion  
5989 to Medicare.

5990           \*The Chairman. Would you pass that over to me and let  
5991 me take a look at it?

5992           \*Mr. Hudson. Yes, sir. Thank you.

5993           \*The Chairman. And then we can proceed.

5994           \*Mr. Hudson. So I would ask unanimous consent that you  
5995 will consider that.

5996           Look. This is a pay-for. It improves your bill. It  
5997 helps offset some of the cost. Again, this is Mr. Cardenas'  
5998 bill. So I could encourage him to maybe speak up.

5999           But I hope on this what may be the final amendment we  
6000 will consider that we will finally come together,

6001 Republicans and Democrats, and say yes to reducing drug  
6002 prices.

6003 And with that, Mr. Chairman, I yield back.

6004 [The Amendment No. Sub E AMD 2001 of Mr. Hudson  
6005 follows:]

6006

6007 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

6008

6009           \*The Chairman. I thank the gentleman.

6010           As to the letter that Senators Cornyn and Bennet from  
6011 the Biosimilars Council, without objection, it will be  
6012 entered into the record. So ordered.

6013           [The information follows:]

6014

6015           \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

6016



6017           \*The Chairman. Do we have anyone else who wants to  
6018 speak on this amendment.

6019           \*Mr. Cardenas. Mr. Chairman, Congressman Cardenas.

6020           \*The Chairman. Yes, Mr. Cardenas is recognized for  
6021 five minutes.

6022           \*Mr. Cardenas. Thank you so much.

6023           I want to strike the last word.

6024           I would like to thank my colleague on the other side of  
6025 the aisle for the hard work that we have been focused on,  
6026 and I do appreciate the opportunity to submit this as an  
6027 amendment at this time, but I am going to continue to work  
6028 on this.

6029           I look forward to working with you in the future, and  
6030 let's continue to work hard to make sure that we bring down  
6031 those drug prices, and biosimilars is a very important issue  
6032 that most Americans do not understand, but fortunately,  
6033 enough of us on this committee do.

6034           And I look forward for us to make progress on that.

6035           So with that, Mr. Chairman, I yield back.

6036           \*The Chairman. I thank the gentleman.

6037           Is there anyone else who wants to speak on the Hudson  
6038 amendment?

6039           [No response.]

6040           \*The Chairman. If not, we will go to a recorded vote.

6041           A recorded vote is ordered on the Hudson amendment.

6042 Those in favor will say aye. Those opposed will say no, and  
6043 the Clerk shall call the roll.

6044 \*The Clerk. Mr. Rush?

6045 \*Mr. Rush. Mr. Rush votes no.

6046 \*The Clerk. Mr. Rush votes no.

6047 Ms. Eshoo?

6048 [No response.]

6049 \*The Clerk. Ms. DeGette?

6050 \*Ms. DeGette. DeGette votes no.

6051 \*The Clerk. Ms. DeGette votes no.

6052 Mr. Doyle?

6053 \*Mr. Doyle. Doyle votes no.

6054 \*The Clerk. Mr. Doyle votes no.

6055 Ms. Schakowsky?

6056 \*Ms. Schakowsky. Schakowsky votes no.

6057 \*The Clerk. Ms. Schakowsky votes no.

6058 Mr. Butterfield?

6059 \*Mr. Butterfield. Butterfield votes no.

6060 \*The Clerk. Mr. Butterfield votes no.

6061 Ms. Matsui?

6062 [No response.]

6063 \*The Clerk. Ms. Castor?

6064 \*Ms. Castor. No.

6065 \*The Clerk. Ms. Castor votes no.

6066 Mr. Sarbanes?

6067 \*Mr. Sarbanes. Sarbanes votes no.  
6068 \*The Clerk. Mr. Sarbanes votes no.  
6069 Mr. McNerney?  
6070 \*Mr. McNerney. McNerney votes no.  
6071 \*The Clerk. Mr. McNerney votes no.  
6072 Mr. Welch?  
6073 \*Mr. Welch. No.  
6074 \*The Clerk. Mr. Welch votes no.  
6075 Mr. Tonko?  
6076 \*Mr. Tonko. Tonko from New York votes no.  
6077 \*The Clerk. Mr. Tonko votes no.  
6078 Ms. Clarke?  
6079 \*Ms. Clarke. Clarke of New York votes no.  
6080 \*The Clerk. Ms. Clarke votes no.  
6081 Mr. Schrader?  
6082 \*Mr. Schrader. Schrader from Oregon votes no.  
6083 \*The Clerk. Mr. Schrader votes no.  
6084 Mr. Cardenas?  
6085 \*Mr. Cardenas. Cardenas representing California votes  
6086 no.  
6087 \*The Clerk. Mr. Cardenas votes no.  
6088 Mr. Ruiz?  
6089 \*Mr. Ruiz. Ruiz votes no.  
6090 \*The Clerk. Mr. Ruiz votes no.  
6091 Mr. Peters?

6092 \*Mr. Peters. Votes no.  
6093 \*The Clerk. Mr. Peters votes no.  
6094 Mrs. Dingell?  
6095 \*Mrs. Dingell. Dingell votes no.  
6096 \*The Clerk. Mrs. Dingell votes no.  
6097 Mr. Veasey?  
6098 \*Mr. Veasey. Veasey votes no.  
6099 \*The Clerk. Mr. Veasey votes no.  
6100 Ms. Kuster?  
6101 \*Ms. Kuster. Kuster votes no.  
6102 \*The Clerk. Ms. Kuster votes no.  
6103 Ms. Kelly?  
6104 [No response.]  
6105 \*The Clerk. Ms. Barragan?  
6106 \*Ms. Barragan. Barragan votes no.  
6107 \*The Clerk. Ms. Barragan votes no.  
6108 Mr. McEachin?  
6109 \*Mr. McEachin. McEachin of Virginia votes no.  
6110 \*The Clerk. Mr. McEachin votes no.  
6111 Ms. Blunt Rochester?  
6112 \*Ms. Blunt Rochester. Ms. Blunt Rochester of Delaware  
6113 votes no.  
6114 \*The Clerk. Ms. Blunt Rochester votes no.  
6115 Mr. Soto?  
6116 \*Mr. Soto. No.

6117 \*The Clerk. Mr. Soto votes no.  
6118 Mr. O'Halleran?  
6119 \*Mr. O'Halleran. O'Halleran votes no.  
6120 \*The Clerk. Mr. O'Halleran votes no.  
6121 Miss Rice?  
6122 \*Miss Rice. Rice votes no.  
6123 \*The Clerk. Miss Rice votes no.  
6124 Ms. Craig?  
6125 \*Ms. Craig. Craig votes no.  
6126 \*The Clerk. Ms. Craig votes no.  
6127 Ms. Schrier?  
6128 \*Ms. Schrier. Schrier votes no.  
6129 \*The Clerk. Ms. Schrier votes no.  
6130 Mrs. Trahan?  
6131 \*Mrs. Trahan. Trahan votes no.  
6132 \*The Clerk. Mrs. Trahan votes no.  
6133 Mrs. Fletcher?  
6134 \*Mrs. Fletcher. Fletcher votes no.  
6135 \*The Clerk. Mrs. Fletcher votes no.  
6136 Mrs. Rodgers?  
6137 \*Mrs. Rodgers. Mrs. Rodgers votes aye.  
6138 \*The Clerk. Mrs. Rodgers votes aye.  
6139 Mr. Upton?  
6140 \*Mr. Upton. Upton votes aye.  
6141 \*The Clerk. Mr. Upton votes aye.

6142 Mr. Burgess?

6143 \*Mr. Burgess. Burgess votes aye.

6144 \*The Clerk. Mr. Burgess votes aye.

6145 Mr. Scalise?

6146 \*Mr. Scalise. Scalise votes aye.

6147 \*The Clerk. Mr. Scalise votes aye.

6148 Mr. Latta?

6149 \*Mr. Latta. Latta votes aye.

6150 \*The Clerk. Mr. Latta votes aye.

6151 Mr. Guthrie?

6152 \*Mr. Guthrie. Guthrie votes aye.

6153 \*The Clerk. Mr. Guthrie votes aye.

6154 Mr. McKinley?

6155 \*Mr. McKinley. McKinley votes aye.

6156 \*The Clerk. Mr. McKinley votes aye.

6157 Mr. Kinzinger?

6158 \*Mr. Kinzinger. Kinzinger votes aye.

6159 \*The Clerk. Mr. Kinzinger votes aye.

6160 Mr. Griffith?

6161 \*Mr. Griffith. Aye.

6162 \*The Clerk. Mr. Griffith votes aye.

6163 Mr. Bilirakis?

6164 \*Mr. Bilirakis. Bilirakis votes aye.

6165 \*The Clerk. Mr. Bilirakis votes aye.

6166 Mr. Johnson?

6167 \*Mr. Johnson. Aye.  
6168 \*The Clerk. Mr. Johnson votes aye.  
6169 Mr. Long? Mr. Long.  
6170 \*Mr. Long. Aye.  
6171 \*The Clerk. Mr. Long votes aye.  
6172 Mr. Bucshon?  
6173 \*Mr. Bucshon. Bucshon votes aye.  
6174 \*The Clerk. Mr. Bucshon votes aye.  
6175 Mr. Mullin?  
6176 \*Mr. Mullin. Aye.  
6177 \*The Clerk. Mr. Mullin votes aye.  
6178 Mr. Hudson?  
6179 \*Mr. Hudson. Hudson from North Carolina votes aye.  
6180 \*The Clerk. Mr. Hudson votes aye.  
6181 Mr. Walberg?  
6182 \*Mr. Walberg. Aye.  
6183 \*The Clerk. Mr. Walberg votes aye.  
6184 Mr. Carter?  
6185 \*Mr. Carter. Carter votes aye.  
6186 \*The Clerk. Mr. Carter votes aye.  
6187 Mr. Duncan?  
6188 \*Mr. Duncan. Mr. Duncan votes yes.  
6189 \*The Clerk. Mr. Duncan votes aye.  
6190 Mr. Palmer?  
6191 \*Mr. Palmer. Palmer votes aye.

6192 \*The Clerk. Mr. Palmer votes aye.  
6193 Mr. Dunn?  
6194 \*Mr. Dunn. Dunn votes aye.  
6195 \*The Clerk. Mr. Dunn votes aye.  
6196 Mr. Curtis?  
6197 \*Mr. Curtis. Curtis votes aye.  
6198 \*The Clerk. Mr. Curtis votes aye.  
6199 Mrs. Lesko?  
6200 \*Mrs. Lesko. Lesko votes aye.  
6201 \*The Clerk. Mrs. Lesko votes aye.  
6202 Mr. Pence?  
6203 \*Mr. Pence. Pence from Indiana votes aye.  
6204 \*The Clerk. Mr. Pence votes aye.  
6205 Mr. Crenshaw?  
6206 \*Mr. Crenshaw. Crenshaw votes aye.  
6207 \*The Clerk. Mr. Crenshaw votes aye.  
6208 Mr. Joyce?  
6209 [No response.]  
6210 \*The Clerk. Mr. Armstrong?  
6211 \*Mr. Armstrong. Armstrong votes yes.  
6212 \*The Clerk. Mr. Armstrong votes aye.  
6213 Chairman Pallone?  
6214 \*The Chairman. Pallone from New Jersey votes no.  
6215 \*The Clerk. Chairman Pallone votes no.  
6216 \*Ms. Kelly. Chairman Pallone, Robin Kelly voted no. I



6217 am not sure I was heard.

6218 \*The Chairman. No, you were not. We will take it.

6219 \*The Clerk. Ms. Kelly votes no.

6220 \*Ms. Matsui. Mr. Chairman, this is Doris Matsui. How  
6221 am I recorded?

6222 \*The Clerk. Ms. Matsui is not recorded.

6223 \*Ms. Matsui. Matsui votes no.

6224 \*The Clerk. Ms. Matsui votes no.

6225 \*Ms. Eshoo. Mr. Chairman, how is Eshoo recorded?

6226 \*The Chairman. You are not recorded.

6227 \*Ms. Eshoo. Eshoo votes no.

6228 \*The Clerk. Ms. Eshoo votes no.

6229 Mr. Joyce?

6230 \*Mr. Joyce. Joyce votes aye.

6231 \*The Clerk. Mr. Joyce votes aye.

6232 \*The Chairman. Is that everyone, Madam Clerk?

6233 \*The Clerk. Yes, sir.

6234 \*The Chairman. All right. So on the Hudson amendment,  
6235 the Clerk will report the tally.

6236 \*The Clerk. On that vote, Mr. Chairman, the yeas were  
6237 26 and the nays were 32.

6238 \*The Chairman. All right. The vote on the Hudson  
6239 amendment is 26 ayes to 32 noes, and the amendment is not  
6240 agreed to.

6241 Are there further amendments to the amendment in the

6242 nature of a substitute?

6243 [No response.]

6244 \*The Chairman. No further amendments. Okay. Then we  
6245 will go back to the ANS, and that was put forward by Mr.  
6246 Welch. We will have a voice vote on that. A voice vote.  
6247 Let's see.

6248 We will proceed to a vote on the amendment in the  
6249 nature of a substitute to the committee print Subtitle E,  
6250 budget reconciliation recommendations relating to drug  
6251 pricing.

6252 All those in favor of the amendment in the nature of a  
6253 substitute to the committee print Subtitle E, budget  
6254 reconciliation legislative recommendations relating to drug  
6255 pricing will signify by saying aye.

6256 All those opposed will say no.

6257 In the opinion of the chair the ayes have it, and the  
6258 amendment in the nature of a substitute to the committee  
6259 print, Subtitle E, budget reconciliation legislative  
6260 recommendations relating to drug pricing is agreed to.

6261 Now we are going to go to final passage on Subtitle E,  
6262 which is the drug pricing title, and we will have a recorded  
6263 vote.

6264 The question now occurs on approval and transmitting to  
6265 the Committee on Budget the committee print Subtitle E,  
6266 budget reconciliation legislative recommendations relating

6267 to drug pricing, as amended.

6268 I move the committee to now approve and transmit the  
6269 recommendations of this committee and all appropriate  
6270 accompanying material, including additional, supplemental,  
6271 minority or dissenting views to the House Committee on the  
6272 Budget in order to comply with the reconciliation directive  
6273 included in Section 2002 of the concurrent resolution on the  
6274 budget for fiscal year 2022, S.Con.Res. 14, and consistent  
6275 with Section 310 of the Congressional Budget and Empowerment  
6276 Control Act of 1974. We will have a recorded vote. A  
6277 recorded vote is ordered.

6278 All those in favor of the drug pricing title final  
6279 passage signify by saying aye, and those opposed will say  
6280 no.

6281 And the Clerk shall call the roll.

6282 \*The Clerk. Mr. Rush?

6283 \*Mr. Rush. Rush votes aye.

6284 \*The Clerk. Mr. Rush votes aye.

6285 Ms. Eshoo?

6286 \*Ms. Eshoo. Eshoo votes aye.

6287 \*The Clerk. Ms. Eshoo votes aye.

6288 Ms. DeGette?

6289 \*Ms. DeGette. DeGette votes aye.

6290 \*The Clerk. Ms. DeGette votes aye.

6291 Mr. Doyle?

6292 \*Mr. Doyle. Doyle votes yes.

6293 \*The Clerk. Mr. Doyle votes aye.

6294 Ms. Schakowsky?

6295 \*Ms. Schakowsky. Schakowsky votes a big aye.

6296 \*The Clerk. Ms. Schakowsky votes aye.

6297 Mr. Butterfield? Mr. Butterfield, you're muted.

6298 \*Mr. Butterfield. Butterfield votes aye.

6299 \*The Clerk. Mr. Butterfield votes aye.

6300 Ms. Matsui?

6301 \*Ms. Matsui. Matsui votes aye.

6302 \*The Clerk. Ms. Matsui votes aye.

6303 Ms. Castor?

6304 \*Ms. Castor. Aye.

6305 \*The Clerk. Ms. Castor votes aye.

6306 Mr. Sarbanes?

6307 \*Mr. Sarbanes. Sarbanes votes aye.

6308 \*The Clerk. Mr. Sarbanes votes aye.

6309 Mr. McNerney?

6310 \*Mr. McNerney. McNerney votes aye.

6311 \*The Clerk. Mr. McNerney votes aye.

6312 Mr. Welch?

6313 Mr. Welch votes aye.

6314 Mr. Tonko?

6315 \*Mr. Tonko. Tonko of New York votes aye.

6316 \*The Clerk. Mr. Tonko votes aye.

6317 Ms. Clarke?  
6318 \*Ms. Clarke. Ms. Clarke of New York votes aye.  
6319 \*The Clerk. Ms. Clarke votes aye.  
6320 Mr. Schrader?  
6321 \*Mr. Schrader. Schrader of Oregon votes no.  
6322 \*The Clerk. Mr. Schrader votes no.  
6323 Mr. Cardenas?  
6324 \*Mr. Cardenas. Cardenas representing California votes  
6325 aye.  
6326 \*The Clerk. Mr. Cardenas votes aye.  
6327 Mr. Ruiz?  
6328 \*Mr. Ruiz. Ruiz votes aye.  
6329 \*The Clerk. Mr. Ruiz votes aye.  
6330 Mr. Peters?  
6331 \*Mr. Peters. Votes no.  
6332 \*The Clerk. Mr. Peters votes no.  
6333 Mrs. Dingell?  
6334 \*Mrs. Dingell. Votes aye.  
6335 \*The Clerk. Mrs. Dingell votes aye.  
6336 Mr. Veasey?  
6337 \*Mr. Veasey. Veasey votes aye.  
6338 \*The Clerk. Mr. Veasey votes aye.  
6339 Ms. Kuster?  
6340 \*Ms. Kuster. Kuster votes aye.  
6341 \*The Clerk. Ms. Kuster votes aye.

6342 Ms. Kelly?

6343 \*Ms. Kelly. Kelly votes aye.

6344 \*The Clerk. Ms. Kelly votes aye.

6345 Ms. Barragan?

6346 \*Ms. Barragan. Barragan votes aye.

6347 \*The Clerk. Ms. Barragan votes aye.

6348 Mr. McEachin?

6349 [No response].

6350 \*The Clerk. Ms. Blunt Rochester?

6351 \*Ms. Blunt Rochester. Ms. Blunt Rochester votes aye.

6352 \*The Clerk. Ms. Blunt Rochester votes aye.

6353 Mr. Soto?

6354 \*Mr. McEachin. I'm sorry, Madam Clerk, McEachin votes

6355 aye.

6356 \*The Clerk. Mr. McEachin votes aye.

6357 Mr. Soto?

6358 \*Mr. Soto. Soto votes aye.

6359 \*The Clerk. Mr. Soto votes aye.

6360 Mr. O'Halleran?

6361 [No response.]

6362 \*The Clerk. Miss Rice?

6363 \*Miss Rice. Rice votes no.

6364 \*The Clerk. Miss Rice votes no.

6365 Ms. Craig?

6366 \*Ms. Craig. Craig votes yes.

6367 \*The Clerk. Ms. Craig votes aye.  
6368 Ms. Schrier?  
6369 \*Ms. Schrier. Schrier votes aye.  
6370 \*The Clerk. Ms. Schrier votes aye.  
6371 Mrs. Trahan?  
6372 \*Mrs. Trahan. Trahan votes aye.  
6373 \*Mr. O'Halleran. O'Halleran votes aye.  
6374 \*The Clerk. Mrs. Trahan votes aye.  
6375 Mrs. Fletcher?  
6376 \*Mrs. Fletcher. Fletcher votes aye.  
6377 \*The Clerk. Mrs. Fletcher votes aye.  
6378 Mrs. Rodgers?  
6379 \*Mrs. Rodgers. Rodgers votes no.  
6380 \*The Clerk. Mrs. Rodgers votes no.  
6381 Mr. Upton?  
6382 \*Mr. Upton. Mr. Upton votes no.  
6383 \*The Clerk. Mr. Upton votes no.  
6384 Mr. Burgess?  
6385 \*Mr. Burgess. Votes no.  
6386 \*The Clerk. Mr. Burgess votes no.  
6387 Mr. Scalise?  
6388 \*Mr. Scalise. Mr. Scalise votes no.  
6389 \*The Clerk. Mr. Scalise votes no.  
6390 Mr. Latta?  
6391 \*Mr. Latta. Latta votes no.

6392 \*The Clerk. Mr. Latta votes no.  
6393 Mr. Guthrie?  
6394 \*Mr. Guthrie. No.  
6395 \*The Clerk. Mr. Guthrie votes no.  
6396 Mr. McKinley?  
6397 \*Mr. McKinley. No.  
6398 \*The Clerk. Mr. McKinley votes no.  
6399 Mr. Kinzinger?  
6400 \*Mr. Kinzinger. Kinzinger votes no.  
6401 \*The Clerk. Mr. Kinzinger votes no.  
6402 Mr. Griffith?  
6403 \*Mr. Griffith. No.  
6404 \*The Clerk. Mr. Griffith votes no.  
6405 Mr. Bilirakis?  
6406 Mr. Bilirakis votes no.  
6407 Mr. Johnson?  
6408 \*Mr. Johnson. No.  
6409 \*The Clerk. Mr. Johnson votes no.  
6410 Mr. Long?  
6411 \*Mr. Long. No.  
6412 \*The Clerk. Mr. Long votes no.  
6413 Mr. Bucshon?  
6414 \*Mr. Bucshon. Bouchon from Indiana votes no.  
6415 \*The Clerk. Mr. Bucshon votes no.  
6416 Mr. Mullin?



6417 \*Mr. Mullin. No.  
6418 \*The Clerk. Mr. Mullin votes no.  
6419 Mr. Hudson?  
6420 \*Mr. Hudson. Hudson of North Carolina votes no.  
6421 \*The Clerk. Mr. Hudson votes no.  
6422 Mr. Walberg?  
6423 \*Mr. Walberg. Mr. Walberg votes no.  
6424 \*The Clerk. Mr. Walberg votes no.  
6425 Mr. Carter?  
6426 \*Mr. Carter. Carter from Georgia votes no.  
6427 \*The Clerk. Mr. Carter votes no.  
6428 Mr. Duncan?  
6429 \*Mr. Duncan. Mr. Duncan of South Carolina votes no.  
6430 \*The Clerk. Mr. Duncan votes no.  
6431 Mr. Palmer?  
6432 \*Mr. Palmer. Palmer votes no.  
6433 \*The Clerk. Mr. Palmer votes no.  
6434 Mr. Dunn?  
6435 \*Mr. Dunn. Mr. Dunn votes no.  
6436 \*The Clerk. Mr. Dunn votes no.  
6437 Mr. Curtis?  
6438 \*Mr. Curtis. Mr. Curtis votes no.  
6439 \*The Clerk. Mr. Curtis votes no.  
6440 Mrs. Lesko?  
6441 \*Mrs. Lesko. Lesko votes no. Lesko votes no.

6442 \*The Clerk. Mrs. Lesko votes no.  
6443 Mr. Pence?  
6444 \*Mr. Pence. Pence from Indiana votes no.  
6445 \*The Clerk. Mr. Pence votes no.  
6446 Mr. Crenshaw?  
6447 \*Mr. Crenshaw. Crenshaw votes no.  
6448 \*The Clerk. Mr. Crenshaw votes no.  
6449 Mr. Joyce?  
6450 \*Mr. Joyce. Joyce from Pennsylvania votes no.  
6451 \*The Clerk. Mr. Joyce votes no.  
6452 Mr. Armstrong?  
6453 \*Mr. Armstrong. Armstrong votes no.  
6454 \*The Clerk. Mr. Armstrong votes no.  
6455 Chairman Pallone?  
6456 Chairman Pallone votes aye.  
6457 \*The Chairman. Do we have anyone, Madam Clerk, who  
6458 hasn't voted?  
6459 \*The Clerk. Mr. O'Halleran.  
6460 \*The Chairman. Is Mr. O'Halleran available?  
6461 \*Mr. O'Halleran. O'Halleran votes aye.  
6462 \*The Clerk. Mr. O'Halleran votes aye.  
6463 \*Mr. O'Halleran. O'Halleran votes aye.  
6464 \*The Chairman. Everyone else?  
6465 Mr. O'Halleran is recorded as an aye.  
6466 Everyone has voted?

6467           \*The Clerk. Yes, sir.

6468           \*The Chairman. All right. So the Clerk will report the  
6469 tally.

6470           \*The Clerk. On that vote, Mr. Chairman, the yeas were  
6471 29, and the nays were 29.

6472           \*The Chairman. All right. So on the Subtitle E on Drug  
6473 Pricing, the vote is 29 ayes to 29 noes. The amendment is  
6474 not agreed to because the vote is tied.

6475           We are now going to move -- and I would ask everyone to  
6476 stay -- we are now going to move to the Medicare Title. And  
6477 that will be the last one today.

6478           The Chair calls up the Committee Print Subtitle I,  
6479 Budget Reconciliation Legislative Recommendations Relating to  
6480 Medicare.

6481           The Clerk will report the title of the bill.

6482           \*The Clerk. Do you want me to do it [inaudible]?

6483           Committee print Budget Reconciliation Legislative  
6484 Recommendations Relating to Medicare Coverage of Dental,  
6485 Hearing, and Vision Services.

6486           \*The Chairman. Without objection, Madam Clerk, the  
6487 first reading of the bill will be dispensed with. The bill  
6488 is now considered as read.

6489           Is there a member that will offer the ANS on this?

6490           \*Voice. Yes, Ms. Kelly.

6491           \*The Chairman. Ms. Kelly? You seek to be recognized to

6492 speak or to offer an ANS?

6493 \*Voice. I think she's on mute.

6494 \*The Chairman. I think you're on mute, Robin.

6495 \*Ms. Kelly. Yes, Mr. Chair, I would like to offer

6496 Amendment MED-CR-DBH-801.

6497 [Amendment No. MED-CR-DBH-801 of Ms. Kelly follows:]

6498

6499 \*\*\*\*\*COMMITTEE INSERT\*\*\*\*\*

6500

6501           \*The Chairman. Does the Clerk have the ANS?

6502           \*The Clerk. Yes, sir.

6503           \*The Chairman. All right. The Clerk will report the  
6504 amendment.

6505           \*The Clerk. Amendment in the nature of a substitute to  
6506 Committee Print relating to Medicare Coverage of Dental,  
6507 Hearing --

6508           \*The Chairman. And without objection, Madam Clerk, the  
6509 reading of the amendment will be dispensed with, and the  
6510 gentlewoman from Illinois is now recognized for five minutes.

6511           \*Ms. Kelly. Thank you, Mr. Chair.

6512           As chair of the Congressional Black Caucus Health  
6513 Braintrust [audio difficulties] to advance health equity.  
6514 Today, I want [audio difficulties] important health provision  
6515 that will [audio difficulties] disparities in this country.

6516           Oral health is a critical health equity issue, and there  
6517 are racial disparities in all health coverages and outcomes.  
6518 Seventy-one percent of black beneficiaries, and sixty-five  
6519 percent of Hispanic beneficiaries went without a dental visit  
6520 in the past year compared to forty-three percent of white  
6521 beneficiaries.

6522           Poor oral health has also been associated with chronic  
6523 diseases such as diabetes and heart disease. That is why I  
6524 re-introduce the Medicare Dental Coverage Act with my  
6525 colleague Representative Horsford. I am thrilled to see

6526 Medicare Dental Coverage included in the Build Back Better  
6527 legislation today.

6528         This legislation will also include comprehensive hearing  
6529 benefits to Medicare Part B, including coverage of hearing  
6530 aids that cannot be purchased over the counter and that are  
6531 for individuals with severe or profound hearing loss.

6532         Finally, the legislation would make investments in  
6533 comprehensive vision benefits to Medicare Part B, including  
6534 coverage of routine eye exams, refraction, eyeglasses, and  
6535 contact lenses, which would begin next year.

6536         These policies put our country on the path towards  
6537 ensuring quality healthcare is accessible to all Americans no  
6538 matter your zip code.

6539         Thank you, and I yield back.

6540         \*The Chairman. The gentlewoman yields back. Does  
6541 anyone want to speak on the ANS or the underlying bill before  
6542 we move to amendments?

6543         Mr. Schrader is recognized for five minutes.

6544         \*Mr. Schrader. Thank you, Mr. Chairman.

6545         I have got very serious concerns about adding additional  
6546 programs, services, and costs when Medicare itself is facing  
6547 insolvency in a mere five years. We have sort of forgotten  
6548 that fact. Even the Part B program is consuming ever greater  
6549 numbers and amounts of general fund revenue. We can't afford  
6550 the current benefits right now. I think it is a little

6551 disingenuous, at best, to offer a dental program in 2028 and  
6552 when the insolvency on the hospital insurance tax occurs in  
6553 2026.

6554 I think there is a better alternative out there to  
6555 provide dental benefits that seniors can actually afford.  
6556 The current proposal, when fully implemented, will require  
6557 large out-of-pocket expenditures for these beneficiaries. It  
6558 will make the cost prohibitive for most low-income seniors to  
6559 participate since generally one-third of Medicare  
6560 beneficiaries do not visit the dentist because they just  
6561 simply cannot afford it.

6562 For example, under this proposal, even a basic cleaning  
6563 would require 20 percent out-of-pocket costs to the senior.  
6564 This becomes even more costly when a senior needs a major  
6565 procedure done such as, you know, such as say a crown or what  
6566 have you. I mean, 50 percent out-of-pocket cost to the  
6567 beneficiary.

6568 According to the Dental Association's survey of dental  
6569 fees, if a senior in Oregon needs even just one crown, it  
6570 will cost them over \$560 out-of-pocket under this bill.

6571 I also have concerns about the provider network that  
6572 will be available for seniors. These are dentists. These  
6573 are not MDs. They have a different culture, and they have  
6574 not had the experience of dealing with the federal  
6575 government.

6576           It is clear, I think they are unlikely to join a network  
6577 based on the current Medicare Part B structure due to  
6578 uncertainty about reimbursement fees. They have seen  
6579 problems with the electronic health records, the whole SGR,  
6580 sustainable growth rate, debate we have had for years  
6581 auditing and compliance documentation. All these issues are  
6582 going to make it tough I think for dentists to get on board.

6583           The amendment that I would like to offer, at some point  
6584 today, would establish voluntary Medicare dental benefits for  
6585 beneficiaries most in need of dental insurance coverage.

6586           To target a benefit would cover robust dental benefits  
6587 at low cost to enrollees to commercial dental plans required  
6588 to provide broad access to dentists. The benefit is designed  
6589 so it would be physically responsible to ensure it is  
6590 sustainable. It is based on the success of the Medicare  
6591 Advantage market. We call it Medicare Part T, provide  
6592 comprehensive affordable coverage to beneficiaries with the  
6593 greatest need to be available to beneficiaries with incomes  
6594 at or below 300 percent of federal poverty level adjusted by  
6595 the geographic area.

6596           Notably, the federal government would help pay the  
6597 premium and other cost sharing for enrollees up to a hundred  
6598 and thirty-four percent of the geographically adjusted FBL.

6599           Part T would also cover standardized affordable set of  
6600 benefits, establishing consultation with the dental



6601 profession and other stakeholders. These include evidence-  
6602 based preventative services such as examinations and  
6603 cleanings with no cost sharing. All of the coverage services  
6604 would be 80 percent starting at the first year of the benefit  
6605 to avoid saddling enrollees with a higher co-insurance  
6606 opposed to proposals that gradually increase the payment  
6607 percentage over multiple years.

6608 By creating a new Part Medicare, this dental benefit  
6609 would be up and running for seniors in two to three years  
6610 instead of having to wait until 2028 to have the benefit of  
6611 under Part B. It would significantly lower the cost of the  
6612 benefit making it the physically responsible choice for  
6613 investing in care, and it will pay dividends in improving the  
6614 health of our seniors.

6615 So I am not going to offer the amendment. I just wanted  
6616 to be able to comment on the bill, but this is something I  
6617 hope we will consider going forward when we are trying to  
6618 design new additions, new benefits, in a physically  
6619 responsible way that does not add to the insolvency of the  
6620 current Medicare system. And I yield back.

6621 \*The Chairman. All right. Thank you, Mr. Schrader.

6622 Anyone want to speak on the ANS or the underlying bill?  
6623 Otherwise, we are going to go to amendments.

6624 Who is that?

6625 \*Voice. Mrs. Dingell. Mrs. Dingell.

6626           \*The Chairman. Mrs. Dingell is recognized for five  
6627 minutes.

6628           \*Mrs. Dingell. Thank you, Mr. Chairman.

6629           I move to strike the last word. I am going to be  
6630 pretty --

6631           \*The Chairman. The gentlewoman --

6632           \*Mrs. Dingell. -- and I --

6633           [Crosstalk].

6634           \*Mrs. Dingell. I am actually here to speak about the  
6635 hearing aids, but I want to [inaudible] with my colleague for  
6636 a moment.

6637           These issues really matter. My father-in-law was one of  
6638 the authors of Social Security. It first introduced Medicare  
6639 in the early 1940s, and it took to 1965 for us to get there.

6640           I know we all know this, but we really don't understand  
6641 how many seniors are not going to the dentist because they  
6642 simply cannot afford it. It is virtually almost impossible  
6643 to walk into someone's office. Most of you know, I have not  
6644 had a great year because of dental malpractice. I got an  
6645 infection of my jawbone, and the surgeon said to me in  
6646 January, "Most people who get what you have die. They don't  
6647 live."

6648           People should not not be going to the dentist. Seniors  
6649 have a right. We are the only industrialized nation in the  
6650 world again, and people are simply not going to the dentist

6651 because they cannot afford it, and yet it is [audio  
6652 difficulties] for every American.

6653           And I am here to thank the Chairman and others for  
6654 including investments in expanding access to hearing aids as  
6655 well for seniors in today's markup.

6656           Nearly 48 million Americans suffer from hearing loss.  
6657 Left untreated, it leads to dementia, depression, and  
6658 isolation, and there is no coverage for hearing aids either,  
6659 and too many Americans simply don't have them because they  
6660 can't afford them. And the average price of a hearing aid is  
6661 approaching \$2500, and this just means this lack of coverage  
6662 simply, seniors go without hearing. They are just  
6663 disconnected, and that is why these investments are so  
6664 critical.

6665           The funding for the dental, the hearing aids, this is  
6666 people's lives. Seniors can live for 30 or 40 years if they  
6667 are able to get the quality care that they need. So the  
6668 funding today would -- this ANS that my colleague introduced  
6669 will also provide coverage for hearing aids and services for  
6670 seniors who have that hearing loss.

6671           These investments are long overdue. They are  
6672 fundamental to the health and wellbeing of American seniors.  
6673 As we work to modernize and strengthen our nation's  
6674 healthcare system, we need to be directing and shoring up  
6675 these critical gaps in our coverage. We cannot continue to

6676 ignore this issue, and I strongly urge my colleagues to  
6677 support these historic investments. I yield back, Mr.  
6678 Chairman.

6679 \*The Chairman. I thank the gentlewoman.

6680 Does anyone else want to speak on the ANS or the  
6681 underlying bill? Otherwise, we will move to amendments. All  
6682 right.

6683 Are there any amendments?

6684 Mr. Guthrie?

6685 \*Mr. Guthrie. Yeah, Mr. Chair, I have an amendment at  
6686 the desk.

6687 \*The Chairman. Does the Clerk have the Guthrie  
6688 Amendment?

6689 \*The Clerk. What's the title?

6690 \*Mr. Guthrie. Amendment 14.

6691 \*The Clerk. Yes. I have --

6692 \*Mr. Guthrie. Medicare Advantage.

6693 \*The Chairman. Okay. The Clerk will report the  
6694 amendment.

6695 \*The Clerk. Amendment to the amendment and the nature  
6696 of a substitute to Subtitle I offered by Mr. Guthrie of  
6697 Kentucky: Add at the end the following --

6698 \*The Chairman. Without objection, the --

6699 \*Ms. Blunt Rochester. Mr. Chairman, I reserve a point  
6700 of order.

6701           \*The Chairman. The gentlewoman from Delaware reserves a  
6702 point of order, and Madam Clerk, without -- I'm sorry. Let  
6703 me go over here.

6704           \*The Clerk. [Inaudible].

6705           \*The Chairman. Yeah.

6706           \*The Clerk. [Inaudible].

6707           \*The Chairman. Well, now, we are on the amendments --

6708           \*The Clerk. Yeah.

6709           \*The Chairman. -- to the ANS now, correct?

6710           \*The Clerk. Yes.

6711           \*The Chairman. Okay. So the Clerk will report the  
6712 amendment, the Guthrie Amendment. I just got thrown off  
6713 there a little.

6714           \*Voice. I think she reported, right?

6715           \*Voice. It's been reported.

6716           \*The Chairman. Oh, it's been reported. Okay. Then  
6717 without objection, the reading of the amendment will be  
6718 dispensed with, and the gentleman of --

6719           \*The Clerk. [Inaudible].

6720           The Chairman. -- she reserved a point of order, and the  
6721 gentleman, Mr. Guthrie, is recognized for five minutes.

6722           \*Mr. Guthrie. Thank you, Mr. Chair. Thank you, Mr.  
6723 Chair, and I will be brief.

6724           This concerns Medicare Advantage and the benchmarks in  
6725 the financing of -- the way we finance Medicare Advantage.

6726 So this amendment requires the HHS Secretary to certify in  
6727 writing that this bill will not increase premiums for seniors  
6728 on Medicare Advantage or result in a reduction of Medicare  
6729 Advantage dental, hearing, and vision benefits already  
6730 received today.

6731 We need to make sure everybody understands that people  
6732 in Medicare Advantage already have dental, hearing, and  
6733 vision. At 94 percent have dental, hearing, and vision; 94  
6734 percent of MA plans have some dental benefit. In 2021, in 96  
6735 percent of enrollees in individual MA plans have some hearing  
6736 benefits, and 99 percent have some benefits in vision  
6737 benefits, and it's worth reminding members of this Committee  
6738 that MA serves a greater proportion minority female and low-  
6739 income seniors. Our most vulnerable family members and  
6740 neighbors rave about the flexibility and personalize care  
6741 they receive through Medicare Advantage. All this amendment  
6742 does is certify that no harm -- and you got to know how the  
6743 benchmarks work because it could have -- no harm should come  
6744 to MA beneficiaries should these new benefits go into effect.

6745 Now, is not the time to limit or hinder programs. We  
6746 are spending \$3.5 trillion in this bill. We need to make  
6747 sure we also support Medicare Advantage; and quite honestly,  
6748 we are spending \$3.5 trillion and not addressing that the  
6749 Medicare Part A is set to go bankrupt in 2026, but that's for  
6750 another argument, and I will yield back.

6751           \*The Chairman. Thank you, Mr. Guthrie.

6752           So does the gentlewoman -- well, first of all, let me  
6753 ask if anyone else wants to speak on this? Otherwise, I am  
6754 going to go to the point of order.

6755           Yes, Mr. Bilirakis is recognized for five minutes.

6756           \*Mr. Bilirakis. Thank you, Mr. Chairman.

6757           I move to strike the last word.

6758           \*The Chairman. The gentleman is recognized.

6759           \*Mr. Bilirakis. Thank you.

6760           I want to thank our health committee sub ranking member,  
6761 my good friend, Mr. Guthrie, for his amendment to protect  
6762 Medicare Advantage beneficiaries in this bill.

6763           I am gravely concerned that the proposals being  
6764 suggested here will inadvertently or not end up reducing  
6765 Medicare Advantage benefits. Enrollees are so very happy  
6766 with this Medicare Advantage benefit, particularly, in my  
6767 district where we have over 50 percent of those seniors  
6768 enrolled in Medicare Advantage.

6769           As a strong proponent of Medicare Advantage, I know how  
6770 important this program is to my constituents, as I said, in  
6771 providing high quality affordable healthcare. In fact, 42  
6772 percent of -- well, I think it's a little more than 42  
6773 percent to tell you the truth -- but seniors are enrolled in  
6774 Medicare Advantage. Over 2.3 million of those seniors live  
6775 in Florida, and as I said, about 50 percent are enrolled in

6776 Medicare Advantage.

6777           This also includes almost two-thirds of the  
6778 beneficiaries in my district in the Tampa Bay area. Within  
6779 every senior age group in Florida, Medicare beneficiaries or  
6780 Medicare Advantage plan spend significantly less than fee for  
6781 service, and that is because the public/private partnership  
6782 model incentivizes a whole-health approach focus on clinical  
6783 outcomes.

6784           To further compare Medicare Advantage beneficiaries to  
6785 those on traditional fee-for-service Medicare thus far,  
6786 during the COVID-19 pandemic, both primary care and vaccine  
6787 uptake is higher, while those experiencing worse outcomes are  
6788 lower.

6789           It is also a myth that Medicare Advantage only serves  
6790 higher-income seniors. Fifty-one percent of Medicare  
6791 Advantage beneficiaries had annual incomes of less than  
6792 \$30,000 and ninety-six percent of beneficiaries have access  
6793 to at least 1-0 premium Medicare Advantage [inaudible].

6794           In short, Medicare Advantage works. We had a great  
6795 opportunity to expand on the success of this very popular  
6796 program by strengthening and expanding it further to the non-  
6797 Medicare Advantage senior population, but the majority has  
6798 decided to go in the exact opposite direction unfortunately.

6799           One of the important messages in this underlying bill  
6800 text I want to get across is the Medicare eligible population



6801 already has access to dental, hearing, and vision plans  
6802 through Medicare Advantage. Under Medicare Advantage,  
6803 seniors get choices to decide what plans work best for them.

6804 Meanwhile, to provide these incredibly expensive  
6805 duplicative benefits in fee-for-service, the Democrats' plan  
6806 is to raid the Medicare trust fund and to do so using budget  
6807 gimmicks by requiring seniors to pay 90 percent out-of-pocket  
6808 benefits and slowly implementing decreasing expenses over the  
6809 course of seven years until 2028, conveniently not far from  
6810 the ten-year budget window.

6811 So while you may hear from the majority that these  
6812 provisions don't explicitly make cuts to Medicare Advantage,  
6813 at the same time, they do not want to take up this amendment.  
6814 We must ensure that as a condition of implementing this  
6815 Medicare spending plan, it does not do so on the backs of  
6816 Medicare Advantage beneficiaries by raising their premiums or  
6817 cutting their benefits.

6818 I urge my Democratic colleagues -- many of those  
6819 districts have again, Medicare Advantage patients, over 50  
6820 percent in some cases. We need to protect this very vital  
6821 Medicare Advantage program, and folks, I know that we have  
6822 signed letters and we have had just as many Democrats  
6823 supporting Medicare Advantage and preserving it because their  
6824 constituents love it. We get quality care with choices.

6825 So thank you very much, and I yield back, Mr. Chairman,

6826 unless somebody else wants my time. Appreciate it.

6827 \*The Chairman. Thank you. The gentleman yields back.

6828 The Chair is prepared to --

6829 \*Voice. [Inaudible].

6830 \*The Chairman. No, no. I know, but I was going to ask

6831 her if she wanted to insist on her point of order. Does

6832 [crosstalk] --

6833 \*Ms. Blunt Rochester. Yes, Mr. Chairman.

6834 \*The Chairman. -- the gentlewoman insists on a point of

6835 order? Okay. Then the gentlewoman will state the point of

6836 order.

6837 \*Ms. Blunt Rochester. Thank you, Mr. Chairman.

6838 The amendment violates the germaneness requirement of

6839 Rule 16, Clause 7. The amendment is not germane because the

6840 amendment introduces a new subject to the text proposed to be

6841 amended. The subject of the introduced bill is Medicare

6842 benefits. The subject to the amendment is Medicare premiums

6843 in addition to Medicare benefits. Therefore, I urge the

6844 Chair to sustain the point of order.

6845 \*The Chairman. The gentlewoman, now, does any other

6846 member wish to be heard on the point of order? Just on the

6847 point of order. All right. Then the Chair is prepared to

6848 rule.

6849 The gentlewoman from Delaware has raised a point of

6850 order that the amendment is not germane because it introduces

6851 a new subject matter to the underlying text. The Chair finds  
6852 that the amendment introduces a new subject matter, that is  
6853 Medicare premiums that is not addressed in the underlying  
6854 text; and for that reason, the point of order is sustained.

6855 Now, do we have any other amendments to the ANS on the  
6856 Medicare Title?

6857 \*Mr. Bucshon. Mr. Chairman.

6858 \*The Chairman. Yes, who is seeks recognition?

6859 \*The Clerk. Dr. Bucshon.

6860 \*The Chairman. Mr. Bucshon.

6861 \*Mr. Bucshon. Dr. Bucshon.

6862 \*The Chairman. Do you have an amendment?

6863 \*Mr. Bucshon. I do have an amendment at the desk,  
6864 Amendment No. 5.

6865 \*The Chairman. Amendment No. 5. Does the Clerk have  
6866 the Bucshon Amendment?

6867 \*The Clerk. Yes.

6868 \*The Chairman. Will the Clerk report the amendment?

6869 \*The Clerk. Amendment to the amendment in the nature of  
6870 a substitute to Subtitle I offered by Mr. Bucshon of Indiana.

6871 \*The Chairman. Without objection the reading of the  
6872 Bucshon Amendment will be dispensed with, and the gentleman  
6873 from Indiana is recognized for five minutes.

6874 \*Mr. Bucshon. Thank you, Mr. Chairman.

6875 For over 18 months, our nation's doctors, nurses, and

6876 other healthcare workers have been on the front lines of the  
6877 COVID-19 pandemic fighting each day for the health and  
6878 welfare of our loved ones.

6879         With the insurgence of the Delta Variant flooding  
6880 hospitals across the nation with COVID-19 patients, our  
6881 nation's healthcare workers are once again dealing with  
6882 overcrowded hospital, staffing shortages, and insufficient  
6883 amounts of PPE as they work to care for patients. Yet, this  
6884 bill does little to actually help provide stability and  
6885 certainty to our doctors. We are set to spend hundreds of  
6886 billions of dollars for more federal command and takeover for  
6887 our healthcare system while blatantly ignoring our healthcare  
6888 workers, specifically, physicians.

6889         Beginning on January 1, 2022, many specialists,  
6890 therapists, and other physicians will be faced with a  
6891 substantial reimbursement cut up to 9 percent for many  
6892 providers. Where is the relief and support for our  
6893 healthcare heroes in this bill? I don't think a proper thank  
6894 you is to be asking our doctors to take a pay cut. That's  
6895 why I am offering this commonsense amendment today.

6896         The Consolidated Appropriations Act of 2021 offered a  
6897 3.75 percent payment adjustment in the 2021 Medicare  
6898 Physician Fee Schedule. However, it is set to expire at the  
6899 end of this year. My amendment would extend this 3.75  
6900 percent payment adjustment for one year to afford some short-

6901 term stability for healthcare professionals struggling with  
6902 the impact of this pandemic.

6903         And this idea is not partisan. In fact, my colleague,  
6904 Ami Bera, and I have been leading the efforts for the last  
6905 two Congresses to provide certainty for doctors and overt  
6906 these imminent cuts proving bipartisanship on key issues can  
6907 be done, and that is the way it should be. Both parties  
6908 coming together to find targeted and meaningful solutions,  
6909 not this hyper partisan process that quickly checks off  
6910 partisan wish list items without any constructive committee  
6911 consideration, and honestly, both parties have been guilty of  
6912 this.

6913         As we consider a bill that comes with a high price tag  
6914 of a trillion dollars, why not set aside a very small  
6915 fraction of that to say, "Thank you," to our healthcare  
6916 heroes by providing them with the certainty and support they  
6917 so admirably deserve.

6918         That is why I am asking you all today to support this  
6919 amendment and avoid the end-of-the-year fee schedule payment  
6920 cuts to providers.

6921         Thank you, and I yield back the balance of my time.

6922         \*The Chairman. I thank the gentleman.

6923         I am going to strike the last word myself in opposition  
6924 to Dr. Bucshon's amendment. I understand there are several  
6925 physician payment proposals related to the calendar year 2022

6926 Physician Fee Schedule proposed rule that stakeholders have  
6927 concerns with; however, I cannot support this amendment today  
6928 because I do not think this is the right time or place to  
6929 address these issues.

6930         The common period on the proposed fee schedule rule only  
6931 recently closed, and the final rule is still under  
6932 development. But I do think ensuring robust physician  
6933 payment is an important issue. That's why last Congress who  
6934 worked in a bipartisan manner to increase payment of the  
6935 Physician Fee Schedule as has been raised today, and I look  
6936 forward to working with stakeholders and members on these  
6937 issues as we go forward.

6938         I would urge my colleague from Indiana to withdraw this  
6939 amendment, and we can examine the issue in bipartisan  
6940 fashion, and I would yield back.

6941         \*Mr. Bucshon. Yeah, I -- you know, I am not inclined to  
6942 withdraw the amendment, but I am certainly willing to voice  
6943 vote the amendment.

6944         \*The Chairman. All right. Yes. Is it still my time or  
6945 does the --

6946         [Crosstalk.]

6947         \*Mr. Bucshon. You asked me to --

6948         \*The Chairman. I yielded back, so I will ask Mr. Pence  
6949 -- will yield five minutes to Mr. Pence. Strike the last  
6950 word.

6951 [Pause.]

6952 Does anyone else want to speak on this, the Bucshon  
6953 Amendment? I did notice that Mr. Latta's hand is up. Did we  
6954 pass over you? Do you want to speak on this, or do you want  
6955 to speak on the underlying bill?

6956 \*Mr. Latta. Mr. Chairman, I have an amendment at the  
6957 desk.

6958 \*The Chairman. Oh, you have another amendment. Okay.  
6959 Then we will --

6960 \*Mr. Latta. Yes, sir.

6961 \*The Chairman. -- wait. All right.

6962 Does anyone else want to speak on the Bucshon Amendment?  
6963 Hearing none, a recorded vote --

6964 \*The Clerk. [Inaudible] voice vote.

6965 \*The Chairman. Oh, we are going to have voice vote.  
6966 Oh, great. Okay. Thank you for that.

6967 If there is no further debate, we will proceed to a vote  
6968 on the amendment.

6969 All those in favor of the amendment will signify by  
6970 saying aye.

6971 And all those opposed will say no.

6972 In the opinion of the Chair, the noes have it, and the  
6973 amendment is not agreed to.

6974 Now, Mr. Latta, you have an amendment to the amendment  
6975 in the nature of a substitute? Does the Clerk have the Latta

6976 Amendment?

6977 \*The Clerk. What is the title?

6978 \*The Chairman. What is the title?

6979 \*Mr. Latta. It is 30\_01.

6980 \*The Clerk. What was the beginning again?

6981 \*Mr. Latta. A, alpha, Mike, delta, 30\_01. It had been  
6982 1901.

6983 \*The Clerk. 1901. Oh. Yes, I have the amendment.

6984 \*The Chairman. All right. The Clerk will report the  
6985 Latta Amendment.

6986 \*The Clerk. Amendment to the amendment in the nature of  
6987 a substitute to Subtitle I --

6988 \*The Chairman. Without objection, the reading of the  
6989 amendment will be dispensed with, and the gentleman from Ohio  
6990 is recognized for five minutes.

6991 \*Mr. Latta. Well, thank you, Mr. Chairman.

6992 My amendment simply mandates that the Secretary of  
6993 Health and Human Services can't add conditions [inaudible]  
6994 participation if they negatively impacts [inaudible].  
6995 President Biden's plan to force [inaudible] workers [audio  
6996 difficulties] vaccinated [audio difficulties] is the  
6997 definition of government overreach. Also, I believe our  
6998 hospitals [audio difficulties] we put at risk by demanding  
6999 employers to [audio difficulties] employees to impose  
7000 mandates on their workers to get vaccinated [audio



7001 difficulties]. In addition, this plan subjects 17 million  
7002 healthcare workers to mandates of employers that participate  
7003 in Medicare or Medicaid.

7004 Our country is already facing a workforce shortage,  
7005 including in our healthcare sector. This mandate will only  
7006 exasperate the problem.

7007 I have visited numerous healthcare facilities recently  
7008 during the COVID pandemic, and the number one issue has  
7009 always been staffing shortages.

7010 \*Voice. Chairman, the committee is not in order. The  
7011 committee is not in order.

7012 \*The Chairman. The Committee is not in order? All  
7013 right. Could we ask everyone to not talk so much, so we can  
7014 finish up here?

7015 Mr. Latta.

7016 \*Mr. Latta. Well, thank you, Mr. Chairman.

7017 Employers are traveling from different states to work in  
7018 my district, and the vaccination policies are different  
7019 across state lines. In one instance, Northwest Physical  
7020 Therapy, they contacted me, said they could lose almost 30  
7021 percent of their staff because of these mandates. I fear  
7022 these numbers could potentially be higher.

7023 I have also heard from the Wood County Commissioners, of  
7024 which I was one years ago, that we have a nursing home that  
7025 they are fearful that they would not be able to maintain

7026 staffing levels.

7027           Also, Memorial Hospital, the same issue; Progressive  
7028 Therapy Alternatives, same issue; and the Northwest Physical  
7029 Therapy announced that 50,000 patient visits will have to be  
7030 absorbed by other organizations even though those two are  
7031 also short-staffed.

7032           Last year, our unvaccinated healthcare workers were  
7033 considered heroes, and now, they are being cast as villains  
7034 if they chose not to be vaccinated. I am encouraging my  
7035 constituents to speak with their doctors as they decide  
7036 whether the vaccine is right for themselves and their  
7037 families.

7038           I ask for unanimous consent to insert in the record, Mr.  
7039 Chairman, the four records from the healthcare providers in  
7040 my district opposing the vaccine mandates. I understand the  
7041 need to get this crisis under control, but the President's  
7042 top-down approach does not mean we have to sacrifice our  
7043 rights for short-term protection. That is why I am offering  
7044 the amendment, and I would encourage my colleagues to support  
7045 the amendment.

7046           And once again, I apologize for my voice. Thank you,  
7047 Mr. Chairman.

7048           \*The Chairman. Thank you.

7049           Does anyone want to speak on the Latta Amendment? If  
7050 not, we will go to a vote.

7051 Did you want a recorded vote, or can we do it by voice?

7052 \*Mr. Latta. Mr. Chairman, we can do a voice vote  
7053 please.

7054 \*The Chairman. All right. Thank you.

7055 We will proceed to a vote on the Latta Amendment.

7056 All those in favor of the amendment will signify by  
7057 saying aye.

7058 And all those opposed to the Latta Amendment will say  
7059 no.

7060 In the opinion of the Chair, the noes have it. The  
7061 amendment is not agreed to.

7062 Are there further amendments to the amendment in the  
7063 nature of a substitute on the Medicare Title? No? Okay.

7064 Then we will go to the ANS on the Medicare Title that  
7065 was offered by Ms. Robin Kelly. We will voice that, and then  
7066 we will go to a recorded vote on final.

7067 We will proceed to a vote on the amendment in the nature  
7068 of a substitute to the Committee Print Subtitle I, Budget  
7069 Reconciliation Legislative Recommendations Relating to  
7070 Medicare.

7071 All those in favor of the amendment in the nature of a  
7072 substitute to the Committee Print Subtitle I, Budget  
7073 Reconciliation Legislative Recommendations Relating to  
7074 Medicare will signify by saying aye.

7075 All those opposed will say no.

7076 All right. So the amendment in the nature of a  
7077 substitute to the Committee Print Subtitle I, Budget  
7078 Reconciliation Legislative Recommendations Relating to  
7079 Medicare is agreed to.

7080 So now, we are going to go to final passage on the  
7081 Medicare Title, and this is the last bill.

7082 The question now occurs on approval and transmitting to  
7083 the Committee on budget. The Committee Print Subtitle I,  
7084 Budget Reconciliation Legislative Recommendations Relating to  
7085 Medicare as amended.

7086 I move, the Committee do now approve and transmit the  
7087 recommendations of this Committee and all appropriate  
7088 accompanying material, including additional supplemental  
7089 minority dissenting views that the House Committee on the  
7090 Budget, in order to comply with the reconciliation directive  
7091 included in Section 2002 of the concurrent resolution on the  
7092 budget for fiscal year 2022, S.Con.Res 14, and consistent  
7093 with Section 310 of the Congressional Budget and Empowerment  
7094 Control Act of 1974.

7095 And we are going to have a recorded vote on this  
7096 Medicare Title final passage.

7097 All those in favor will signify by saying aye. Those  
7098 opposed will say no. And the Clerk shall call the roll.

7099 \*The Clerk. Mr. Rush?

7100 \*Mr. Rush. Finally. Rush of Illinois votes aye.

7101           \*The Clerk. Mr. Rush votes aye.  
7102           Ms. Eshoo?  
7103           \*Ms. Eshoo. Eshoo votes aye.  
7104           \*The Clerk. Ms. Eshoo votes aye.  
7105           Ms. DeGette?  
7106           \*Ms. DeGette. DeGette votes aye.  
7107           \*The Clerk. Ms. DeGette votes aye.  
7108           Mr. Doyle?  
7109           \*Mr. Doyle. Doyle votes yes.  
7110           \*The Clerk. Mr. Doyle votes aye.  
7111           Ms. Schakowsky?  
7112           \*Ms. Schakowsky. Schakowsky votes yes and thanks,  
7113 Frank, for his leadership.  
7114           \*The Clerk. Ms. Schakowsky votes aye.  
7115           Mr. Butterfield?  
7116           \*Mr. Butterfield. Safe travels to all. Votes aye.  
7117           \*The Clerk. Mr. Butterfield votes aye.  
7118           Ms. Matsui?  
7119           \*Ms. Matsui. Matsui votes aye.  
7120           \*The Clerk. Ms. Matsui votes ayes.  
7121           Ms. Castor?  
7122           \*Ms. Castor. Castor votes aye.  
7123           \*The Clerk. Ms. Castor votes aye.  
7124           Mr. Sarbanes?  
7125           \*Mr. Sarbanes. Sarbanes votes aye.

7126 \*The Clerk. Mr. Sarbanes votes aye.  
7127 Mr. McNerney?  
7128 \*Mr. McNerney. McNerney votes aye.  
7129 \*The Clerk. Mr. McNerney votes aye.  
7130 Mr. Welch?  
7131 Mr. Welch votes aye.  
7132 Mr. Tonko?  
7133 \*Mr. Tonko. Tonko from New York votes aye.  
7134 \*The Clerk. Mr. Tonko votes aye.  
7135 Ms. Clarke?  
7136 \*Ms. Clarke. Clarke of New York votes aye.  
7137 \*The Clerk. Ms. Clarke votes aye.  
7138 Mr. Schrader?  
7139 \*Mr. Schrader. Schrader of Oregon votes no.  
7140 \*The Clerk. Mr. Schrader votes no.  
7141 Mr. Cardenas?  
7142 \*Mr. Cardenas. Cardenas representing California votes  
7143 aye.  
7144 \*The Clerk. Mr. Cardenas votes aye.  
7145 Mr. Ruiz?  
7146 \*Mr. Ruiz. Ruiz from California votes aye. Ruiz from  
7147 California votes aye.  
7148 \*The Clerk. Mr. Ruiz votes aye.  
7149 Mr. Peters?  
7150 \*Mr. Peters. Peters votes aye. Scott Peters votes aye.

7151 \*The Clerk. Mr. Peters votes aye.  
7152 Mrs. Dingell?  
7153 \*Mrs. Dingell. Dingell votes aye.  
7154 \*The Clerk. Mrs. Dingell votes aye.  
7155 Mr. Veasey?  
7156 \*Mr. Veasey. Veasey votes aye.  
7157 \*The Clerk. Mr. Veasey votes aye.  
7158 Ms. Kuster?  
7159 \*Ms. Kuster. Kuster votes aye.  
7160 \*The Clerk. Ms. Kuster votes aye.  
7161 Ms. Kelly?  
7162 \*Ms. Kelly. Kelly votes aye.  
7163 \*The Clerk. Ms. Kelly votes aye.  
7164 Ms. Barragan?  
7165 \*Ms. Barragan. Barragan votes aye. Barragan votes aye.  
7166 \*The Clerk. Ms. Barragan votes aye.  
7167 Mr. McEachin?  
7168 \*Mr. McEachin. McEachin of Virginia votes aye.  
7169 \*The Clerk. Mr. McEachin votes aye.  
7170 Ms. Blunt Rochester?  
7171 \*Ms. Blunt Rochester. Blunt Rochester of Delaware votes  
7172 aye.  
7173 \*The Clerk. Ms. Blunt Rochester votes aye.  
7174 Mr. Soto?  
7175 Mr. Soto votes aye.

7176 Mr. O'Halleran?  
7177 \*Mr. O'Halleran. O'Halleran votes aye.  
7178 \*The Clerk. Mr. O'Halleran votes aye.  
7179 Miss Rice?  
7180 \*Miss Rice. Rice votes no.  
7181 \*The Clerk. Miss Rice votes no.  
7182 Ms. Craig?  
7183 \*Ms. Craig. Craig votes aye.  
7184 \*The Clerk. Ms. Craig votes aye.  
7185 Ms. Schrier?  
7186 \*Ms. Schrier. Schrier votes aye.  
7187 \*The Clerk. Ms. Schrier votes aye.  
7188 Mrs. Trahan?  
7189 \*Mrs. Trahan. Trahan votes aye.  
7190 \*The Clerk. Mrs. Trahan votes aye.  
7191 Mrs. Fletcher?  
7192 \*Mrs. Fletcher. Fletcher votes aye.  
7193 \*The Clerk. Mrs. Fletcher votes aye.  
7194 Mrs. Rodgers?  
7195 Mrs. Rodgers votes no.  
7196 Mr. Upton?  
7197 \*Mr. Upton. Mr. Upton votes no.  
7198 \*The Clerk. Mr. Upton votes no.  
7199 Mr. Burgess?  
7200 \*Mr. Burgess. Burgess votes no.



7201 \*The Clerk. Mr. Burgess votes no.  
7202 Mr. Scalise?  
7203 \*Mr. Scalise. Scalise votes no.  
7204 \*The Clerk. Mr. Scalise votes no.  
7205 Mr. Latta?  
7206 \*Mr. Latta. Latta votes no. Latta votes no.  
7207 \*The Clerk. I'm sorry, Mr. Latta, could you repeat your  
7208 vote?  
7209 \*Mr. Latta. Yep.  
7210 \*The Clerk. I can't see you.  
7211 \*Mr. Latta. I'm sorry. I'm sorry. Votes no. Having a  
7212 little problem here. Latta votes no.  
7213 \*The Clerk. Oh, Mr. Latta votes no.  
7214 Mr. Guthrie?  
7215 \*Mr. Guthrie. Guthrie votes no.  
7216 \*The Clerk. Mr. Guthrie votes no.  
7217 Mr. McKinley?  
7218 \*Mr. McKinley. [No response.]  
7219 Mr. Kinzinger?  
7220 \*Mr. Kinzinger. Kinzinger no.  
7221 \*The Clerk. Mr. Kinzinger votes no.  
7222 Mr. Griffith?  
7223 \*Mr. Griffith. No.  
7224 \*The Clerk. Mr. Griffith votes no.  
7225 Mr. Bilirakis?

7226 \*Mr. Bilirakis. Bilirakis votes no.  
7227 \*The Clerk. Mr. Bilirakis votes no.  
7228 Mr. Johnson?  
7229 \*Mr. Johnson. Johnson votes no.  
7230 \*The Clerk. Mr. Johnson votes no.  
7231 Mr. Long?  
7232 \*Mr. Long. No.  
7233 \*The Clerk. Mr. Long votes no.  
7234 Mr. Bucshon?  
7235 \*Mr. Bucshon. Bucshon from Indiana votes no.  
7236 \*The Clerk. Mr. Bucshon votes no.  
7237 Mr. Mullin?  
7238 \*Mr. Mullin. No.  
7239 \*The Clerk. Mr. Mullin votes no.  
7240 Mr. Hudson?  
7241 \*Mr. Hudson. Hudson of North Carolina votes no.  
7242 \*The Clerk. Mr. Hudson, could you repeat your vote?  
7243 \*Mr. Hudson. Hudson of North Carolina votes no.  
7244 \*The Clerk. Mr. Hudson votes no.  
7245 Mr. Walberg?  
7246 \*Mr. Walberg. Walberg votes no.  
7247 \*The Clerk. Mr. Walberg votes no.  
7248 Mr. Carter?  
7249 \*Mr. Carter. Carter of New York votes no.  
7250 \*The Clerk. Mr. Carter votes no.

7251 Mr. Duncan?

7252 \*Mr. Duncan. Mr. Duncan from South Carolina votes no.

7253 \*The Clerk. Mr. Duncan votes no.

7254 Mr. Palmer?

7255 \*Mr. Palmer. Palmer votes no.

7256 \*The Clerk. Mr. Palmer votes no.

7257 Mr. Dunn?

7258 \*Mr. Dunn. Mr. Dunn votes no.

7259 \*The Clerk. Mr. Dunn votes no.

7260 Mr. Curtis?

7261 \*Mr. Curtis. Curtis votes no.

7262 \*The Clerk. Mr. Curtis votes no.

7263 Mrs. Lesko?

7264 \*Mrs. Lesko. Lesko from Arizona votes no.

7265 \*The Clerk. Mrs. Lesko votes no.

7266 Mr. Pence?

7267 \*Mr. Pence. Pence from Indianan votes no.

7268 \*The Clerk. Mr. Pence votes no.

7269 Mr. Crenshaw?

7270 \*Mr. Crenshaw. Crenshaw votes no.

7271 \*The Clerk. Mr. Crenshaw votes no.

7272 Mr. Joyce?

7273 \*Mr. Joyce. Joyce from Pennsylvania votes no.

7274 \*The Clerk. Mr. Joyce votes no.

7275 Mr. Armstrong?

7276 \*Mr. Armstrong. Armstrong votes no.

7277 \*The Clerk. Mr. Armstrong votes no.

7278 Mr. Pallone?

7279 \*The Chairman. Madam Clerk, Pallone from New Jersey  
7280 votes aye.

7281 \*The Clerk. Mr. Pallone votes aye.

7282 \*The Chairman. Do we have anyone who hasn't been  
7283 recorded?

7284 \*The Clerk. Mr. McKinley.

7285 \*The Chairman. Mr. McKinley, he was here. That's if he  
7286 wants to be recorded? He doesn't? All right. He doesn't  
7287 want to come back? All right. We will leave it alone.

7288 Madam Clerk, will report the tally on the Medicare Title  
7289 final passage.

7290 \*The Clerk. On the vote, the yeas were 30, and the nays  
7291 were 27.

7292 \*The Chairman. Okay. So the vote on final passage of  
7293 the Medicare Title is 30 ayes and 27 noes, and the Committee  
7294 has approved the Committee Print Subtitle I, Budget  
7295 Reconciliation Legislative Recommendations Relating to  
7296 Medicare as Amended and order the legislative recommendations  
7297 transmitted to the Committee on Budget.

7298 And before we all leave, and we thank everybody, this is  
7299 what we are putting in?

7300 \*Voice. Yes. And then you also need to read that --

7301           \*The Chairman. Well, maybe I don't have to make  
7302 everybody stay for this.

7303           \*Voice. [Audio difficulties] this. Oh, I need, Mr.  
7304 Chair --

7305           \*The Chairman. Yes.

7306           \*Voice. -- a plan to file views and request the usual  
7307 number of days.

7308           \*The Chairman. All right. Without objection, so  
7309 ordered.

7310           But they don't have to stay, or am I going to read all  
7311 of this?

7312           \*Voice. No, no. You are going to read just --

7313           \*The Chairman. Oh, all right.

7314           \*The Clerk. -- just need to read this [inaudible]  
7315 thing.

7316           \*The Chairman. Okay. So I ask unanimous consent to  
7317 enter the following staff agreed upon list of documents into  
7318 the record. These are the documents that members submitted  
7319 to the email address provided.

7320           And without objection, so ordered.

7321           Before we adjourn, let me just thank everybody. I know  
7322 this was long and difficult, needless to say, but you know, I  
7323 think we all tried hard to make it as congenial as possible  
7324 under the circumstances, and I know that I would really  
7325 appreciate the fact that we were able to sleep last night --

7326           \*Voice. Me too.

7327           \*The Chairman. -- and you know, come back this morning.  
7328   And as long as you are not flying somewhere, you can probably  
7329   get to services tonight at dusk if you are Jewish. So  
7330   everything is good. Thank you so much. And thank the staff  
7331   for all their hard work.

7332           \*Mrs. Rodgers. Well, Mr. Chairman?

7333           \*The Chairman. The staff has really worked hard on --

7334           \*Mrs. Rodgers. If I --

7335           \*Voice. Good job, Mr. Chairman.

7336           \*Mrs. Rodgers. A moment of personal privilege, I too,  
7337   on behalf of all the Republicans and those of us on this side  
7338   of the aisle, I want to say thank you for working with us  
7339   over the last three long days as we have been working through  
7340   this markup, 16 Titles, which is a record. It is a lot. And  
7341   tensions get high, and we are obviously not going to agree on  
7342   every issue, but I have appreciated the accommodations that  
7343   you have made along the way when people were having  
7344   challenges getting on and making sure that votes were  
7345   recorded, and I feel like we can be proud of the work that  
7346   was done here. Well, be proud of the debate. Let us be  
7347   proud of the debate that took place and not the work that was  
7348   done here. Got to correct the record here. Proud of the  
7349   debate and the spirit in which we had the debate. You know,  
7350   we are not always going to agree, and certainly, this has

7351 been -- this is a tough one for us, but this Committee is  
7352 still a great Committee, and I have a lot of respect for all  
7353 the members on the Committee.

7354 Thank you, Mr. Chairman.

7355 \*The Chairman. Thank you so much. And let me just  
7356 thank, again, the staff.

7357 So without objection, the staff is authorized to make  
7358 technical and conforming changes to the Committee Prints  
7359 consistent with the actions taken by the Committee today, and  
7360 this Committee stands adjourned.

7361 [Whereupon, at 3:46 p.m., the committee was adjourned.]