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House of Representatives

The House met at 9 a.m. and was called to order by the Speaker pro tempore (Mr. RIBBLE).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 14, 2014

I hereby appoint the Honorable REID J. RIBBLE to act as Speaker pro tempore on this day.

JOHN A. BOEHNER,
Speaker of the House of Representatives.

PRAYER

The Chaplain, the Reverend Patrick J. Conroy, offered the following prayer: Compassionate and merciful God, we give You thanks for giving us another day.

During the upcoming week of constituency visits, give the Members of this assembly insight, inspiration, and industry to work for the good of our country. Sustain our citizens with Your power, that they might be true to the highest and best they know and are able to achieve.

As Members visit with those whom they represent, may solutions that work toward the betterment of all in our Nation emerge in open and respectful conversation.

May the assurance of Your love and the presence of Your truth abide in all our hearts and all our homes.

And may all that is done be for Your greater honor and glory.
Amen.

THE JOURNAL

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

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

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Oklahoma (Mr. MULLIN) come forward and lead the House in the Pledge of Allegiance.

Mr. MULLIN led the Pledge of Allegiance as follows:

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain up to 5 requests for 1-minute speeches on each side of the aisle.

WE ALL KNOW THAT OBAMACARE IS AN ABSOLUTE FAILURE

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

Mr. MULLIN. Mr. Speaker, time and time again, we have been reassured by this administration that ObamaCare is working, but when I talk to my constituents in Oklahoma's Second District, this is not the case. When I read the news headlines and discover yet another delay in ObamaCare, this is not the case.

Even this week, this administration was unable to provide—you know, I am up here, and I am reading talking points to you that you have heard over and over and over again, and yet we all know that ObamaCare is an absolute failure.

We all know that. The media knows that. This President knows that; and yet, he continues to force it down the throat of the American people, just because it is his signature piece of legislation.

What is sad is that this is just one of many things that has made this President and his administration an absolute failure. What is unfortunate is the American people are the ones that are having to pay for his mistakes. I, for one, have had enough.

HONORING THE LIFE OF ERNEST J. REYES

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

Mr. CÁRDENAS. Mr. Speaker, I rise today in honor of the life and legacy of a very positive man, my friend, Ernest J. Reyes, who passed away recently at the age of 73. Though Mr. Reyes is sorely missed by friends and family, I know his legacy will endure.

Ernest J. Reyes was a native of Madera, California. He was dedicated to the California real estate community and used his knowledge to help families thrive and realize the American Dream of homeownership.

He cofounded the National Association of Hispanic Real Estate Professionals and advocated for Spanish language services and documents for Hispanic homeownership. Mr. Reyes was also an exceptional public servant, holding various roles throughout his long career.

I extend my sincerest condolences to his wife of 50 years, Patricia Pedregon Reyes, along with his children, Denise Johnson and Daren Reyes, and his three grandchildren.

Mr. Reyes was an inspiration, and I know his loss will be felt by many, including the 29th Congressional District.

POLAR PLUNGE FOR SPECIAL OLYMPICS

(Mr. PAULSEN asked and was given permission to address the House for 1

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

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



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minute and to revise and extend his remarks.)

Mr. PAULSEN. Mr. Speaker, last Saturday, I had the opportunity to celebrate the cold winter in Minnesota by getting together with hundreds of others and jumping through a hole in the ice and into a freezing lake.

Now, while some may think that many Minnesotans consider this normal recreational activity in the winter, it actually was to raise money for a very worthwhile cause.

The Polar Plunge, which takes place throughout Minnesota and other areas of the country all winter long, raises millions of dollars for the Special Olympics programs. This important funding allows more than 7,200 Special Olympics athletes in Minnesota to grow and thrive through a variety of competitions.

I want to thank our State's law enforcement for organizing the plunges, Channel 9's Ian Leonard for giving his selfless time and energy to support this cause and events, to all those who pledged their support for the participants, and of course, those who are crazy enough to jump in the middle of the winter through a hole in the ice.

Mr. Speaker, I want to offer and congratulate the support for the Special Olympics, an organization that is truly life-changing for its participants and their families.

GIRL SCOUTS

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

Mr. TONKO. Mr. Speaker, I rise today to celebrate and honor the service of our Nation's Girl Scouts.

On this week, more than 100 years ago, Juliette "Daisy" Gordon Low officially registered the Girl Scouts' first 18 members. Since that time, the Girl Scouts experience has enriched the lives of millions of girls, their families, and our communities.

I am especially proud to highlight the hard work of Felicia Dodge, a Girl Scout from Glenville, New York. Felicia is currently working on her Gold Award project to help create a sustainable sewing program at a local school in Haiti.

Felicia's project empowers the community to clothe themselves and hone the skills to run a sustainable business. Her hard work and certainly her involvement will send over 600 pounds of materials and supplies to the school. I applaud Felicia for her thoughtful and certainly inspiring endeavor.

On behalf of the citizens of the 20th Congressional District of New York, I thank the Girl Scouts of northeastern New York for their commitment and for their service to our communities.

EDUCATION IS CRITICALLY IMPORTANT

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

Mr. FLEISCHMANN. Mr. Speaker, today, I rise to honor America's teachers. I do that because I spoke with my 17-year-old son, who is a junior at Silverdale Baptist Academy, and he was asking me about teachers.

Now, most of you all know I had two elementary schools, three middle schools, and two high schools in my own career. I told my son how important teaching is. Just think about it: all across America today and in all of our 50 States, teachers are teaching and inspiring our children.

Education is critically important, whether it is in the private sector or in the public sector. It is so critically important that we get it right, and teaching is such a noble profession.

I wanted to rise today, Mr. Speaker, and just say thank you to our Nation's teachers. Keep up the great work. Keep inspiring our young minds, so that we can continue to move ahead as a great Nation.

THOMSON PRISON

(Mrs. BUSTOS asked and was given permission to address the House for 1 minute.)

Mrs. BUSTOS. Mr. Speaker, I rise today to talk about the Thomson Correctional Center, a facility that has sat vacant in the town of Thomson, a small village in northern Illinois, since it was built by the State of Illinois in 2001.

For more than a decade, the people of my region have been thirsting for the jobs and the economic opportunity that the opening of this facility would bring.

Yesterday, we received the very good news that we had been waiting for, for a long time. This was delivered to us from the Bureau of Prisons, which announced that they will designate the funding to activate the Thomson Correctional Center.

This investment means construction can soon begin. It means that workers can soon begin competing for good-paying jobs, and it means that northern Illinois will no longer be home to an empty prison.

When fully open, the Thomson Correctional Center will add 1,100 jobs to our region and will add \$200 million in annual economic impact. The prison's activation will not only be good for our economy, but it will also generate a sense of pride among the people I serve in the surrounding communities. We finally will see the dormant facility put to good use.

REINING IN EXECUTIVE OVERREACH

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

Mr. SMITH of Missouri. Mr. Speaker, President Obama and the administration have taken the uber-Presidency to a whole new level.

Time and time again, we have seen President Obama stretch the constitutional limits of the office. When President Obama simply disagrees with a law, he just ignores it. Mr. Speaker, no person is above the law.

The House of Representatives is committed to living by the Constitution and holding the administration accountable. The ENFORCE Act will give Congress the ability to bring a lawsuit against the President for failing to execute our laws.

The Faithful Execution of the Law Act will require any Federal official who is not enforcing a Federal law to report to Congress on the reason for nonenforcement. Mr. Speaker, the ENFORCE Act and the Faithful Execution of the Law Act uphold the Constitution.

These bills send a clear message that no one is above the law, and we will not have the Constitution be disregarded.

TUBEROUS SCLEROSIS COMPLEX

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

Mr. MCNERNEY. Mr. Speaker, I ask my colleagues to join me in supporting the important research being done at the Department of Defense into treating tuberous sclerosis complex or TSC.

Individuals with TSC experience tumors in the brain and other vital organs, which can result in seizures, kidney failure, and other serious health problems. I have had the opportunity to meet with people affected by this illness and understand how critical it is to continue medical research into treatments while scientists develop a cure for TSC.

Funding the DOD TSC research program is essential in developing new clinical treatments and medical breakthroughs for the disorder. In addition, this research has applications for other medical conditions, such as traumatic brain injuries, which are common in combat and sports injuries. TSC research breakthroughs will likely also have applications to some specific cancers.

By committing support and funding for this important research, we give hope to those living with TSC and other chronic illnesses to help them live long and healthy lives.

SITES RESERVOIR

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

Mr. LAMALFA. Mr. Speaker, California is suffering from its worst drought in at least 35 years, maybe as much as 400 years; though lately, the Good Lord has sought to bless us with about 5 inches of rain on my farm and my neighborhood, we can't let that be a cause for inaction. Indeed, the Good Lord helps those who help themselves.

It is time to build. It has been time to build, for a long time, the type of

water storage that moves California ahead and supplies farms, cities, and environmental needs.

We have this opportunity in a project that has long awaited our authorization, the Sites Reservoir in the western part of Colusa and Glenn Counties, a district that I used to represent in the State legislature and which my colleague, JOHN GARAMENDI, now represents in Congress.

We will soon be introducing a piece of legislation to move forward on the Sites Reservoir with an authorization for the funds needed to complete the studies and get started.

Some may say: Well, it will take 7 or 10 years to get this done.

Had we started 7 or 10 years ago, we would be right near completion; so we need to start today, and the people will thank us 7 or 10 years from now when we get this done. This will be introduced, hopefully, soon.

□ 0915

MILITARY TRANSITION SUPPORT PROJECT

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

Mr. PETERS of California. Mr. Speaker, I rise today to highlight the Military Transition Support Project, an innovative program to ease the transition for recently discharged veterans as they return to civilian life, which I helped launch last month.

Each year, over 15,000 servicemembers are discharged in San Diego, and around half will choose to stay there. Over the past year, we have worked with our local veteran leadership, our Navy and Marine commanders, and the San Diego philanthropic community to create a central system to help servicemembers navigate through their transition process.

This unique effort will improve the quality of life for servicemembers across San Diego. The program will begin in the last year of service and will give these dedicated men and women access to resources and continuous support throughout the transition process, beginning while they are still in uniform, by providing a central portal for benefits, employment, and housing.

This program has the potential to serve as a model for military communities around the country. It represents a groundbreaking, collaborative effort where the military, nonprofits, and private sector stakeholders can come together in the cooperative spirit that is a hallmark of San Diego to get our veterans to work.

SGR REPEAL AND MEDICARE PROVIDER PAYMENT MODERNIZATION ACT OF 2014

Mr. PITTS. Mr. Speaker, pursuant to House Resolution 515, I call up the bill (H.R. 4015) to amend title XVIII of the

Social Security Act to repeal the Medicare sustainable growth rate and improve Medicare payments for physicians and other professionals, and for other purposes to amend section 530D of title 28, United States Code, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 515, the amendment printed in part B of House Report 113-379 is adopted and the bill, as amended, is considered read.

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

H.R. 4015

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

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the “SGR Repeal and Medicare Provider Payment Modernization Act of 2014”.

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

- Sec. 1. Short title; table of contents.
- Sec. 2. Repealing the sustainable growth rate (SGR) and improving Medicare payment for physicians’ services.
- Sec. 3. Priorities and funding for measure development.
- Sec. 4. Encouraging care management for individuals with chronic care needs.
- Sec. 5. Ensuring accurate valuation of services under the physician fee schedule.
- Sec. 6. Promoting evidence-based care.
- Sec. 7. Empowering beneficiary choices through access to information on physicians’ services.
- Sec. 8. Expanding availability of Medicare data.
- Sec. 9. Reducing administrative burden and other provisions.

SEC. 2. REPEALING THE SUSTAINABLE GROWTH RATE (SGR) AND IMPROVING MEDICARE PAYMENT FOR PHYSICIANS’ SERVICES.

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

- (A) in subsection (d)—
 - (i) in paragraph (1)(A), by inserting “or a subsequent paragraph” after “paragraph (4)”; and
 - (ii) in paragraph (4)—
 - (I) in the heading, by inserting “AND ENDING WITH 2013” after “YEARS BEGINNING WITH 2001”; and
 - (II) in subparagraph (A), by inserting “and ending with 2013” after “a year beginning with 2001”; and
- (B) in subsection (f)—
 - (i) in paragraph (1)(B), by inserting “through 2013” after “of each succeeding year”; and
 - (ii) in paragraph (2), in the matter preceding subparagraph (A), by inserting “and ending with 2013” after “beginning with 2000”.

(2) UPDATE OF RATES FOR APRIL THROUGH DECEMBER OF 2014, 2015, AND SUBSEQUENT YEARS.—Subsection (d) of section 1848 of the Social Security Act (42 U.S.C. 1395w-4) is amended by striking paragraph (15) and inserting the following new paragraphs:

“(15) UPDATE FOR 2014 THROUGH 2018.—The update to the single conversion factor established in paragraph (1)(C) for 2014 and each subsequent year through 2018 shall be 0.5 percent.

“(16) UPDATE FOR 2019 THROUGH 2023.—The update to the single conversion factor established in paragraph (1)(C) for 2019 and each subsequent year through 2023 shall be zero percent.

“(17) UPDATE FOR 2024 AND SUBSEQUENT YEARS.—The update to the single conversion factor established in paragraph (1)(C) for 2024 and each subsequent year shall be—

- “(A) for items and services furnished by a qualifying APM participant (as defined in section 1833(z)(2)) for such year, 1.0 percent; and
 - “(B) for other items and services, 0.5 percent.”
- (3) MEDPAC REPORTS.—
(A) INITIAL REPORT.—Not later than July 1, 2016, the Medicare Payment Advisory Commission shall submit to Congress a report on the relationship between—
- (i) physician and other health professional utilization and expenditures (and the rate of increase of such utilization and expenditures) of items and services for which payment is made under section 1848 of the Social Security Act (42 U.S.C. 1395w-4); and
 - (ii) total utilization and expenditures (and the rate of increase of such utilization and expenditures) under parts A, B, and D of title XVIII of such Act.
- Such report shall include a methodology to describe such relationship and the impact of changes in such physician and other health professional practice and service ordering patterns on total utilization and expenditures under parts A, B, and D of such title.
- (B) FINAL REPORT.—Not later than July 1, 2020, the Medicare Payment Advisory Commission shall submit to Congress a report on the relationship described in subparagraph (A), including the results determined from applying the methodology included in the report submitted under such subparagraph.
- (C) REPORT ON UPDATE TO PHYSICIANS’ SERVICES UNDER MEDICARE.—Not later than July 1, 2018, the Medicare Payment Advisory Commission shall submit to Congress a report on—
- (i) the payment update for professional services applied under the Medicare program under title XVIII of the Social Security Act for the period of years 2014 through 2018;
 - (ii) the effect of such update on the efficiency, economy, and quality of care provided under such program;
 - (iii) the effect of such update on ensuring a sufficient number of providers to maintain access to care by Medicare beneficiaries; and
 - (iv) recommendations for any future payment updates for professional services under such program to ensure adequate access to care is maintained for Medicare beneficiaries.
- (b) CONSOLIDATION OF CERTAIN CURRENT LAW PERFORMANCE PROGRAMS WITH NEW MERIT-BASED INCENTIVE PAYMENT SYSTEM.—
(1) EHR MEANINGFUL USE INCENTIVE PROGRAM.—
(A) UNSUCCESSFUL SEPARATE MEANINGFUL USE PAYMENT ADJUSTMENTS.—Section 1848(a)(7)(A) of the Social Security Act (42 U.S.C. 1395w-4(a)(7)(A)) is amended—
- (i) in clause (i), by striking “or any subsequent payment year” and inserting “or 2017”;
(ii) in clause (ii)—
(I) in the matter preceding subclause (I), by striking “Subject to clause (iii), for” and inserting “For”;
 - (II) in subclause (I), by adding at the end “and”;
 - (III) in subclause (II), by striking “; and” and inserting a period; and
 - (IV) by striking subclause (III); and
 - (iii) by striking clause (iii).
- (B) CONTINUATION OF MEANINGFUL USE DETERMINATIONS FOR MIPS.—Section 1848(o)(2) of

“(16) UPDATE FOR 2019 THROUGH 2023.—The update to the single conversion factor established in paragraph (1)(C) for 2019 and each subsequent year through 2023 shall be zero percent.

“(17) UPDATE FOR 2024 AND SUBSEQUENT YEARS.—The update to the single conversion factor established in paragraph (1)(C) for 2024 and each subsequent year shall be—

“(A) for items and services furnished by a qualifying APM participant (as defined in section 1833(z)(2)) for such year, 1.0 percent; and

“(B) for other items and services, 0.5 percent.”

(3) MEDPAC REPORTS.—

(A) INITIAL REPORT.—Not later than July 1, 2016, the Medicare Payment Advisory Commission shall submit to Congress a report on the relationship between—

- (i) physician and other health professional utilization and expenditures (and the rate of increase of such utilization and expenditures) of items and services for which payment is made under section 1848 of the Social Security Act (42 U.S.C. 1395w-4); and
- (ii) total utilization and expenditures (and the rate of increase of such utilization and expenditures) under parts A, B, and D of title XVIII of such Act.

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

(B) FINAL REPORT.—Not later than July 1, 2020, the Medicare Payment Advisory Commission shall submit to Congress a report on the relationship described in subparagraph (A), including the results determined from applying the methodology included in the report submitted under such subparagraph.

(C) REPORT ON UPDATE TO PHYSICIANS’ SERVICES UNDER MEDICARE.—Not later than July 1, 2018, the Medicare Payment Advisory Commission shall submit to Congress a report on—

- (i) the payment update for professional services applied under the Medicare program under title XVIII of the Social Security Act for the period of years 2014 through 2018;
- (ii) the effect of such update on the efficiency, economy, and quality of care provided under such program;
- (iii) the effect of such update on ensuring a sufficient number of providers to maintain access to care by Medicare beneficiaries; and
- (iv) recommendations for any future payment updates for professional services under such program to ensure adequate access to care is maintained for Medicare beneficiaries.

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

(1) EHR MEANINGFUL USE INCENTIVE PROGRAM.—

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

- (i) in clause (i), by striking “or any subsequent payment year” and inserting “or 2017”;
- (ii) in clause (ii)—

(I) in the matter preceding subclause (I), by striking “Subject to clause (iii), for” and inserting “For”;

(II) in subclause (I), by adding at the end “and”;

(III) in subclause (II), by striking “; and” and inserting a period; and

(IV) by striking subclause (III); and

(iii) by striking clause (iii).

(B) CONTINUATION OF MEANINGFUL USE DETERMINATIONS FOR MIPS.—Section 1848(o)(2) of

the Social Security Act (42 U.S.C. 1395w-4(o)(2)) is amended—

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

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

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

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

“(D) CONTINUED APPLICATION FOR PURPOSES OF MIPS.—With respect to 2018 and each subsequent payment year, the Secretary shall, for purposes of subsection (q) and in accordance with paragraph (1)(F) of such subsection, determine whether an eligible professional who is a MIPS eligible professional (as defined in subsection (q)(1)(C)) for such year is a meaningful EHR user under this paragraph for the performance period under subsection (q) for such year.”.

(2) QUALITY REPORTING.—

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

(i) in clause (i), by striking “or any subsequent year” and inserting “or 2017”; and

(ii) in clause (ii)(II), by striking “and each subsequent year”.

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

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

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

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

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

(ii) in subsection (m)—

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

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

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

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

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

(3) VALUE-BASED PAYMENTS.—

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

“(iii) APPLICATION.—The Secretary shall apply the payment modifier established under this subsection for items and services furnished on or after January 1, 2015, but before January 1, 2018, with respect to specific physicians and groups of physicians the Secretary determines appropriate. Such payment modifier shall not be applied for items and services furnished on or after January 1, 2018.”.

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

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

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

(ii) in paragraph (3), by adding at the end the following: “With respect to 2018 and each subsequent year, the Secretary shall, in accordance with subsection (q)(1)(F), carry out this paragraph for purposes of subsection (q).”.

(c) MERIT-BASED INCENTIVE PAYMENT SYSTEM.—

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

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

“(1) ESTABLISHMENT.—

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

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

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

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

“(B) PROGRAM IMPLEMENTATION.—The MIPS shall apply to payments for items and services furnished on or after January 1, 2018.

“(C) MIPS ELIGIBLE PROFESSIONAL DEFINED.—

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

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

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

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

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

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

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

volume threshold measurement selected under clause (iv).

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

“(I) with respect to 2018 and 2019, the reference in subparagraph (A) of such paragraph to 25 percent was instead a reference to 20 percent;

“(II) with respect to 2020 and 2021—

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

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

“(III) with respect to 2022 and subsequent years—

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

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

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

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

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

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

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

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

“(vii) PARTIAL QUALIFYING APM PARTICIPANT CLARIFICATIONS.—

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

the MIPS, such eligible professional is considered to be a MIPS eligible professional with respect to such year.

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

“(D) APPLICATION TO GROUP PRACTICES.—

“(i) IN GENERAL.—Under the MIPS:

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

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

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

“(iii) CLARIFICATION.—MIPS eligible professionals electing to be a virtual group under paragraph (5)(I) shall not be considered MIPS eligible professionals in a group practice for purposes of applying this subparagraph.

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

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

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

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

“(G) ACCOUNTING FOR RISK FACTORS.—

“(i) RISK FACTORS.—Taking into account the relevant studies conducted and recommendations made in reports under section 2(f)(1) of the SGR Repeal and Medicare Provider Payment Modernization Act of 2014, the Secretary, on an ongoing basis, shall estimate how an individual’s health status and other risk factors affect quality and resource use outcome measures and, as feasible, shall incorporate information from quality and resource use outcome measurement (including care episode and patient condition groups) into the MIPS.

“(ii) ACCOUNTING FOR OTHER FACTORS IN PAYMENT ADJUSTMENTS.—Taking into account the studies conducted and recommendations made in reports under section 2(f)(1) of the SGR Repeal and Medicare Provider Payment Modernization Act of 2014 and other information as appropriate, the Secretary shall account for identified factors with an effect on quality and resource use outcome measures when determining payment adjustments, composite performance scores, scores for performance categories, or scores for measures or activities under the MIPS.

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

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

“(i) Quality.

“(ii) Resource use.

“(iii) Clinical practice improvement activities.

“(iv) Meaningful use of certified EHR technology.

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

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

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

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

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

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

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

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

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

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

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

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

“(C) ADDITIONAL PROVISIONS.—

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

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

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

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

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

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

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

“(v) CLINICAL PRACTICE IMPROVEMENT ACTIVITIES.—

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

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

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

“(bb) specifying criteria for such activities; and

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

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

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

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

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

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

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

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

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

“(I) CALLED FOR QUALITY MEASURES.—

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“(3) PERFORMANCE STANDARDS.—

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

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

“(i) Historical performance standards.

“(ii) Improvement.

“(iii) The opportunity for continued improvement.

“(4) PERFORMANCE PERIOD.—The Secretary shall establish a performance period (or periods) for a year (beginning with the year described in paragraph (1)(B)). Such performance period (or periods) shall begin and end prior to the beginning of such year and be as close as possible to such year. In this subsection, such performance period (or periods) for a year shall be referred to as the performance period for the year.

“(5) COMPOSITE PERFORMANCE SCORE.—

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

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

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

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

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

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

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

“(i) RULE FOR ACCREDITATION.—A MIPS eligible professional who is in a practice that is certified as a patient-centered medical home or comparable specialty practice pursuant to subsection (b)(8)(B)(i) with respect to a performance period shall be given the highest potential score for the performance category described in paragraph (2)(A)(iii) for such period.

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

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

“(D) ACHIEVEMENT AND IMPROVEMENT.—

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

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

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

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

“(E) WEIGHTS FOR THE PERFORMANCE CATEGORIES.—

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

“(I) QUALITY.—

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

applying the previous sentence, the Secretary shall, as feasible, encourage the application of outcome measures within such category.

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

“(II) RESOURCE USE.—

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

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

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

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

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

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

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

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

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

“(H) INCLUSION OF QUALITY MEASURE DATA FROM OTHER PAYERS.—In applying subsections (k), (m), and (p) with respect to

measures described in paragraph (2)(B)(i), analysis of the performance category described in paragraph (2)(A)(i) may include data submitted by MIPS eligible professionals with respect to items and services furnished to individuals who are not individuals entitled to benefits under part A or enrolled under part B.

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

“(i) IN GENERAL.—In the case of MIPS eligible professionals electing to be a virtual group under clause (ii) with respect to a performance period for a year, for purposes of applying the methodology under subparagraph (A)—

“(I) the assessment of performance provided under such methodology with respect to the performance categories described in clauses (i) and (ii) of paragraph (2)(A) that is to be applied to each such professional in such group for such performance period shall be with respect to the combined performance of all such professionals in such group for such period; and

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

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

“(iii) REQUIREMENTS.—The process under clause (ii)—

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

“(II) shall provide that a practice described in such clause, and each MIPS eligible professional in such practice, may elect to be in no more than one virtual group for a performance period; and

“(III) may provide that a virtual group may be combined at the tax identification number level.

“(6) MIPS PAYMENTS.—

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

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

“(ii) in a manner such that the adjustment factors specified under this subparagraph for

a year result in differential payments under this paragraph reflecting that—

“(I) MIPS eligible professionals with composite performance scores for such year at or above such performance threshold for such year receive zero or positive incentive payment adjustment factors for such year in accordance with clause (iii), with such professionals having higher composite performance scores receiving higher adjustment factors; and

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

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

“(iv) in a manner such that—

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

“(II) MIPS eligible professionals with composite performance scores that are equal to or greater than 0, but not greater than $\frac{1}{4}$ of the performance threshold specified under subparagraph (D)(i) for such year, receive a negative payment adjustment factor that is equal to the negative of the applicable percent specified in subparagraph (B) for such year.

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

“(i) for 2018, 4 percent;

“(ii) for 2019, 5 percent;

“(iii) for 2020, 7 percent; and

“(iv) for 2021 and subsequent years, 9 percent.

“(C) ADDITIONAL MIPS ADJUSTMENT FACTORS FOR EXCEPTIONAL PERFORMANCE.—

“(i) IN GENERAL.—In the case of a MIPS eligible professional with a composite performance score for a year at or above the additional performance threshold under subparagraph (D)(ii) for such year, in addition to the MIPS adjustment factor under subparagraph (A) for the eligible professional for such year, subject to the availability of funds under clause (ii), the Secretary shall specify an additional positive MIPS adjustment factor for such professional and year. Such additional MIPS adjustment factors shall be determined by the Secretary in a manner such that professionals having higher composite performance scores above the additional performance threshold receive higher additional MIPS adjustment factors.

“(ii) ADDITIONAL FUNDING POOL.—For 2018 and each subsequent year through 2023, there is appropriated from the Federal Supplementary Medical Insurance Trust Fund \$500,000,000 for MIPS payments under this paragraph resulting from the application of the additional MIPS adjustment factors under clause (i).

“(D) ESTABLISHMENT OF PERFORMANCE THRESHOLDS.—

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

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

“(I) The threshold shall be the score that is equal to the 25th percentile of the range of possible composite performance scores above the performance threshold with respect to the prior period described in clause (i).

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

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

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

“(II) take into account—

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

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

“(E) APPLICATION OF MIPS ADJUSTMENT FACTORS.—In the case of items and services furnished by a MIPS eligible professional during a year (beginning with 2018), the amount otherwise paid under this part with respect to such items and services and MIPS eligible professional for such year, shall be multiplied by—

“(i) 1, plus

“(ii) the sum of—

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

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

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

“(i) APPLICATION OF SCALING FACTOR.—

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

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

“(ii) BUDGET NEUTRALITY REQUIREMENT.—

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

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

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

“(iii) EXCEPTIONS.—

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

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

“(iv) ADDITIONAL INCENTIVE PAYMENT ADJUSTMENTS.—In specifying the MIPS additional adjustment factors under subparagraph (C)(i) for each applicable MIPS eligible professional for a year, the Secretary shall ensure that the estimated increase in payments under this part resulting from the application of such additional adjustment factors for MIPS eligible professionals in a year shall be equal (as estimated by the Secretary) to the additional funding pool amount for such year under subparagraph (C)(ii).

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

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

“(9) PUBLIC REPORTING.—

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

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

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

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

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

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

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

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

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

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

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

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

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

“(B) FUNDING FOR IMPLEMENTATION.—

“(i) IN GENERAL.—For purposes of implementing subparagraph (A), the Secretary shall provide for the transfer from the Federal Supplementary Medical Insurance Trust Fund established under section 1841 to the Centers for Medicare & Medicaid Services Program Management Account of \$40,000,000 for each of fiscal years 2015 through 2019.

Amounts transferred under this subparagraph for a fiscal year shall be available until expended.

“(ii) TECHNICAL ASSISTANCE.—Of the amounts transferred pursuant to clause (i) for each of fiscal years 2015 through 2019, not less than \$10,000,000 shall be made available for each such year for technical assistance to small practices in health professional shortage areas (as so designated) and medically underserved areas.

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

“(A) PERFORMANCE FEEDBACK.—

“(i) IN GENERAL.—Beginning July 1, 2016, the Secretary—

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

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

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

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

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

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

“(B) ADDITIONAL INFORMATION.—

“(i) IN GENERAL.—Beginning July 1, 2017, the Secretary shall make available to each MIPS eligible professional information, with respect to individuals who are patients of such MIPS eligible professional, about items and services for which payment is made under this title that are furnished to such individuals by other suppliers and providers of services, which may include information described in clause (ii). Such information may be made available under the previous sentence to such MIPS eligible professionals by mechanisms determined appropriate by the Secretary, which may include use of a web-based portal. Such information may be made available in accordance with the same or similar terms as data are made available to accountable care organizations participating in the shared savings program under section 1899, including a beneficiary opt-out.

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

“(I) With respect to selected items and services (as determined appropriate by the

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

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

“(13) REVIEW.—

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

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

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

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

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

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

(2) GAO REPORTS.—

(A) EVALUATION OF ELIGIBLE PROFESSIONAL MIPS.—Not later than October 1, 2019, and October 1, 2022, the Comptroller General of the United States shall submit to Congress a report evaluating the eligible professional Merit-based Incentive Payment System under subsection (q) of section 1848 of the Social Security Act (42 U.S.C. 1395w-4), as added by paragraph (1). Such report shall—

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

(ii) provide recommendations for improving such program;

(iii) evaluate the impact of technical assistance funding under section 1848(q)(11) of the Social Security Act, as added by paragraph (1), on the ability of professionals to improve within such program or successfully transition to an alternative payment model (as defined in section 1833(z)(3) of the Social Security Act, as added by subsection (e)),

with priority for such evaluation given to practices located in rural areas, health professional shortage areas (as designated in section 332(a)(1)(a) of the Public Health Service Act), and medically underserved areas; and

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

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

(i) IN GENERAL.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report that—

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

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

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

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

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

(C) STUDY ON ROLE OF INDEPENDENT RISK MANAGERS.—Not later than January 1, 2016, the Comptroller General of the United States shall submit to Congress a report examining whether entities that pool financial risk for physician practices, such as independent risk managers, can play a role in supporting physician practices, particularly small physician practices, in assuming financial risk for the treatment of patients. Such report shall examine barriers that small physician practices currently face in assuming financial risk for treating patients, the types of risk management entities that could assist physician practices in participating in two-sided risk payment models, and how such entities could assist with risk management and with quality improvement activities. Such report shall also include an analysis of any existing legal barriers to such arrangements.

(D) STUDY TO EXAMINE RURAL AND HEALTH PROFESSIONAL SHORTAGE AREA ALTERNATIVE PAYMENT MODELS.—Not later than October 1, 2020, and October 1, 2022, the Comptroller General of the United States shall submit to Congress a report that examines the transition of professionals in rural areas, health professional shortage areas (as designated in section 332(a)(1)(A) of the Public Health Service Act), or medically underserved areas to an alternative payment model (as defined in section 1833(z)(3) of the Social Security Act, as added by subsection (e)). Such report shall make recommendations for removing administrative barriers to practices, including small practices consisting of 15 or fewer professionals, in rural areas, health professional shortage areas, and medically underserved areas to participation in such models.

(3) FUNDING FOR IMPLEMENTATION.—For purposes of implementing the provisions of and the amendments made by this section, the Secretary of Health and Human Services shall provide for the transfer of \$80,000,000 from the Supplementary Medical Insurance Trust Fund established under section 1841 of

the Social Security Act (42 U.S.C. 1395t) to the Centers for Medicare & Medicaid Program Management Account for each of the fiscal years 2014 through 2018. Amounts transferred under this paragraph shall be available until expended.

(d) IMPROVING QUALITY REPORTING FOR COMPOSITE SCORES.—

(1) CHANGES FOR GROUP REPORTING OPTION.—

(A) IN GENERAL.—Section 1848(m)(3)(C)(ii) of the Social Security Act (42 U.S.C. 1395w-4(m)(3)(C)(ii)) is amended by inserting “and, for 2015 and subsequent years, may provide” after “shall provide”.

(B) CLARIFICATION OF QUALIFIED CLINICAL DATA REGISTRY REPORTING TO GROUP PRACTICES.—Section 1848(m)(3)(D) of the Social Security Act (42 U.S.C. 1395w-4(m)(3)(D)) is amended by inserting “and, for 2015 and subsequent years, subparagraph (A) or (C)” after “subparagraph (A)”.

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

(A) by striking “and subsequent years” and inserting “through reporting periods occurring in 2014”; and

(B) by inserting “and, for reporting periods occurring in 2015 and subsequent years, the Secretary may establish” following “shall establish”.

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

“(1) REPORTS ENDING WITH 2016.—Reports under the Program shall not be provided after December 31, 2016. See subsection (q)(12) for reports under the eligible professionals Merit-based Incentive Payment System.”

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

(e) PROMOTING ALTERNATIVE PAYMENT MODELS.—

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

“(C) PHYSICIAN FOCUSED PAYMENT MODELS.—

“(1) TECHNICAL ADVISORY COMMITTEE.—

“(A) ESTABLISHMENT.—There is established an ad hoc committee to be known as the ‘Payment Model Technical Advisory Committee’ (referred to in this subsection as the ‘Committee’).

“(B) MEMBERSHIP.—

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

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

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

“(iv) ETHICS DISCLOSURE.—The Comptroller General shall establish a system for public disclosure by members of the Committee of financial and other potential conflicts of in-

terest relating to such members. Members of the Committee shall be treated as employees of Congress for purposes of applying title I of the Ethics in Government Act of 1978 (Public Law 95-521).

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

“(C) TERM; VACANCIES.—

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

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

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

“(E) COMPENSATION OF MEMBERS.—

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

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

“(F) OPERATIONAL AND TECHNICAL SUPPORT.—

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

“(ii) FUNDING.—The Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, such amounts as are necessary to carry out clause (i) (not to exceed \$5,000,000) for fiscal year 2014 and each subsequent fiscal year. Any amounts transferred under the preceding sentence for a fiscal year shall remain available until expended.

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

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

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

“(i) RULEMAKING.—Not later than November 1, 2015, the Secretary shall, through notice and comment rulemaking, following a request for information, establish criteria for physician-focused payment models, including models for specialist physicians, that could be used by the Committee for making comments and recommendations pursuant to paragraph (1)(D).

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

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

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

“(C) TAC REVIEW OF MODELS SUBMITTED.—

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

“(D) SECRETARY REVIEW AND RESPONSE.—

The Secretary shall review the comments and recommendations submitted by the Committee under subparagraph (C) and post a detailed response to such comments and recommendations on the Internet Website of the Centers for Medicare & Medicaid Services.

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

(2) INCENTIVE PAYMENTS FOR PARTICIPATION IN ELIGIBLE ALTERNATIVE PAYMENT MODELS.—Section 1833 of the Social Security Act (42 U.S.C. 1395l) is amended by adding at the end the following new subsection:

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

“(1) PAYMENT INCENTIVE.—

“(A) IN GENERAL.—In the case of covered professional services furnished by an eligible professional during a year that is in the period beginning with 2018 and ending with 2023 and for which the professional is a qualifying APM participant, in addition to the amount of payment that would otherwise be made for such covered professional services under this part for such year, there also shall be paid to such professional an amount equal to 5 percent of the payment amount for the covered professional services under this part for the preceding year. For purposes of the previous sentence, the payment amount for the preceding year may be an estimation for the full preceding year based on a period of such preceding year that is less than the full year. The Secretary shall establish policies to implement this subparagraph in cases where payment for covered professional services furnished by a qualifying APM participant in an alternative payment model is made to an entity participating in the alternative payment model rather than directly to the qualifying APM participant.

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

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

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

item or service under this subsection or subsection (y) shall be determined without regard to any additional payment for the item or service under subsection (y) and this subsection, respectively.

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

“(A) 2018 AND 2019.—With respect to 2018 and 2019, an eligible professional for whom the Secretary determines that at least 25 percent of payments under this part for covered professional services furnished by such professional during the most recent period for which data are available (which may be less than a year) were attributable to such services furnished under this part through an entity that participates in an eligible alternative payment model with respect to such services.

“(B) 2020 AND 2021.—With respect to 2020 and 2021, an eligible professional described in either of the following clauses:

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

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

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

“(aa) payments described in clause (i); and
“(bb) all other payments, regardless of payer (other than payments made by the Secretary of Defense or the Secretary of Veterans Affairs under chapter 55 of title 10, United States Code, or title 38, United States Code, or any other provision of law, and other than payments made under title XIX in a State in which no medical home or alternative payment model is available under the State program under that title),

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

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

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

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

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

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

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

“(bb) certified EHR technology is used; and
“(cc) the eligible professional (AA) bears more than nominal financial risk if actual aggregate expenditures exceeds expected aggregate expenditures; or (BB) is a medical home (with respect to beneficiaries under title XIX) that meets criteria comparable to medical homes expanded under section 1115A(c).

“(C) BEGINNING IN 2022.—With respect to 2022 and each subsequent year, an eligible professional described in either of the following clauses:

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

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

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

“(aa) payments described in clause (i); and
“(bb) all other payments, regardless of payer (other than payments made by the Secretary of Defense or the Secretary of Veterans Affairs under chapter 55 of title 10, United States Code, or title 38, United States Code, or any other provision of law, and other than payments made under title XIX in a State in which no medical home or alternative payment model is available under the State program under that title),

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

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

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

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

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

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

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

“(bb) certified EHR technology is used; and
“(cc) the eligible professional (AA) bears more than nominal financial risk if actual aggregate expenditures exceeds expected aggregate expenditures; or (BB) is a medical

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

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

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

“(B) ELIGIBLE PROFESSIONAL.—The term ‘eligible professional’ has the meaning given that term in section 1848(k)(3)(B).

“(C) ALTERNATIVE PAYMENT MODEL (APM).—The term ‘alternative payment model’ means any of the following:

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

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

“(iii) A demonstration under section 1866C.

“(iv) A demonstration required by Federal law.

“(D) ELIGIBLE ALTERNATIVE PAYMENT MODEL (APM).—

“(i) IN GENERAL.—The term ‘eligible alternative payment model’ means, with respect to a year, an alternative payment model—

“(I) that requires use of certified EHR technology (as defined in subsection (o)(4));

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

“(III) that satisfies the requirement described in clause (ii).

“(ii) ADDITIONAL REQUIREMENT.—For purposes of clause (i)(III), the requirement described in this clause, with respect to a year and an alternative payment model, is that the alternative payment model—

“(I) is one in which one or more entities bear financial risk for monetary losses under such model that are in excess of a nominal amount; or

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

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

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

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

(3) COORDINATION CONFORMING AMENDMENTS.—Section 1833 of the Social Security Act (42 U.S.C. 1395i) is further amended—

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

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

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

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

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

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

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

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

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

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

(6) INTEGRATING MEDICARE ADVANTAGE ALTERNATIVE PAYMENT MODELS.—Not later than July 1, 2015, the Secretary of Health and Human Services shall submit to Congress a study that examines the feasibility of integrating alternative payment models in the Medicare Advantage payment system. The study shall include the feasibility of including a value-based modifier and whether such modifier should be budget neutral.

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

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

(i) examines the applicability of the Federal fraud prevention laws to items and services furnished under title XVIII of the Social Security Act for which payment is made under an alternative payment model (as defined in section 1833(z)(3)(C) of such Act (42 U.S.C. 1395l(z)(3)(C)));

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

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

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

(f) IMPROVING PAYMENT ACCURACY.—

(1) STUDIES AND REPORTS OF EFFECT OF CERTAIN INFORMATION ON QUALITY AND RESOURCE USE.—

(A) STUDY USING EXISTING MEDICARE DATA.—

(i) STUDY.—The Secretary of Health and Human Services (in this subsection referred to as the “Secretary”) shall conduct a study that examines the effect of individuals’ socioeconomic status on quality and resource use outcome measures for individuals under

the Medicare program (such as to recognize that less healthy individuals may require more intensive interventions). The study shall use information collected on such individuals in carrying out such program, such as urban and rural location, eligibility for Medicaid (recognizing and accounting for varying Medicaid eligibility across States), and eligibility for benefits under the supplemental security income (SSI) program. The Secretary shall carry out this paragraph acting through the Assistant Secretary for Planning and Evaluation.

(ii) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the study conducted under clause (i).

(B) STUDY USING OTHER DATA.—

(i) STUDY.—The Secretary shall conduct a study that examines the impact of risk factors, such as those described in section 1848(p)(3) of the Social Security Act (42 U.S.C. 1395w-4(p)(3)), race, health literacy, limited English proficiency (LEP), and patient activation, on quality and resource use outcome measures under the Medicare program (such as to recognize that less healthy individuals may require more intensive interventions). In conducting such study the Secretary may use existing Federal data and collect such additional data as may be necessary to complete the study.

(ii) REPORT.—Not later than 5 years after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the study conducted under clause (i).

(C) EXAMINATION OF DATA IN CONDUCTING STUDIES.—In conducting the studies under subparagraphs (A) and (B), the Secretary shall examine what non-Medicare data sets, such as data from the American Community Survey (ACS), can be useful in conducting the types of studies under such paragraphs and how such data sets that are identified as useful can be coordinated with Medicare administrative data in order to improve the overall data set available to do such studies and for the administration of the Medicare program.

(D) RECOMMENDATIONS TO ACCOUNT FOR INFORMATION IN PAYMENT ADJUSTMENT MECHANISMS.—If the studies conducted under subparagraphs (A) and (B) find a relationship between the factors examined in the studies and quality and resource use outcome measures, then the Secretary shall also provide recommendations for how the Centers for Medicare & Medicaid Services should—

(i) obtain access to the necessary data (if such data is not already being collected) on such factors, including recommendations on how to address barriers to the Centers in accessing such data; and

(ii) account for such factors in determining payment adjustments based on quality and resource use outcome measures under the eligible professional Merit-based Incentive Payment System under section 1848(q) of the Social Security Act (42 U.S.C. 1395w-4(q)) and, as the Secretary determines appropriate, other similar provisions of title XVIII of such Act.

(E) FUNDING.—There are hereby appropriated from the Federal Supplementary Medical Insurance Trust Fund under section 1841 of the Social Security Act to the Secretary to carry out this paragraph \$6,000,000, to remain available until expended.

(2) CMS ACTIVITIES.—

(A) HIERARCHICAL CONDITION CATEGORY (HCC) IMPROVEMENT.—Taking into account the relevant studies conducted and recommendations made in reports under paragraph (1), the Secretary, on an ongoing basis, shall, as the Secretary determines appropriate, estimate how an individual’s health status and other risk factors affect quality and resource use outcome measures and, as feasible, shall

incorporate information from quality and resource use outcome measurement (including care episode and patient condition groups) into provisions of title XVIII of the Social Security Act that are similar to the eligible professional Merit-based Incentive Payment System under section 1848(q) of such Act.

(B) ACCOUNTING FOR OTHER FACTORS IN PAYMENT ADJUSTMENT MECHANISMS.—

(i) IN GENERAL.—Taking into account the studies conducted and recommendations made in reports under paragraph (1) and other information as appropriate, the Secretary shall, as the Secretary determines appropriate, account for identified factors with an effect on quality and resource use outcome measures when determining payment adjustment mechanisms under provisions of title XVIII of the Social Security Act that are similar to the eligible professional Merit-based Incentive Payment System under section 1848(q) of such Act.

(ii) ACCESSING DATA.—The Secretary shall collect or otherwise obtain access to the data necessary to carry out this paragraph through existing and new data sources.

(iii) PERIODIC ANALYSES.—The Secretary shall carry out periodic analyses, at least every 3 years, based on the factors referred to in clause (i) so as to monitor changes in possible relationships.

(C) FUNDING.—There are hereby appropriated from the Federal Supplementary Medical Insurance Trust Fund under section 1841 of the Social Security Act to the Secretary to carry out this paragraph and the application of this paragraph to the Merit-based Incentive Payment System under section 1848(q) of such Act \$10,000,000, to remain available until expended.

(3) STRATEGIC PLAN FOR ACCESSING RACE AND ETHNICITY DATA.—Not later than 18 months after the date of the enactment of this Act, the Secretary shall develop and report to Congress on a strategic plan for collecting or otherwise accessing data on race and ethnicity for purposes of carrying out the eligible professional Merit-based Incentive Payment System under section 1848(q) of the Social Security Act and, as the Secretary determines appropriate, other similar provisions of title XVIII of such Act.

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

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

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

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

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

“(B) PUBLIC AVAILABILITY OF EXISTING EFFORTS TO DESIGN AN EPISODE GROUPER.—Not later than 120 days after the date of the enactment of this subsection, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a list of the episode groups developed pursuant to

subsection (n)(9)(A) and related descriptive information.

“(C) STAKEHOLDER INPUT.—The Secretary shall accept, through the date that is 60 days after the day the Secretary posts the list pursuant to subparagraph (B), suggestions from physician specialty societies, applicable practitioner organizations, and other stakeholders for episode groups in addition to those posted pursuant to such subparagraph, and specific clinical criteria and patient characteristics to classify patients into—

“(i) care episode groups; and

“(ii) patient condition groups.

“(D) DEVELOPMENT OF PROPOSED CLASSIFICATION CODES.—

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

“(I) establish care episode groups and patient condition groups, which account for a target of an estimated $\frac{2}{3}$ of expenditures under parts A and B; and

“(II) assign codes to such groups.

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

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

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

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

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

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

“(E) DRAFT CARE EPISODE AND PATIENT CONDITION GROUPS AND CLASSIFICATION CODES.—Not later than 180 days after the end of the comment period described in subparagraph (C), the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a draft list of the care episode and patient condition codes established under subparagraph (D) (and the criteria and characteristics assigned to such code).

“(F) SOLICITATION OF INPUT.—The Secretary shall seek, through the date that is 60 days after the Secretary posts the list pursuant to subparagraph (E), comments from physician specialty societies, applicable practitioner organizations, and other stakeholders, including representatives of individuals entitled to benefits under part A or enrolled under this part, regarding the care episode and patient condition groups (and codes) posted under subparagraph (E). In seeking such comments, the Secretary shall use one or more mechanisms (other than notice and comment rulemaking) that may include use of open door forums, town hall meetings, or other appropriate mechanisms.

“(G) OPERATIONAL LIST OF CARE EPISODE AND PATIENT CONDITION GROUPS AND CODES.—Not later than 180 days after the end of the comment period described in subparagraph (F), taking into account the comments received under such subparagraph, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Serv-

ices an operational list of care episode and patient condition codes (and the criteria and characteristics assigned to such code).

“(H) SUBSEQUENT REVISIONS.—Not later than November 1 of each year (beginning with 2017), the Secretary shall, through rulemaking, make revisions to the operational lists of care episode and patient condition codes as the Secretary determines may be appropriate. Such revisions may be based on experience, new information developed pursuant to subsection (n)(9)(A), and input from the physician specialty societies, applicable practitioner organizations, and other stakeholders, including representatives of individuals entitled to benefits under part A or enrolled under this part.

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

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

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

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

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

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

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

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

“(C) DRAFT LIST OF PATIENT RELATIONSHIP CATEGORIES AND CODES.—Not later than 270 days after the date of the enactment of this subsection, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a draft list of the patient relationship categories and codes developed under subparagraph (B).

“(D) STAKEHOLDER INPUT.—The Secretary shall seek, through the date that is 60 days after the Secretary posts the list pursuant to subparagraph (C), comments from physician specialty societies, applicable practitioner organizations, and other stakeholders, including representatives of individuals entitled to benefits under part A or enrolled under this part, regarding the patient relationship categories and codes posted under subparagraph (C). In seeking such comments, the Secretary shall use one or more mechanisms (other than notice and comment rulemaking) that may include open door forums, town hall meetings, or other appropriate mechanisms.

“(E) OPERATIONAL LIST OF PATIENT RELATIONSHIP CATEGORIES AND CODES.—Not later than 180 days after the end of the comment period described in subparagraph (D), taking into account the comments received under such subparagraph, the Secretary shall post

on the Internet website of the Centers for Medicare & Medicaid Services an operational list of patient relationship categories and codes.

“(F) SUBSEQUENT REVISIONS.—Not later than November 1 of each year (beginning with 2017), the Secretary shall, through rulemaking, make revisions to the operational list of patient relationship categories and codes as the Secretary determines appropriate. Such revisions may be based on experience, new information developed pursuant to subsection (n)(9)(A), and input from the physician specialty societies, applicable practitioner organizations, and other stakeholders, including representatives of individuals entitled to benefits under part A or enrolled under this part.

“(4) REPORTING OF INFORMATION FOR RESOURCE USE MEASUREMENT.—Claims submitted for items and services furnished by a physician or applicable practitioner on or after January 1, 2017, shall, as determined appropriate by the Secretary, include—

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

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

“(5) METHODOLOGY FOR RESOURCE USE ANALYSIS.—

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

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

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

“(iii) conduct an analysis of resource use (with respect to care episodes and patient condition groups of such patients), as the Secretary determines appropriate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

“(9) DEFINITIONS.—In this section:

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

“(B) APPLICABLE PRACTITIONER.—The term ‘applicable practitioner’ means—

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

“(ii) beginning January 1, 2018, such other eligible professionals (as defined in subsection (k)(3)(B)) as specified by the Secretary.

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

SEC. 3. PRIORITIES AND FUNDING FOR MEASURE DEVELOPMENT.

Section 1848 of the Social Security Act (42 U.S.C. 1395w-4), as amended by subsections (c) and (g) of section 2, is further amended by inserting at the end the following new subsection:

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

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

“(A) DRAFT MEASURE DEVELOPMENT PLAN.—Not later than January 1, 2015, the Secretary shall develop, and post on the Internet website of the Centers for Medicare & Medicaid Services, a draft plan for the development of quality measures for application under the applicable provisions (as defined in paragraph (5)). Under such plan the Secretary shall—

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

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

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

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

“(i) Clinical care.

“(ii) Safety.

“(iii) Care coordination.

“(iv) Patient and caregiver experience.

“(v) Population health and prevention.

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

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

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

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

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

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

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

“(ii) Patient experience measures.

“(iii) Care coordination measures.

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

“(E) STAKEHOLDER INPUT.—The Secretary shall accept through March 1, 2015, comments on the draft plan posted under paragraph (1)(A) from the public, including health care providers, payers, consumers, and other stakeholders.

“(F) FINAL MEASURE DEVELOPMENT PLAN.—Not later than May 1, 2015, taking into account the comments received under this subparagraph, the Secretary shall finalize the plan and post on the Internet website of the Centers for Medicare & Medicaid Services an operational plan for the development of quality measures for use under the applicable provisions. Such plan shall be updated as appropriate.

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

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

“(B) PRIORITIZATION.—

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

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

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

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

“(3) ANNUAL REPORT BY THE SECRETARY.—

“(A) IN GENERAL.—Not later than May 1, 2016, and annually thereafter, the Secretary shall post on the Internet website of the Centers for Medicare & Medicaid Services a report on the progress made in developing quality measures for application under the applicable provisions.

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

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

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

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

“(II) the name of each measure developed;

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

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

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

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

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

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

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

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

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

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

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

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

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

“(A) Subsection (q)(2)(B)(i).

“(B) Section 1833(z)(2)(C).

“(6) FUNDING.—For purposes of carrying out this subsection, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of \$15,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2014 through 2018. Amounts transferred under this paragraph shall remain available through the end of fiscal year 2021.”.

SEC. 4. ENCOURAGING CARE MANAGEMENT FOR INDIVIDUALS WITH CHRONIC CARE NEEDS.

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

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

“(A) IN GENERAL.—In order to encourage the management of care by an applicable provider (as defined in subparagraph (B)) for individuals with chronic care needs the Secretary shall—

“(i) establish one or more HCPCS codes for chronic care management services for such individuals; and

“(ii) subject to subparagraph (D), make payment (as the Secretary determines to be appropriate) under this section for such management services furnished on or after January 1, 2015, by an applicable provider.

“(B) APPLICABLE PROVIDER DEFINED.—For purposes of this paragraph, the term ‘applicable provider’ means a physician (as defined in section 1861(r)(1)), physician assistant or nurse practitioner (as defined in section 1861(aa)(5)(A)), or clinical nurse specialist (as defined in section 1861(aa)(5)(B)) who furnishes services as part of a patient-centered

medical home or a comparable specialty practice that—

“(i) is recognized as such a medical home or comparable specialty practice by an organization that is recognized by the Secretary for purposes of such recognition as such a medical home or practice; or

“(ii) meets such other comparable qualifications as the Secretary determines to be appropriate.

“(C) BUDGET NEUTRALITY.—The budget neutrality provision under subsection (c)(2)(B)(ii)(II) shall apply in establishing the payment under subparagraph (A)(ii).

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

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

“(ii) not make payment under subparagraph (A) if such payment would be duplicative of payment that is otherwise made under this title for such services (such as in the case of hospice care or home health services); and

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

(b) EDUCATION AND OUTREACH.—

(1) CAMPAIGN.—

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

(B) REQUIREMENTS.—Such campaign shall—

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

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

(2) REPORT.—

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

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

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

SEC. 5. ENSURING ACCURATE VALUATION OF SERVICES UNDER THE PHYSICIAN FEE SCHEDULE.

(a) AUTHORITY TO COLLECT AND USE INFORMATION ON PHYSICIANS’ SERVICES IN THE DETERMINATION OF RELATIVE VALUES.—

(1) IN GENERAL.—Section 1848(c)(2) of the Social Security Act (42 U.S.C. 1395w-4(c)(2)) is amended by adding at the end the following new subparagraph:

“(M) AUTHORITY TO COLLECT AND USE INFORMATION ON PHYSICIANS’ SERVICES IN THE DETERMINATION OF RELATIVE VALUES.—

“(i) COLLECTION OF INFORMATION.—Notwithstanding any other provision of law, the Secretary may collect or obtain information on the resources directly or indirectly related to furnishing services for which payment is

made under the fee schedule established under subsection (b). Such information may be collected or obtained from any eligible professional or any other source.

“(ii) USE OF INFORMATION.—Notwithstanding any other provision of law, subject to clause (v), the Secretary may (as the Secretary determines appropriate) use information collected or obtained pursuant to clause (i) in the determination of relative values for services under this section.

“(iii) TYPES OF INFORMATION.—The types of information described in clauses (i) and (ii) may, at the Secretary’s discretion, include any or all of the following:

“(I) Time involved in furnishing services.

“(II) Amounts and types of practice expense inputs involved with furnishing services.

“(III) Prices (net of any discounts) for practice expense inputs, which may include paid invoice prices or other documentation or records.

“(IV) Overhead and accounting information for practices of physicians and other suppliers.

“(V) Any other element that would improve the valuation of services under this section.

“(iv) INFORMATION COLLECTION MECHANISMS.—Information may be collected or obtained pursuant to this subparagraph from any or all of the following:

“(I) Surveys of physicians, other suppliers, providers of services, manufacturers, and vendors.

“(II) Surgical logs, billing systems, or other practice or facility records.

“(III) Electronic health records.

“(IV) Any other mechanism determined appropriate by the Secretary.

“(v) TRANSPARENCY OF USE OF INFORMATION.—

“(I) IN GENERAL.—Subject to subclauses (II) and (III), if the Secretary uses information collected or obtained under this subparagraph in the determination of relative values under this subsection, the Secretary shall disclose the information source and discuss the use of such information in such determination of relative values through notice and comment rulemaking.

“(II) THRESHOLDS FOR USE.—The Secretary may establish thresholds in order to use such information, including the exclusion of information collected or obtained from eligible professionals who use very high resources (as determined by the Secretary) in furnishing a service.

“(III) DISCLOSURE OF INFORMATION.—The Secretary shall make aggregate information available under this subparagraph but shall not disclose information in a form or manner that identifies an eligible professional or a group practice, or information collected or obtained pursuant to a nondisclosure agreement.

“(vi) INCENTIVE TO PARTICIPATE.—The Secretary may provide for such payments under this part to an eligible professional that submits such solicited information under this subparagraph as the Secretary determines appropriate in order to compensate such eligible professional for such submission. Such payments shall be provided in a form and manner specified by the Secretary.

“(vii) ADMINISTRATION.—Chapter 35 of title 44, United States Code, shall not apply to information collected or obtained under this subparagraph.

“(viii) DEFINITION OF ELIGIBLE PROFESSIONAL.—In this subparagraph, the term ‘eligible professional’ has the meaning given such term in subsection (k)(3)(B).

“(ix) FUNDING.—For purposes of carrying out this subparagraph, in addition to funds otherwise appropriated, the Secretary shall provide for the transfer, from the Federal

Supplementary Medical Insurance Trust Fund under section 1841, of \$2,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each fiscal year beginning with fiscal year 2014. Amounts transferred under the preceding sentence for a fiscal year shall be available until expended.”

(2) LIMITATION ON REVIEW.—Section 1848(i)(1) of the Social Security Act (42 U.S.C. 1395w-4(i)(1)) is amended—

(A) in subparagraph (D), by striking “and” at the end;

(B) in subparagraph (E), by striking the period at the end and inserting “, and”; and

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

“(F) the collection and use of information in the determination of relative values under subsection (c)(2)(M).”

(b) AUTHORITY FOR ALTERNATIVE APPROACHES TO ESTABLISHING PRACTICE EXPENSE RELATIVE VALUES.—Section 1848(c)(2) of the Social Security Act (42 U.S.C. 1395w-4(c)(2)), as amended by subsection (a), is amended by adding at the end the following new subparagraph:

“(N) AUTHORITY FOR ALTERNATIVE APPROACHES TO ESTABLISHING PRACTICE EXPENSE RELATIVE VALUES.—The Secretary may establish or adjust practice expense relative values under this subsection using cost, charge, or other data from suppliers or providers of services, including information collected or obtained under subparagraph (M).”

(c) REVISED AND EXPANDED IDENTIFICATION OF POTENTIALLY MISVALUED CODES.—Section 1848(c)(2)(K)(ii) of the Social Security Act (42 U.S.C. 1395w-4(c)(2)(K)(ii)) is amended to read as follows:

“(ii) IDENTIFICATION OF POTENTIALLY MISVALUED CODES.—For purposes of identifying potentially misvalued codes pursuant to clause (i)(I), the Secretary shall examine codes (and families of codes as appropriate) based on any or all of the following criteria:

“(I) Codes that have experienced the fastest growth.

“(II) Codes that have experienced substantial changes in practice expenses.

“(III) Codes that describe new technologies or services within an appropriate time period (such as 3 years) after the relative values are initially established for such codes.

“(IV) Codes which are multiple codes that are frequently billed in conjunction with furnishing a single service.

“(V) Codes with low relative values, particularly those that are often billed multiple times for a single treatment.

“(VI) Codes that have not been subject to review since implementation of the fee schedule.

“(VII) Codes that account for the majority of spending under the physician fee schedule.

“(VIII) Codes for services that have experienced a substantial change in the hospital length of stay or procedure time.

“(IX) Codes for which there may be a change in the typical site of service since the code was last valued.

“(X) Codes for which there is a significant difference in payment for the same service between different sites of service.

“(XI) Codes for which there may be anomalies in relative values within a family of codes.

“(XII) Codes for services where there may be efficiencies when a service is furnished at the same time as other services.

“(XIII) Codes with high intra-service work per unit of time.

“(XIV) Codes with high practice expense relative value units.

“(XV) Codes with high cost supplies.

“(XVI) Codes as determined appropriate by the Secretary.”

(d) TARGET FOR RELATIVE VALUE ADJUSTMENTS FOR MISVALUED SERVICES.—

(1) IN GENERAL.—Section 1848(c)(2) of the Social Security Act (42 U.S.C. 1395w-4(c)(2)), as amended by subsections (a) and (b), is amended by adding at the end the following new subparagraph:

“(O) TARGET FOR RELATIVE VALUE ADJUSTMENTS FOR MISVALUED SERVICES.—With respect to fee schedules established for each of 2015 through 2018, the following shall apply:

“(i) DETERMINATION OF NET REDUCTION IN EXPENDITURES.—For each year, the Secretary shall determine the estimated net reduction in expenditures under the fee schedule under this section with respect to the year as a result of adjustments to the relative values established under this paragraph for misvalued codes.

“(ii) BUDGET NEUTRAL REDISTRIBUTION OF FUNDS IF TARGET MET AND COUNTING OVERAGES TOWARDS THE TARGET FOR THE SUCCEEDING YEAR.—If the estimated net reduction in expenditures determined under clause (i) for the year is equal to or greater than the target for the year—

“(I) reduced expenditures attributable to such adjustments shall be redistributed for the year in a budget neutral manner in accordance with subparagraph (B)(ii)(II); and

“(II) the amount by which such reduced expenditures exceeds the target for the year shall be treated as a reduction in expenditures described in clause (i) for the succeeding year, for purposes of determining whether the target has or has not been met under this subparagraph with respect to that year.

“(iii) EXEMPTION FROM BUDGET NEUTRALITY IF TARGET NOT MET.—If the estimated net reduction in expenditures determined under clause (i) for the year is less than the target for the year, reduced expenditures in an amount equal to the target recapture amount shall not be taken into account in applying subparagraph (B)(ii)(II) with respect to fee schedules beginning with 2015.

“(iv) TARGET RECAPTURE AMOUNT.—For purposes of clause (iii), the target recapture amount is, with respect to a year, an amount equal to the difference between—

“(I) the target for the year; and

“(II) the estimated net reduction in expenditures determined under clause (i) for the year.

“(v) TARGET.—For purposes of this subparagraph, with respect to a year, the target is calculated as 0.5 percent of the estimated amount of expenditures under the fee schedule under this section for the year.”

(2) CONFORMING AMENDMENT.—Section 1848(c)(2)(B)(v) of the Social Security Act (42 U.S.C. 1395w-4(c)(2)(B)(v)) is amended by adding at the end the following new subclause:

“(VIII) REDUCTIONS FOR MISVALUED SERVICES IF TARGET NOT MET.—Effective for fee schedules beginning with 2015, reduced expenditures attributable to the application of the target recapture amount described in subparagraph (O)(iii).”

(e) PHASE-IN OF SIGNIFICANT RELATIVE VALUE UNIT (RVU) REDUCTIONS.—

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

“(7) PHASE-IN OF SIGNIFICANT RELATIVE VALUE UNIT (RVU) REDUCTIONS.—Effective for fee schedules established beginning with 2015, if the total relative value units for a service for a year would otherwise be decreased by an estimated amount equal to or greater than 20 percent as compared to the total relative value units for the previous year, the applicable adjustments in work, practice expense, and malpractice relative value units shall be phased-in over a 2-year period.”

(2) CONFORMING AMENDMENTS.—Section 1848(c)(2) of the Social Security Act (42 U.S.C. 1395w-4(c)(2)) is amended—

(A) in subparagraph (B)(ii)(I), by striking “subclause (II)” and inserting “subclause (II) and paragraph (7)”; and

(B) in subparagraph (K)(iii)(VI)—

(i) by striking “provisions of subparagraph (B)(ii)(II)” and inserting “provisions of subparagraph (B)(ii)(II) and paragraph (7)”; and

(ii) by striking “under subparagraph (B)(ii)(II)” and inserting “under subparagraph (B)(ii)(I)”.

(f) AUTHORITY TO SMOOTH RELATIVE VALUES WITHIN GROUPS OF SERVICES.—Section 1848(c)(2)(C) of the Social Security Act (42 U.S.C. 1395w-4(c)(2)(C)) is amended—

(1) in each of clauses (i) and (iii), by striking “the service” and inserting “the service or group of services” each place it appears; and

(2) in the first sentence of clause (ii), by inserting “or group of services” before the period.

(g) GAO STUDY AND REPORT ON RELATIVE VALUE SCALE UPDATE COMMITTEE.—

(1) STUDY.—The Comptroller General of the United States (in this subsection referred to as the “Comptroller General”) shall conduct a study of the processes used by the Relative Value Scale Update Committee (RUC) to provide recommendations to the Secretary of Health and Human Services regarding relative values for specific services under the Medicare physician fee schedule under section 1848 of the Social Security Act (42 U.S.C. 1395w-4).

(2) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Comptroller General shall submit to Congress a report containing the results of the study conducted under paragraph (1).

(h) ADJUSTMENT TO MEDICARE PAYMENT LOCALITIES.—

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

“(6) USE OF MSAS AS FEE SCHEDULE AREAS IN CALIFORNIA.—

“(A) IN GENERAL.—Subject to the succeeding provisions of this paragraph and notwithstanding the previous provisions of this subsection, for services furnished on or after January 1, 2017, the fee schedule areas used for payment under this section applicable to California shall be the following:

“(i) Each Metropolitan Statistical Area (each in this paragraph referred to as an ‘MSA’), as defined by the Director of the Office of Management and Budget as of December 31 of the previous year, shall be a fee schedule area.

“(ii) All areas not included in an MSA shall be treated as a single rest-of-State fee schedule area.

“(B) TRANSITION FOR MSAS PREVIOUSLY IN REST-OF-STATE PAYMENT LOCALITY OR IN LOCALITY 3.—

“(i) IN GENERAL.—For services furnished in California during a year beginning with 2017 and ending with 2021 in an MSA in a transition area (as defined in subparagraph (D)), subject to subparagraph (C), the geographic index values to be applied under this subsection for such year shall be equal to the sum of the following:

“(I) CURRENT LAW COMPONENT.—The old weighting factor (described in clause (ii)) for such year multiplied by the geographic index values under this subsection for the fee schedule area that included such MSA that would have applied in such area (as estimated by the Secretary) if this paragraph did not apply.

“(II) MSA-BASED COMPONENT.—The MSA-based weighting factor (described in clause (iii)) for such year multiplied by the geo-

graphic index values computed for the fee schedule area under subparagraph (A) for the year (determined without regard to this subparagraph).

“(ii) OLD WEIGHTING FACTOR.—The old weighting factor described in this clause—

“(I) for 2017, is %; and

“(II) for each succeeding year, is the old weighting factor described in this clause for the previous year minus %.

“(iii) MSA-BASED WEIGHTING FACTOR.—The MSA-based weighting factor described in this clause for a year is 1 minus the old weighting factor under clause (ii) for that year.

“(C) HOLD HARMLESS.—For services furnished in a transition area in California during a year beginning with 2017, the geographic index values to be applied under this subsection for such year shall not be less than the corresponding geographic index values that would have applied in such transition area (as estimated by the Secretary) if this paragraph did not apply.

“(D) TRANSITION AREA DEFINED.—In this paragraph, the term ‘transition area’ means each of the following fee schedule areas for 2013:

“(i) The rest-of-State payment locality.

“(ii) Payment locality 3.

“(E) REFERENCES TO FEE SCHEDULE AREAS.—Effective for services furnished on or after January 1, 2017, for California, any reference in this section to a fee schedule area shall be deemed a reference to a fee schedule area established in accordance with this paragraph.”

(2) CONFORMING AMENDMENT TO DEFINITION OF FEE SCHEDULE AREA.—Section 1848(j)(2) of the Social Security Act (42 U.S.C. 1395w-4(j)(2)) is amended by striking “The term” and inserting “Except as provided in subsection (e)(6)(D), the term”.

(i) DISCLOSURE OF DATA USED TO ESTABLISH MULTIPLE PROCEDURE PAYMENT REDUCTION POLICY.—The Secretary of Health and Human Services shall make publicly available the information used to establish the multiple procedure payment reduction policy to the professional component of imaging services in the final rule published in the Federal Register, v. 77, n. 222, November 16, 2012, pages 68891–69380 under the physician fee schedule under section 1848 of the Social Security Act (42 U.S.C. 1395w-4).

SEC. 6. PROMOTING EVIDENCE-BASED CARE.

(a) IN GENERAL.—Section 1834 of the Social Security Act (42 U.S.C. 1395m) is amended by adding at the end the following new subsection:

“(p) RECOGNIZING APPROPRIATE USE CRITERIA FOR CERTAIN IMAGING SERVICES.—

“(1) PROGRAM ESTABLISHED.—

“(A) IN GENERAL.—The Secretary shall establish a program to promote the use of appropriate use criteria (as defined in subparagraph (B)) for applicable imaging services (as defined in subparagraph (C)) furnished in an applicable setting (as defined in subparagraph (D)) by ordering professionals and furnishing professionals (as defined in subparagraphs (E) and (F), respectively).

“(B) APPROPRIATE USE CRITERIA DEFINED.—In this subsection, the term ‘appropriate use criteria’ means criteria, only developed or endorsed by national professional medical specialty societies or other provider-led entities, to assist ordering professionals and furnishing professionals in making the most appropriate treatment decision for a specific clinical condition. To the extent feasible, such criteria shall be evidence-based.

“(C) APPLICABLE IMAGING SERVICE DEFINED.—In this subsection, the term ‘applicable imaging service’ means an advanced diagnostic imaging service (as defined in subsection (e)(1)(B)) for which the Secretary determines—

“(i) one or more applicable appropriate use criteria specified under paragraph (2) apply;

“(ii) there are one or more qualified clinical decision support mechanisms listed under paragraph (3)(C); and

“(iii) one or more of such mechanisms is available free of charge.

“(D) APPLICABLE SETTING DEFINED.—In this subsection, the term ‘applicable setting’ means a physician’s office, a hospital outpatient department (including an emergency department), an ambulatory surgical center, and any other provider-led outpatient setting determined appropriate by the Secretary.

“(E) ORDERING PROFESSIONAL DEFINED.—In this subsection, the term ‘ordering professional’ means a physician (as defined in section 1861(r)) or a practitioner described in section 1842(b)(18)(C) who orders an applicable imaging service for an individual.

“(F) FURNISHING PROFESSIONAL DEFINED.—In this subsection, the term ‘furnishing professional’ means a physician (as defined in section 1861(r)) or a practitioner described in section 1842(b)(18)(C) who furnishes an applicable imaging service for an individual.

“(2) ESTABLISHMENT OF APPLICABLE APPROPRIATE USE CRITERIA.—

“(A) IN GENERAL.—Not later than November 15, 2015, the Secretary shall through rulemaking, and in consultation with physicians, practitioners, and other stakeholders, specify applicable appropriate use criteria for applicable imaging services only from among appropriate use criteria developed or endorsed by national professional medical specialty societies or other provider-led entities.

“(B) CONSIDERATIONS.—In specifying applicable appropriate use criteria under subparagraph (A), the Secretary shall take into account whether the criteria—

“(i) have stakeholder consensus;

“(ii) are scientifically valid and evidence based; and

“(iii) are based on studies that are published and reviewable by stakeholders.

“(C) REVISIONS.—The Secretary shall review, on an annual basis, the specified applicable appropriate use criteria to determine if there is a need to update or revise (as appropriate) such specification of applicable appropriate use criteria and make such updates or revisions through rulemaking.

“(D) TREATMENT OF MULTIPLE APPLICABLE APPROPRIATE USE CRITERIA.—In the case where the Secretary determines that more than one appropriate use criteria applies with respect to an applicable imaging service, the Secretary shall permit one or more applicable appropriate use criteria under this paragraph for the service.

“(3) MECHANISMS FOR CONSULTATION WITH APPLICABLE APPROPRIATE USE CRITERIA.—

“(A) IDENTIFICATION OF MECHANISMS TO CONSULT WITH APPLICABLE APPROPRIATE USE CRITERIA.—

“(i) IN GENERAL.—The Secretary shall specify qualified clinical decision support mechanisms that could be used by ordering professionals to consult with applicable appropriate use criteria for applicable imaging services.

“(ii) CONSULTATION.—The Secretary shall consult with physicians, practitioners, health care technology experts, and other stakeholders in specifying mechanisms under this paragraph.

“(iii) INCLUSION OF CERTAIN MECHANISMS.—Mechanisms specified under this paragraph may include any or all of the following that meet the requirements described in subparagraph (B)(ii):

“(I) Use of clinical decision support modules in certified EHR technology (as defined in section 1848(o)(4)).

“(II) Use of private sector clinical decision support mechanisms that are independent from certified EHR technology, which may include use of clinical decision support mechanisms available from medical specialty organizations.

“(III) Use of a clinical decision support mechanism established by the Secretary.

“(B) QUALIFIED CLINICAL DECISION SUPPORT MECHANISMS.—

“(i) IN GENERAL.—For purposes of this subsection, a qualified clinical decision support mechanism is a mechanism that the Secretary determines meets the requirements described in clause (ii).

“(ii) REQUIREMENTS.—The requirements described in this clause are the following:

“(I) The mechanism makes available to the ordering professional applicable appropriate use criteria specified under paragraph (2) and the supporting documentation for the applicable imaging service ordered.

“(II) In the case where there are more than one applicable appropriate use criteria specified under such paragraph for an applicable imaging service, the mechanism indicates the criteria that it uses for the service.

“(III) The mechanism determines the extent to which an applicable imaging service ordered is consistent with the applicable appropriate use criteria so specified.

“(IV) The mechanism generates and provides to the ordering professional a certification or documentation that documents that the qualified clinical decision support mechanism was consulted by the ordering professional.

“(V) The mechanism is updated on a timely basis to reflect revisions to the specification of applicable appropriate use criteria under such paragraph.

“(VI) The mechanism meets privacy and security standards under applicable provisions of law.

“(VII) The mechanism performs such other functions as specified by the Secretary, which may include a requirement to provide aggregate feedback to the ordering professional.

“(C) LIST OF MECHANISMS FOR CONSULTATION WITH APPLICABLE APPROPRIATE USE CRITERIA.—

“(i) INITIAL LIST.—Not later than April 1, 2016, the Secretary shall publish a list of mechanisms specified under this paragraph.

“(ii) PERIODIC UPDATING OF LIST.—The Secretary shall identify on an annual basis the list of qualified clinical decision support mechanisms specified under this paragraph.

“(4) CONSULTATION WITH APPLICABLE APPROPRIATE USE CRITERIA.—

“(A) CONSULTATION BY ORDERING PROFESSIONAL.—Beginning with January 1, 2017, subject to subparagraph (C), with respect to an applicable imaging service ordered by an ordering professional that would be furnished in an applicable setting and paid for under an applicable payment system (as defined in subparagraph (D)), an ordering professional shall—

“(i) consult with a qualified decision support mechanism listed under paragraph (3)(C); and

“(ii) provide to the furnishing professional the information described in clauses (i) through (iii) of subparagraph (B).

“(B) REPORTING BY FURNISHING PROFESSIONAL.—Beginning with January 1, 2017, subject to subparagraph (C), with respect to an applicable imaging service furnished in an applicable setting and paid for under an applicable payment system (as defined in subparagraph (D)), payment for such service may only be made if the claim for the service includes the following:

“(i) Information about which qualified clinical decision support mechanism was

consulted by the ordering professional for the service.

“(ii) Information regarding—

“(I) whether the service ordered would adhere to the applicable appropriate use criteria specified under paragraph (2);

“(II) whether the service ordered would not adhere to such criteria; or

“(III) whether such criteria was not applicable to the service ordered.

“(iii) The national provider identifier of the ordering professional (if different from the furnishing professional).

“(C) EXCEPTIONS.—The provisions of subparagraphs (A) and (B) and paragraph (6)(A) shall not apply to the following:

“(i) EMERGENCY SERVICES.—An applicable imaging service ordered for an individual with an emergency medical condition (as defined in section 1867(e)(1)).

“(ii) INPATIENT SERVICES.—An applicable imaging service ordered for an inpatient and for which payment is made under part A.

“(iii) ALTERNATIVE PAYMENT MODELS.—An applicable imaging service ordered by an ordering professional with respect to an individual attributed to an alternative payment model (as defined in section 1833(z)(3)(C)).

“(iv) SIGNIFICANT HARDSHIP.—An applicable imaging service ordered by an ordering professional who the Secretary may, on a case-by-case basis, exempt from the application of such provisions if the Secretary determines, subject to annual renewal, that consultation with applicable appropriate use criteria would result in a significant hardship, such as in the case of a professional who practices in a rural area without sufficient Internet access.

“(D) APPLICABLE PAYMENT SYSTEM DEFINED.—In this subsection, the term ‘applicable payment system’ means the following:

“(i) The physician fee schedule established under section 1848(b).

“(ii) The prospective payment system for hospital outpatient department services under section 1833(t).

“(iii) The ambulatory surgical center payment systems under section 1833(i).

“(5) IDENTIFICATION OF OUTLIER ORDERING PROFESSIONALS.—

“(A) IN GENERAL.—With respect to applicable imaging services furnished beginning with 2017, the Secretary shall determine, on an annual basis, no more than five percent of the total number of ordering professionals who are outlier ordering professionals.

“(B) OUTLIER ORDERING PROFESSIONALS.—The determination of an outlier ordering professional shall—

“(i) be based on low adherence to applicable appropriate use criteria specified under paragraph (2), which may be based on comparison to other ordering professionals; and

“(ii) include data for ordering professionals for whom prior authorization under paragraph (6)(A) applies.

“(C) USE OF TWO YEARS OF DATA.—The Secretary shall use two years of data to identify outlier ordering professionals under this paragraph.

“(D) PROCESS.—The Secretary shall establish a process for determining when an outlier ordering professional is no longer an outlier ordering professional.

“(E) CONSULTATION WITH STAKEHOLDERS.—The Secretary shall consult with physicians, practitioners and other stakeholders in developing methods to identify outlier ordering professionals under this paragraph.

“(6) PRIOR AUTHORIZATION FOR ORDERING PROFESSIONALS WHO ARE OUTLIERS.—

“(A) IN GENERAL.—Beginning January 1, 2020, subject to paragraph (4)(C), with respect to services furnished during a year, the Secretary shall, for a period determined appropriate by the Secretary, apply prior authorization for applicable imaging services that

are ordered by an outlier ordering professional identified under paragraph (5).

“(B) APPROPRIATE USE CRITERIA IN PRIOR AUTHORIZATION.—In applying prior authorization under subparagraph (A), the Secretary shall utilize only the applicable appropriate use criteria specified under this subsection.

“(C) FUNDING.—For purposes of carrying out this paragraph, the Secretary shall provide for the transfer, from the Federal Supplementary Medical Insurance Trust Fund under section 1841, of \$5,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2019 through 2021. Amounts transferred under the preceding sentence shall remain available until expended.

“(7) CONSTRUCTION.—Nothing in this subsection shall be construed as granting the Secretary the authority to develop or initiate the development of clinical practice guidelines or appropriate use criteria.”.

(b) CONFORMING AMENDMENT.—Section 1833(t)(16) of the Social Security Act (42 U.S.C. 1395l(t)(16)) is amended by adding at the end the following new subparagraph:

“(E) APPLICATION OF APPROPRIATE USE CRITERIA FOR CERTAIN IMAGING SERVICES.—For provisions relating to the application of appropriate use criteria for certain imaging services, see section 1834(p).”.

(c) REPORT ON EXPERIENCE OF IMAGING APPROPRIATE USE CRITERIA PROGRAM.—Not later than 18 months after the date of the enactment of this Act, the Comptroller General of the United States shall submit to Congress a report that includes a description of the extent to which appropriate use criteria could be used for other services under part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.), such as radiation therapy and clinical diagnostic laboratory services.

SEC. 7. EMPOWERING BENEFICIARY CHOICES THROUGH ACCESS TO INFORMATION ON PHYSICIANS' SERVICES.

(a) IN GENERAL.—The Secretary shall make publicly available on Physician Compare the information described in subsection (b) with respect to eligible professionals.

(b) INFORMATION DESCRIBED.—The following information, with respect to an eligible professional, is described in this subsection:

(1) Information on the number of services furnished by the eligible professional under part B of title XVIII of the Social Security Act (42 U.S.C. 1395j et seq.), which may include information on the most frequent services furnished or groupings of services.

(2) Information on submitted charges and payments for services under such part.

(3) A unique identifier for the eligible professional that is available to the public, such as a national provider identifier.

(c) SEARCHABILITY.—The information made available under this section shall be searchable by at least the following:

(1) The specialty or type of the eligible professional.

(2) Characteristics of the services furnished, such as volume or groupings of services.

(3) The location of the eligible professional.

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

(e) IMPLEMENTATION.—

(1) INITIAL IMPLEMENTATION.—Physician Compare shall include the information described in subsection (b)—

(A) with respect to physicians, by not later than July 1, 2015; and

(B) with respect to other eligible professionals, by not later than July 1, 2016.

(2) ANNUAL UPDATING.—The information made available under this section shall be updated on Physician Compare not less frequently than on an annual basis.

(f) OPPORTUNITY TO REVIEW AND SUBMIT CORRECTIONS.—The Secretary shall provide for an opportunity for an eligible professional to review, and submit corrections for, the information to be made public with respect to the eligible professional under this section prior to such information being made public.

(g) DEFINITIONS.—In this section:

(1) ELIGIBLE PROFESSIONAL; PHYSICIAN; SECRETARY.—The terms “eligible professional”, “physician”, and “Secretary” have the meaning given such terms in section 10331(i) of Public Law 111-148.

(2) PHYSICIAN COMPARE.—The term “Physician Compare” means the Physician Compare Internet website of the Centers for Medicare & Medicaid Services (or a successor website).

SEC. 8. EXPANDING AVAILABILITY OF MEDICARE DATA.

(a) EXPANDING USES OF MEDICARE DATA BY QUALIFIED ENTITIES.—

(1) ADDITIONAL ANALYSES.—

(A) IN GENERAL.—Subject to subparagraph (B), to the extent consistent with applicable information, privacy, security, and disclosure laws (including paragraph (3)), notwithstanding paragraph (4)(B) of section 1874(e) of the Social Security Act (42 U.S.C. 1395kk(e)) and the second sentence of paragraph (4)(D) of such section, beginning July 1, 2015, a qualified entity may use the combined data described in paragraph (4)(B)(iii) of such section received by such entity under such section, and information derived from the evaluation described in such paragraph (4)(D), to conduct additional non-public analyses (as determined appropriate by the Secretary) and provide or sell such analyses to authorized users for non-public use (including for the purposes of assisting providers of services and suppliers to develop and participate in quality and patient care improvement activities, including developing new models of care).

(B) LIMITATIONS WITH RESPECT TO ANALYSES.—

(i) EMPLOYERS.—Any analyses provided or sold under subparagraph (A) to an employer described in paragraph (9)(A)(iii) may only be used by such employer for purposes of providing health insurance to employees and retirees of the employer.

(ii) HEALTH INSURANCE ISSUERS.—A qualified entity may not provide or sell an analysis to a health insurance issuer described in paragraph (9)(A)(iv) unless the issuer is providing the qualified entity with data under section 1874(e)(4)(B)(iii) of the Social Security Act (42 U.S.C. 1395kk(e)(4)(B)(iii)).

(2) ACCESS TO CERTAIN DATA.—

(A) ACCESS.—To the extent consistent with applicable information, privacy, security, and disclosure laws (including paragraph (3)), notwithstanding paragraph (4)(B) of section 1874(e) of the Social Security Act (42 U.S.C. 1395kk(e)) and the second sentence of paragraph (4)(D) of such section, beginning July 1, 2015, a qualified entity may—

(i) provide or sell the combined data described in paragraph (4)(B)(iii) of such section to authorized users described in clauses (i), (ii), and (v) of paragraph (9)(A) for non-public use, including for the purposes described in subparagraph (B); or

(ii) subject to subparagraph (C), provide Medicare claims data to authorized users described in clauses (i), (ii), and (v), of paragraph (9)(A) for non-public use, including for the purposes described in subparagraph (B).

(B) PURPOSES DESCRIBED.—The purposes described in this subparagraph are assisting providers of services and suppliers in developing and participating in quality and patient care improvement activities, including developing new models of care.

(C) MEDICARE CLAIMS DATA MUST BE PROVIDED AT NO COST.—A qualified entity may not charge a fee for providing the data under subparagraph (A)(ii).

(3) PROTECTION OF INFORMATION.—

(A) IN GENERAL.—Except as provided in subparagraph (B), an analysis or data that is provided or sold under paragraph (1) or (2) shall not contain information that individually identifies a patient.

(B) INFORMATION ON PATIENTS OF THE PROVIDER OF SERVICES OR SUPPLIER.—To the extent consistent with applicable information, privacy, security, and disclosure laws, an analysis or data that is provided or sold to a provider of services or supplier under paragraph (1) or (2) may contain information that individually identifies a patient of such provider or supplier, including with respect to items and services furnished to the patient by other providers of services or suppliers.

(C) PROHIBITION ON USING ANALYSES OR DATA FOR MARKETING PURPOSES.—An authorized user shall not use an analysis or data provided or sold under paragraph (1) or (2) for marketing purposes.

(4) DATA USE AGREEMENT.—A qualified entity and an authorized user described in clauses (i), (ii), and (v) of paragraph (9)(A) shall enter into an agreement regarding the use of any data that the qualified entity is providing or selling to the authorized user under paragraph (2). Such agreement shall describe the requirements for privacy and security of the data and, as determined appropriate by the Secretary, any prohibitions on using such data to link to other individually identifiable sources of information. If the authorized user is not a covered entity under the rules promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996, the agreement shall identify the relevant regulations, as determined by the Secretary, that the user shall comply with as if it were acting in the capacity of such a covered entity.

(5) NO REDISCLOSURE OF ANALYSES OR DATA.—

(A) IN GENERAL.—Except as provided in subparagraph (B), an authorized user that is provided or sold an analysis or data under paragraph (1) or (2) shall not disclose or make public such analysis or data or any analysis using such data.

(B) PERMITTED REDISCLOSURE.—A provider of services or supplier that is provided or sold an analysis or data under paragraph (1) or (2) may, as determined by the Secretary, disclose such analysis or data for the purposes of performance improvement and care coordination activities but shall not make public such analysis or data or any analysis using such data.

(6) OPPORTUNITY FOR PROVIDERS OF SERVICES AND SUPPLIERS TO REVIEW.—Prior to a qualified entity providing or selling an analysis to an authorized user under paragraph (1), to the extent that such analysis would individually identify a provider of services or supplier who is not being provided or sold such analysis, such qualified entity shall provide such provider or supplier with the opportunity to appeal and correct errors in the manner described in section 1874(e)(4)(C)(ii) of the Social Security Act (42 U.S.C. 1395kk(e)(4)(C)(ii)).

(7) ASSESSMENT FOR A BREACH.—

(A) IN GENERAL.—In the case of a breach of a data use agreement under this section or section 1874(e) of the Social Security Act (42 U.S.C. 1395kk(e)), the Secretary shall impose

an assessment on the qualified entity both in the case of—

(i) an agreement between the Secretary and a qualified entity; and

(ii) an agreement between a qualified entity and an authorized user.

(B) ASSESSMENT.—The assessment under subparagraph (A) shall be an amount up to \$100 for each individual entitled to, or enrolled for, benefits under part A of title XVIII of the Social Security Act or enrolled for benefits under part B of such title—

(i) in the case of an agreement described in subparagraph (A)(i), for whom the Secretary provided data on to the qualified entity under paragraph (2); and

(ii) in the case of an agreement described in subparagraph (A)(ii), for whom the qualified entity provided data on to the authorized user under paragraph (2).

(C) DEPOSIT OF AMOUNTS COLLECTED.—Any amounts collected pursuant to this paragraph shall be deposited in Federal Supplementary Medical Insurance Trust Fund under section 1841 of the Social Security Act (42 U.S.C. 1395t).

(8) ANNUAL REPORTS.—Any qualified entity that provides or sells an analysis or data under paragraph (1) or (2) shall annually submit to the Secretary a report that includes—

(A) a summary of the analyses provided or sold, including the number of such analyses, the number of purchasers of such analyses, and the total amount of fees received for such analyses;

(B) a description of the topics and purposes of such analyses;

(C) information on the entities who received the data under paragraph (2), the uses of the data, and the total amount of fees received for providing, selling, or sharing the data; and

(D) other information determined appropriate by the Secretary.

(9) DEFINITIONS.—In this subsection and subsection (b):

(A) AUTHORIZED USER.—The term “authorized user” means the following:

(i) A provider of services.

(ii) A supplier.

(iii) An employer (as defined in section 3(5) of the Employee Retirement Insurance Security Act of 1974).

(iv) A health insurance issuer (as defined in section 2791 of the Public Health Service Act).

(v) A medical society or hospital association.

(vi) Any entity not described in clauses (i) through (v) that is approved by the Secretary (other than an employer or health insurance issuer not described in clauses (iii) and (iv), respectively, as determined by the Secretary).

(B) PROVIDER OF SERVICES.—The term “provider of services” has the meaning given such term in section 1861(u) of the Social Security Act (42 U.S.C. 1395x(u)).

(C) QUALIFIED ENTITY.—The term “qualified entity” has the meaning given such term in section 1874(e)(2) of the Social Security Act (42 U.S.C. 1395kk(e)).

(D) SECRETARY.—The term “Secretary” means the Secretary of Health and Human Services.

(E) SUPPLIER.—The term “supplier” has the meaning given such term in section 1861(d) of the Social Security Act (42 U.S.C. 1395x(d)).

(b) ACCESS TO MEDICARE DATA BY QUALIFIED CLINICAL DATA REGISTRIES TO FACILITATE QUALITY IMPROVEMENT.—

(1) ACCESS.—

(A) IN GENERAL.—To the extent consistent with applicable information, privacy, security, and disclosure laws, beginning July 1, 2015, the Secretary shall, at the request of a qualified clinical data registry under section

1848(m)(3)(E) of the Social Security Act (42 U.S.C. 1395w-4(m)(3)(E)), provide the data described in subparagraph (B) (in a form and manner determined to be appropriate) to such qualified clinical data registry for purposes of linking such data with clinical outcomes data and performing risk-adjusted, scientifically valid analyses and research to support quality improvement or patient safety, provided that any public reporting of such analyses or research that identifies a provider of services or supplier shall only be conducted with the opportunity of such provider or supplier to appeal and correct errors in the manner described in subsection (a)(6).

(B) DATA DESCRIBED.—The data described in this subparagraph is—

(i) claims data under the Medicare program under title XVIII of the Social Security Act; and

(ii) if the Secretary determines appropriate, claims data under the Medicaid program under title XIX of such Act and the State Children’s Health Insurance Program under title XXI of such Act.

(2) FEE.—Data described in paragraph (1)(B) shall be provided to a qualified clinical data registry under paragraph (1) at a fee equal to the cost of providing such data. Any fee collected pursuant to the preceding sentence shall be deposited in the Centers for Medicare & Medicaid Services Program Management Account.

(C) EXPANSION OF DATA AVAILABLE TO QUALIFIED ENTITIES.—Section 1874(e) of the Social Security Act (42 U.S.C. 1395kk(e)) is amended—

(1) in the subsection heading, by striking “MEDICARE”; and

(2) in paragraph (3)—

(A) by inserting after the first sentence the following new sentence: “Beginning July 1, 2015, if the Secretary determines appropriate, the data described in this paragraph may also include standardized extracts (as determined by the Secretary) of claims data under titles XIX and XXI for assistance provided under such titles for one or more specified geographic areas and time periods requested by a qualified entity.”; and

(B) in the last sentence, by inserting “or under titles XIX or XXI” before the period at the end.

(d) REVISION OF PLACEMENT OF FEES.—Section 1874(e)(4)(A) of the Social Security Act (42 U.S.C. 1395kk(e)(4)(A)) is amended, in the second sentence—

(1) by inserting “, for periods prior to July 1, 2015,” after “deposited”; and

(2) by inserting the following before the period at the end: “, and, beginning July 1, 2015, into the Centers for Medicare & Medicaid Services Program Management Account”.

SEC. 9. REDUCING ADMINISTRATIVE BURDEN AND OTHER PROVISIONS.

(a) MEDICARE PHYSICIAN AND PRACTITIONER OPT-OUT TO PRIVATE CONTRACT.—

(1) INDEFINITE, CONTINUING AUTOMATIC EXTENSION OF OPT OUT ELECTION.—

(A) IN GENERAL.—Section 1802(b)(3) of the Social Security Act (42 U.S.C. 1395a(b)(3)) is amended—

(i) in subparagraph (B)(ii), by striking “during the 2-year period beginning on the date the affidavit is signed” and inserting “during the applicable 2-year period (as defined in subparagraph (D))”; and

(ii) in subparagraph (C), by striking “during the 2-year period described in subparagraph (B)(ii)” and inserting “during the applicable 2-year period”; and

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

“(D) APPLICABLE 2-YEAR PERIODS FOR EFFECTIVENESS OF AFFIDAVITS.—In this subsection, the term ‘applicable 2-year period’ means, with respect to an affidavit of a phy-

sician or practitioner under subparagraph (B), the 2-year period beginning on the date the affidavit is signed and includes each subsequent 2-year period unless the physician or practitioner involved provides notice to the Secretary (in a form and manner specified by the Secretary), not later than 30 days before the end of the previous 2-year period, that the physician or practitioner does not want to extend the application of the affidavit for such subsequent 2-year period.”.

(B) EFFECTIVE DATE.—The amendments made by subparagraph (A) shall apply to affidavits entered into on or after the date that is 60 days after the date of the enactment of this Act.

(2) PUBLIC AVAILABILITY OF INFORMATION ON OPT-OUT PHYSICIANS AND PRACTITIONERS.—Section 1802(b) of the Social Security Act (42 U.S.C. 1395a(b)) is amended—

(A) in paragraph (5), by adding at the end the following new subparagraph:

“(D) OPT-OUT PHYSICIAN OR PRACTITIONER.—The term ‘opt-out physician or practitioner’ means a physician or practitioner who has in effect an affidavit under paragraph (3)(B).”;

(B) by redesignating paragraph (5) as paragraph (6); and

(C) by inserting after paragraph (4) the following new paragraph:

“(5) POSTING OF INFORMATION ON OPT-OUT PHYSICIANS AND PRACTITIONERS.—

“(A) IN GENERAL.—Beginning not later than February 1, 2015, the Secretary shall make publicly available through an appropriate publicly accessible website of the Department of Health and Human Services information on the number and characteristics of opt-out physicians and practitioners and shall update such information on such website not less often than annually.

“(B) INFORMATION TO BE INCLUDED.—The information to be made available under subparagraph (A) shall include at least the following with respect to opt-out physicians and practitioners:

“(i) Their number.

“(ii) Their physician or professional specialty or other designation.

“(iii) Their geographic distribution.

“(iv) The timing of their becoming opt-out physicians and practitioners, relative to when they first entered practice and with respect to applicable 2-year periods.

“(v) The proportion of such physicians and practitioners who billed for emergency or urgent care services.”.

(b) GAINSHARING STUDY AND REPORT.—Not later than 6 months after the date of the enactment of this Act, the Secretary of Health and Human Services, in consultation with the Inspector General of the Department of Health and Human Services, shall submit to Congress a report with legislative recommendations to amend existing fraud and abuse laws, through exceptions, safe harbors, or other narrowly targeted provisions, to permit gainsharing or similar arrangements between physicians and hospitals that improve care while reducing waste and increasing efficiency. The report shall—

(1) consider whether such provisions should apply to ownership interests, compensation arrangements, or other relationships;

(2) describe how the recommendations address accountability, transparency, and quality, including how best to limit inducements to stint on care, discharge patients prematurely, or otherwise reduce or limit medically necessary care; and

(3) consider whether a portion of any savings generated by such arrangements should accrue to the Medicare program under title XVIII of the Social Security Act.

(c) PROMOTING INTEROPERABILITY OF ELECTRONIC HEALTH RECORD SYSTEMS.—

(1) RECOMMENDATIONS FOR ACHIEVING WIDESPREAD EHR INTEROPERABILITY.—

(A) OBJECTIVE.—As a consequence of a significant Federal investment in the implementation of health information technology through the Medicare and Medicaid EHR incentive programs, Congress declares it a national objective to achieve widespread exchange of health information through interoperable certified EHR technology nationwide by December 31, 2017.

(B) DEFINITIONS.—In this paragraph:

(i) WIDESPREAD INTEROPERABILITY.—The term “widespread interoperability” means interoperability between certified EHR technology systems employed by meaningful EHR users under the Medicare and Medicaid EHR incentive programs and other clinicians and health care providers on a nationwide basis.

(ii) INTEROPERABILITY.—The term “interoperability” means the ability of two or more health information systems or components to exchange clinical and other information and to use the information that has been exchanged using common standards as to provide access to longitudinal information for health care providers in order to facilitate coordinated care and improved patient outcomes.

(C) ESTABLISHMENT OF METRICS.—Not later than July 1, 2015, and in consultation with stakeholders, the Secretary shall establish metrics to be used to determine if and to the extent that the objective described in subparagraph (A) has been achieved.

(D) RECOMMENDATIONS IF OBJECTIVE NOT ACHIEVED.—If the Secretary of Health and Human Services determines that the objective described in subparagraph (A) has not been achieved by December 31, 2017, then the Secretary shall submit to Congress a report, by not later than December 31, 2018, that identifies barriers to such objective and recommends actions that the Federal Government can take to achieve such objective. Such recommended actions may include recommendations—

(i) to adjust payments for not being meaningful EHR users under the Medicare EHR incentive programs; and

(ii) for criteria for decertifying certified EHR technology products.

(2) PREVENTING BLOCKING THE SHARING OF INFORMATION.—

(A) FOR MEANINGFUL EHR PROFESSIONALS.—Section 1848(o)(2)(A)(ii) of the Social Security Act (42 U.S.C. 1395w-4(o)(2)(A)(ii)) is amended by inserting before the period at the end the following: “, and the professional demonstrates (through a process specified by the Secretary, such as the use of an attestation) that the professional has not knowingly and willfully taken any action to limit or restrict the compatibility or interoperability of the certified EHR technology”.

(B) FOR MEANINGFUL EHR HOSPITALS.—Section 1886(n)(3)(A)(ii) of the Social Security Act (42 U.S.C. 1395ww(n)(3)(A)(ii)) is amended by inserting before the period at the end the following: “, and the hospital demonstrates (through a process specified by the Secretary, such as the use of an attestation) that the hospital has not knowingly and willfully taken any action to limit or restrict the compatibility or interoperability of the certified EHR technology”.

(C) EFFECTIVE DATE.—The amendments made by this subsection shall apply to meaningful EHR users as of the date that is one year after the date of the enactment of this Act.

(3) STUDY AND REPORT ON THE FEASIBILITY OF ESTABLISHING A WEBSITE TO COMPARE CERTIFIED EHR TECHNOLOGY PRODUCTS.—

(A) STUDY.—The Secretary shall conduct a study to examine the feasibility of establishing mechanisms that includes aggregated results of surveys of meaningful EHR users on the functionality of certified EHR tech-

nology products to enable such users to directly compare the functionality and other features of such products. Such information may be made available through contracts with physician, hospital, or other organizations that maintain such comparative information.

(B) REPORT.—Not later than 1 year after the date of the enactment of this Act, the Secretary shall submit to Congress a report on the website. The report shall include information on the benefits of, and resources needed to develop and maintain, such a website.

(4) DEFINITIONS.—In this subsection:

(A) The term “certified EHR technology” has the meaning given such term in section 1848(o)(4) of the Social Security Act (42 U.S.C. 1395w-4(o)(4)).

(B) The term “meaningful EHR user” has the meaning given such term under the Medicare EHR incentive programs.

(C) The term “Medicare and Medicaid EHR incentive programs” means—

(i) in the case of the Medicare program under title XVIII of the Social Security Act, the incentive programs under section 1814(l)(3), section 1848(o), subsections (l) and (m) of section 1853, and section 1886(n) of the Social Security Act (42 U.S.C. 1395f(1)(3), 1395w-4(o), 1395w-23, 1395ww(n)); and

(ii) in the case of the Medicaid program under title XIX of such Act, the incentive program under subsections (a)(3)(F) and (t) of section 1903 of such Act (42 U.S.C. 1396b).

(D) The term “Secretary” means the Secretary of Health and Human Services.

(d) GAO STUDIES AND REPORTS ON THE USE OF TELEHEALTH UNDER FEDERAL PROGRAMS AND ON REMOTE PATIENT MONITORING SERVICES.—

(1) STUDY ON TELEHEALTH SERVICES.—The Comptroller General of the United States shall conduct a study on the following:

(A) How the definition of telehealth across various Federal programs and Federal efforts can inform the use of telehealth in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(B) Issues that can facilitate or inhibit the use of telehealth under the Medicare program under such title, including oversight and professional licensure, changing technology, privacy and security, infrastructure requirements, and varying needs across urban and rural areas.

(C) Potential implications of greater use of telehealth with respect to payment and delivery system transformations under the Medicare program under such title XVIII and the Medicaid program under title XIX of such Act (42 U.S.C. 1396 et seq.).

(D) How the Centers for Medicare & Medicaid Services conducts oversight of payments made under the Medicare program under such title XVIII to providers for telehealth services.

(2) STUDY ON REMOTE PATIENT MONITORING SERVICES.—

(A) IN GENERAL.—The Comptroller General of the United States shall conduct a study—

(i) of the dissemination of remote patient monitoring technology in the private health insurance market;

(ii) of the financial incentives in the private health insurance market relating to adoption of such technology;

(iii) of the barriers to adoption of such services under the Medicare program under title XVIII of the Social Security Act;

(iv) that evaluates the patients, conditions, and clinical circumstances that could most benefit from remote patient monitoring services; and

(v) that evaluates the challenges related to establishing appropriate valuation for remote patient monitoring services under the Medicare physician fee schedule under sec-

tion 1848 of the Social Security Act (42 U.S.C. 1395w-4) in order to accurately reflect the resources involved in furnishing such services.

(B) DEFINITIONS.—For purposes of this paragraph:

(i) REMOTE PATIENT MONITORING SERVICES.—The term “remote patient monitoring services” means services furnished through remote patient monitoring technology.

(ii) REMOTE PATIENT MONITORING TECHNOLOGY.—The term “remote patient monitoring technology” means a coordinated system that uses one or more home-based or mobile monitoring devices that automatically transmit vital sign data or information on activities of daily living and may include responses to assessment questions collected on the devices wirelessly or through a telecommunications connection to a server that complies with the Federal regulations (concerning the privacy of individually identifiable health information) promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996, as part of an established plan of care for that patient that includes the review and interpretation of that data by a health care professional.

(3) REPORTS.—Not later than 24 months after the date of the enactment of this Act, the Comptroller General shall submit to Congress—

(A) a report containing the results of the study conducted under paragraph (1); and

(B) a report containing the results of the study conducted under paragraph (2).

A report required under this paragraph shall be submitted together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate. The Comptroller General may submit one report containing the results described in subparagraphs (A) and (B) and the recommendations described in the previous sentence.

(e) RULE OF CONSTRUCTION REGARDING HEALTHCARE PROVIDER STANDARDS OF CARE.—

(1) MAINTENANCE OF STATE STANDARDS.—The development, recognition, or implementation of any guideline or other standard under any Federal health care provision shall not be construed—

(A) to establish the standard of care or duty of care owed by a health care provider to a patient in any medical malpractice or medical product liability action or claim; or

(B) to preempt any standard of care or duty of care, owed by a health care provider to a patient, duly established under State or common law.

(2) DEFINITIONS.—For purposes of this subsection:

(A) FEDERAL HEALTH CARE PROVISION.—The term “Federal health care provision” means any provision of the Patient Protection and Affordable Care Act (Public Law 111-148), title I or subtitle B of title II of the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), or title XVIII or XIX of the Social Security Act.

(B) HEALTH CARE PROVIDER.—The term “health care provider” means any individual or entity—

(i) licensed, registered, or certified under Federal or State laws or regulations to provide health care services; or

(ii) required to be so licensed, registered, or certified but that is exempted by other statute or regulation.

(C) MEDICAL MALPRACTICE OR MEDICAL PRODUCT LIABILITY ACTION OR CLAIM.—The term “medical malpractice or medical product liability action or claim” means a medical malpractice action or claim (as defined in section 431(7) of the Health Care Quality

Improvement Act of 1986 (42 U.S.C. 11151(7)) and includes a liability action or claim relating to a health care provider's prescription or provision of a drug, device, or biological product (as such terms are defined in section 201 of the Federal Food, Drug, and Cosmetic Act or section 351 of the Public Health Service Act).

(D) STATE.—The term "State" includes the District of Columbia, Puerto Rico, and any other commonwealth, possession, or territory of the United States.

(3) PRESERVATION OF STATE LAW.—No provision of the Patient Protection and Affordable Care Act (Public Law 111-148), title I or subtitle B of title II of the Health Care and Education Reconciliation Act of 2010 (Public Law 111-152), or title XVIII or XIX of the Social Security Act shall be construed to preempt any State or common law governing medical professional or medical product liability actions or claims.

SEC. 10. DELAY IN IMPLEMENTATION OF PENALTY FOR FAILURE TO COMPLY WITH INDIVIDUAL HEALTH INSURANCE MANDATE.

(a) IN GENERAL.—Section 5000A(c) of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

"(5) DELAY IN IMPLEMENTATION OF PENALTY.—Notwithstanding any other provision of this subsection, the monthly penalty amount with respect to any taxpayer for any month beginning before January 1, 2019, shall be zero."

(b) DELAY OF CERTAIN PHASE INS AND INDEXING.

(1) PHASE IN OF PERCENTAGE OF INCOME LIMITATION.—Section 5000A(c)(2)(B) of such Code is amended—

(A) by striking "2014" in clause (i) and inserting "2019", and

(B) by striking "2015" in clauses (ii) and (iii) and inserting "2020".

(2) PHASE IN OF APPLICABLE DOLLAR AMOUNT.—Section 5000A(c)(3)(B) of such Code is amended—

(A) by striking "2014" and inserting "2019", and

(B) by striking "2015" (before amendment by subparagraph (A)) and inserting "2020".

(3) INDEXING OF APPLICABLE DOLLAR AMOUNT.—Section 5000A(c)(3)(D) of such Code is amended—

(A) by striking "2016" in the matter preceding clause (i) and inserting "2021", and

(B) by striking "2015" in clause (ii) and inserting "2020".

(4) INDEXING OF EXEMPTION BASED ON HOUSEHOLD INCOME.—Section 5000A(e)(1)(D) of such Code is amended—

(A) by striking "2014" (before amendment by subparagraph (B)) and inserting "2019", and

(B) by striking "2013" and inserting "2018".

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2013.

The SPEAKER pro tempore. The gentleman from Pennsylvania (Mr. PITTS), the gentleman from California (Mr. WAXMAN), the gentleman from Michigan (Mr. CAMP), and the gentleman from Michigan (Mr. LEVIN) each will control 15 minutes.

The Chair recognizes the gentleman from Pennsylvania.

GENERAL LEAVE

Mr. PITTS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and to include extraneous materials on H.R. 4015.

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

There was no objection.

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

Mr. Speaker, the sustainable growth rate, or SGR, is the formula through which Medicare reimburses physicians. Since 2003, Congress has voted 17 times for temporary patches, or "doc fixes," to avert ever larger cuts to providers.

The uncertainty of the SGR threatens doctors' ability to continue practicing medicine and accepting Medicare patients and endangers seniors' access to care.

Absent congressional action, providers face a 24 percent cut on April 1, 2014. To stave off this cut, we can either pass another "patch" and kick the can down the road again, or we can repeal this flawed formula for good.

Today's bill, H.R. 4015, firmly repeals the SGR and replaces it with payment reform policy that has been agreed upon by the bipartisan leaders of the Energy and Commerce, the Ways and Means, and Senate Finance Committees.

As chairman of the Energy and Commerce Health Subcommittee, I have been working for the past 3 years on legislation to permanently repeal the SGR, and I am very pleased that on February 6, 2014, we reached a bipartisan, bicameral agreement, embodied in today's legislation.

Unfortunately, since then, Senate Majority Leader REID has refused to negotiate with us on how to pay for this package. So we have brought forward H.R. 4015, which is fully paid for by delaying implementation of the individual mandate—a policy supported by both Republicans and Democrats.

The bill enjoys more than 100 cosponsors and the support of over 700 national and State provider and stakeholder groups. So I urge all of my colleagues to vote for H.R. 4015 to ensure that our seniors have access to the doctors they know and trust.

I reserve the balance of my time.

Mr. WAXMAN. Mr. Speaker, to start the debate on our side, I yield 2 minutes to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. I thank my friend from California for yielding to me.

Mr. Speaker, I rise in strong opposition, not to the policy before us, but to the poison pill pay-for attached to this much-needed SGR repeal-and-replace legislation.

I support the bipartisan, bicameral agreement contained in H.R. 4015 for numerous reasons. There is almost universal agreement that the sustainable growth rate is a flawed formula and, therefore, Congress has been left to temporarily patch physician reimbursement for far too long.

This bill permanently repeals the SGR and provides physicians with a small increase in pay for the first 5 years. I want to see our physician workforce fairly compensated for providing high-quality care to our constituents. The SGR fails to adequately do this. This legislation incentivizes

physicians to focus on providing quality care instead of a high quantity of care.

Finally, while it has always been extremely expensive to permanently repeal and replace the SGR, it is now estimated to cost less than \$140 billion. This is less than half the cost of what it would have been a few years ago. While the costs remain significant, I believe that it is imperative we permanently fix physician payment now.

That is why I am so furious Republicans are wasting valuable time by pairing this much-needed legislation with yet another ridiculous Affordable Care Act repeal vote. After more than 50 repeal votes, I think it is clear to everyone where both Democrats and Republicans stand on the Affordable Care Act. We don't need another repeal vote.

The current SGR patch expires in 17 days. We should be focused on finding bipartisan pay-fors to permanently fix the SGR instead of having Republicans push through yet another bill that will surely die in the Senate.

Mr. PITTS. Mr. Speaker, at this time, I yield 2 minutes to the gentleman from Georgia (Mr. GINGREY), one of the cochairs of the Doctors Caucus, who has contributed a great deal to accomplish this bipartisan agreement.

Mr. GINGREY of Georgia. Mr. Speaker, today we vote to repeal the sustainable growth rate, a formula that was flawed from its 1997 beginning, and it has run its ugly course.

As cochairman of the House GOP Doctors Caucus, I would like to thank the Energy and Commerce Committee, especially Chairman UPTON, Ranking Member WAXMAN, Health Subcommittee Chairman PITTS and Ranking Member PALLONE, and especially a member of the Doctors Caucus, Vice Chair Dr. MICHAEL BURGESS, and, of course, the Ways and Means Committee and the Senate Finance Committee and their staffs for their tireless work to produce a policy which will help to ensure that seniors continue to have access to quality providers.

Included in this legislation is my bill, and it is called the Standard of Care Protection Act. It provides much-needed clarity to the practice of medicine by confirming that Federal quality incentives are no substitute in a medical malpractice case for the standards of care developed by specialty societies and determined and practiced by physicians. This is an extremely important determination that will provide fairness to both patient plaintiffs and doctors.

With the vote today, we take an important step toward replacing the flawed formula, while at the same time protecting Americans by delaying the individual mandate of ObamaCare by 5 years. While the current administration continues to add delays when it is politically expedient, this policy gives certainty to individuals that they won't be taxed or fined, Mr. Speaker, for not complying with a law that they can't afford.

This may not be the final version of the bill, but it is time for the Senate to pass their own version and appoint conferees. SGR repeal is too important for both seniors and their doctors, and we have come too far for this policy to not reach the President's desk this year.

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

Mr. PITTS. Mr. Speaker, I yield the gentleman an additional 15 seconds.

Mr. GINGREY of Georgia. Let me just say again, we have come too far for this policy to not reach the President's desk, and I mean this year. The Senate Majority Leader needs to come to the table. Let's find a suitable path forward, and let's repeal this unsustainable physician payment policy.

Mr. WAXMAN. Mr. Speaker, at this time, I am pleased to yield 2 minutes to the gentlewoman from the State of Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, every year, sometimes more than once a year, since 2003 Congress has had to step in to prevent a cut in physician payments. With input from a wide variety of stakeholders, we have tried to work together for many, many years on a solution to the flawed system to the sustainable growth rate formula. Until this year, we were out of luck, and the price tag for fixing the formula was ever increasing.

The underlying legislation that we consider today was 11 years in the making. I am very proud to cosponsor this bill because it is a compromise solution for the formula we agreed on. But sadly—sadly—the majority has prescribed a bitter pill to swallow for passage of this important bill for patients and doctors. Instead of coming to the negotiating table to discuss mutually acceptable ways to pay for this bill, the majority has decided to pay for it by delaying important provisions of the Affordable Care Act.

Everybody knows that this provision is a nonstarter. It is a nonstarter in the other body and in my Caucus right here in the House. Because of this shortsighted tactic, the Republicans have almost guaranteed that we are going to need yet another short-term SGR patch before the current one expires on March 31.

This is bad for the doctors of America. This is bad for the patients of America. Let's get real. Let's fix this problem for good. And you know, Mr. GINGREY just recognized that this bill is not going anywhere. So let's sit down. Let's do what we did with the SGR itself, and let's figure out how to pay for it.

Mr. PITTS. Mr. Speaker, may I inquire about how much time remains on each side?

The SPEAKER pro tempore. The gentleman from Pennsylvania has 10¼ minutes remaining. The gentleman from California has 11 minutes remaining.

Mr. PITTS. Mr. Speaker, at this time, I yield 1 minute to the gentleman

from Florida (Mr. BILIRAKIS), a valuable member of the Health Subcommittee.

Mr. BILIRAKIS. Thank you, Mr. Chairman.

Mr. Speaker, I rise today supporting repealing the SGR formula. The SGR cuts would reduce doctors' compensation for treating Medicare patients by 24 percent. H.R. 4015 repeals and replaces SGR with a merit-based incentive payment system—MIPS—that pays doctors based on quality, not volume.

Paying doctors based on quality incentivizes physicians to be as efficient and effective as possible in keeping their patients healthy. MIPS is fully paid for by a delay of ObamaCare's individual mandate—a tax on Americans to force them to purchase more expensive health care that doesn't meet their needs.

This bill will provide doctors who treat Medicare patients with certainty, incentivize and reward doctors to keep seniors healthy with better care, and provide individuals relief under ObamaCare.

Support our seniors, our doctors, and fairness for individuals under ObamaCare. I urge my colleagues to support H.R. 4015.

Mr. WAXMAN. Mr. Speaker, at this time, I yield 2 minutes to the gentlewoman from California (Mrs. CAPPS), my good friend.

Mrs. CAPPS. I thank my colleague for yielding.

Mr. Speaker, I have long been a supporter of a permanent fix to the sustainable growth rate, or SGR. The flawed SGR harms providers and consumers alike and keeps us from true innovation in the health care sector, but for too long, the conversation has ended with everyone recognizing a problem but no one willing to find a middle ground to fix it.

□ 0930

Instead, we lumber from patch to patch, kicking the can down the road with piecemeal delays or fixes here in Congress, such as we are doing today. These disagreements let the issue linger, causing more instability in our communities while the cost of a fix continues to rise. That is why I have been so proud to be part of crafting the bipartisan, bicameral SGR fix policy.

This policy provides a positive payment update to our providers, pushes us toward a system rewarding quality and fixing the GPCI, ensuring that central coast providers and others will finally gain accurate Medicare reimbursement.

But today, this bipartisan process is being derailed once again. By tying a delay of the individual mandate to this policy, the House majority has poisoned such a bipartisan process. Access to health care for more than 50 million seniors and persons with disabilities is a serious matter. These partisan games could very well end our Nation's best shot at amending a bad policy.

I urge the majority to pull this bill, go back to the negotiating table with all of us, and help us fix Medicare provider payments once and for all.

Mr. PITTS. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Nevada (Mr. HECK), another member of the Doctors Caucus.

Mr. HECK of Nevada. Mr. Speaker, I rise in support of H.R. 4015. I have always stated that the number one threat to Medicare and seniors' access to health care is the flawed SGR formula. At no time prior have we been so close in a bipartisan, bicameral way to ensuring that our seniors have access to the health care providers of their choosing, and now when we are so close is not the time to derail the progress made by using controversial pay-fors.

I will vote in favor of H.R. 4015 today because of the policy changes it represents. I ask my friends on the other side of the aisle to vote "aye" so we can send this bill to the Senate, and I call on the Senate to pass legislation that includes the agreed-to policy provisions with the pay-for of their choosing. Then, let's go to conference and fix the SGR once and for all.

Providing stability and predictability to our health care providers will result in stability and predictability for our seniors. Passing SGR reform is the fiscally responsible thing to do. The longer we delay, the more it will cost.

Let's give seniors the peace of mind they deserve, so that they will be able to see the Medicare provider of their choice. Let's pass H.R. 4015.

Mr. WAXMAN. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. PALLONE), who is ranking member of the Health Subcommittee.

Mr. PALLONE. Mr. Speaker, I thank Mr. WAXMAN.

Mr. Speaker, today the Republican leadership once again chooses politics over substance and what is good for the American people. The current SGR patch will expire on March 31, at which point Medicare's payment to physicians will be cut by almost 24 percent. It is critical that we take meaningful action to fix the SGR before the end of the month.

We all know that the SGR formula is flawed. After 10 years of patching these cuts, after wasting \$150 billion, enough is enough. It is why we began last year seriously looking at this issue, and we came up with a bipartisan, bicameral solution. In fact, it was quite the lesson in legislating. Particularly, we ended up arriving at a consensus bill on the SGR.

So I ask the Republican leadership: For what reason have you poisoned this process with an unacceptable pay-for?

This bill will pass today and go nowhere. It will not be taken up by the Senate or signed by the President. You have singlehandedly, in my belief, stomped on months and months of hard work and effort by my colleagues on both sides of the aisle and our staffs.

Late nights, weekends, hard compromises. We all saw the greater good in finally getting a permanent policy replacement for the SGR. But instead of working with our leadership, the Republicans have turned this into their 51st vote to repeal or undermine the ACA, and you are going to leave 13 million Americans uninsured if you were ever to succeed in repealing the ACA.

This is just a poison pill. The pay-for is a poison pill for something that we agreed on in terms of the substance of fixing the SGR. You could have picked other ways of paying for this. I think we are close to a consensus on the pay-for. Instead, you put in this poison pill. You are wasting valuable time where you will basically do nothing.

We only have 2 weeks left. Let's defeat this bill today, sit down over the next 2 weeks and come up with a pay-for that makes sense, not a pay-for that simply repeals the Affordable Care Act, which is working well. More and more people are signing up. I had an enrollment event this weekend in my district. People are signing up. Don't destroy the process. We have a good SGR fix.

Mr. PITTS. Mr. Speaker, I am very pleased to yield 2 minutes to the gentleman from Michigan (Mr. UPTON), the distinguished chairman of the Energy and Commerce Committee, one of the chief architects of this bill.

Mr. UPTON. Mr. Speaker, first I want to commend Republicans and Democrats for getting the policy right. This is a tough nut to crack. It was 51-0 in our committee, led by JOE PITTS, Dr. BURGESS, the Doc Caucus, Mr. WAXMAN, Mr. DINGELL, and Mr. PALLONE. We worked long and hard to get the policy right, and we worked with the other committees to do it as well.

The difficulty we always knew was going to be on the pay-for. I would suggest this: we want to work with the Senate; we want to get this thing done; pay-for is the toughest part, but let's go to conference. Let's work with the Senate to get a pay-for that can work.

Now, we know that there is a deadline coming up at the end of this month. As we look to try and find a pay-for, let me go through some of the other delays that this administration has already done:

Individual mandate delay, Americans with canceled coverage due to ObamaCare; delayed.

Individual mandate, deadline for purchasing coverage; delayed.

Individual mandates for non-ACA compliant plans; delayed by the administration.

Annual limit requirement; delayed.

MLR requirement; delayed.

MA cuts through demo bonus money; delayed.

Employer reporting; delayed.

Employer mandate; delayed.

Subsidies only in State-run exchanges; delayed.

High-risk pool closure; delayed.

Out-of-pocket waiver for group health plans; delayed.

Verification of eligibility for exchange subsidies; delayed.

Reinsurance fee for some unions; delayed.

Nondiscrimination requirement for employer coverage; delayed.

Subsidies only through the exchange; delayed.

Shop employee choice delay; delayed

Shop online purchasing; delayed.

Numerous HealthCare.gov technical; delayed.

This was never ready for prime time. We have said that from the start. If the administration has decided to delay all these things, almost two dozen, why not delay this, too? And why not use the savings then not only to help the physicians, we have to think about the seniors.

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

Mr. PITTS. I yield an additional 30 seconds to the gentleman.

Mr. UPTON. This isn't just to help our physicians, it is to help the most vulnerable, our seniors, because if we don't reimburse our docs, the "closed" sign is going to come up where they go for services. They are going to be denied the coverage that they have paid taxes for, that they expect to have, and yet another broken promise will be there.

If the administration can delay these things, why don't we delay this? Why don't we use the savings then to pay for a program that works, and I would suggest that we vote for this. Let's work with the Senate to get it done.

Mr. Speaker, we are here today to vote for a bill that would provide certainty and peace of mind to our nation's seniors and fairness for all Americans under the president's health care law. Repeal of the system of physician cuts under Medicare, or SGR, has been a problem that has plagued seniors, doctors, and Congress for well over a decade. These cuts have threatened access to our seniors' health care and the Medicare promise that our country has made to every American—both those in the program today and those who count on it as part of their future retirement.

Our purpose here today is Medicare reform so that we can keep the promise made to all seniors, current and future. The Medicare program is going insolvent, and Congress will need to act if we are to prevent bankruptcy. Today is one step toward keeping the Medicare promise. Many of us did roundtables with our doctors back home, I did so in Michigan, and we visited with countless seniors. We heard their concerns loud and clear and have acted.

H.R. 4015, the SGR Repeal and Medicare Provider Payment Modernization Act, is the product of years of bipartisan efforts to remove the threat of SGR. The legislation would once and for all repeal the broken SGR and replace it with a system that promotes the highest quality of care for seniors, eases the burden on physicians who are struggling under an increasing number of government programs that take time away from patients, and promotes new forms of health care delivery and innovation with an eye on the future.

We stand here today on the House floor in no small part because of our speaker, JOHN

BOEHNER, who charged the Energy and Commerce Committee to find a workable solution to get rid of SGR. This has been a long journey with many important players on both sides of the aisle, and in both chambers. I do want to commend Health Subcommittee Chairman JOE PITTS for helping lead the effort and the bill's sponsor Dr. MICHAEL BURGESS, for his tireless commitment from day one. We also would not be here without the efforts and support of the GOP Doctors Caucus—a group who understands all too well the threat that SGR has posed. And of course I appreciate our partnership with my good friend DAVE CAMP and the Ways and Means Committee.

While this is a significant milestone, the cost of SGR repeal is not insignificant. We have strived over the past few months to find common ground with the Senate to identify a way to pay for this agreement that both chambers can support. Time is not on our side as the current patch is set to expire at the end of this month. So today the House has chosen to act rather than stand idly by and is prepared to send a bill to the Senate with a bipartisan payfor: relief for individual Americans from the mandate that they purchase government-approved insurance.

The White House has already seen fit to delay many parts of the president's health care law, including the employer mandate. And it has also quietly delayed the individual mandate for the millions of Americans whose health care plans the law cancelled. If Senate Democratic colleagues don't want to afford individuals the same rights as special interests with a direct line to the president, then I would ask them to simply pass their own fully offset SGR package and let's go to conference to iron out our differences. But make no mistake, SGR must be paid for.

We have never come this far in finding a permanent solution. But there is still much work to be done after today's vote, and I call on my Chairman RON WYDEN to pick up the torch and work with Majority Leader HARRY REID to put politics aside, stand up for our seniors and doctors, and let's solve SGR this year.

I urge all my colleagues to support H.R. 4015 and the millions of seniors who are watching us here today.

Mr. WAXMAN. Mr. Speaker, I want to point out that none of the delays that Mr. UPTON indicated on that chart would result in 13 million people losing insurance coverage and raise premiums 10-20 percent. This is not a delay that we can agree to. It hurts the Affordable Care Act, and it is a betrayal of our working together on a bipartisan basis to resolve this problem. We worked together on the policy, but we were never brought in to work together on funding that policy.

At this time I yield 2 minutes to the gentleman from Texas (Mr. GENE GREEN).

Mr. GENE GREEN of Texas. Mr. Speaker, I rise to express strong objection to the decision to use the Affordable Care Act's individual responsibility requirement to pay for the SGR reform.

This bill hijacks a thoughtful solution to a problem that has been harming Medicare beneficiaries, providers, and our budget for years and turns it

into a political stunt. This decision is a poison pill and nothing more than more partisan politics.

Congress has overridden the SGR-mandated cuts to Medicare physician payments each year since 2003. Year after year, these temporary patches have been costly and disruptive. Reforming the system is long overdue. Temporary fixes to SGR are a losing situation. The money still has to be spent, but only to just maintain the broken status quo.

The bipartisan, bicameral SGR bill is the closest we have come to fixing this problem once and for all, and this decision gets us further from that goal. Repealing the ACA is a game we have played now 51 times. Holding SGR reform hostage to destroy the ACA and deny millions of Americans access to managed care is disgraceful. Our seniors, our doctors, including the AMA, the Texas Medical Association, the California Medical Association, and the American people deserve better.

In order for our health care system to work, Americans must have insurance. Delaying or repealing the requirement that individuals obtain coverage would drive up premiums and leave millions uninsured. Again, this is purely a partisan pay-for which proves that there is not a sincere effort to finally enact SGR reform but rather just another political game.

Mr. PITTS. Mr. Speaker, I submit for the RECORD a letter from the Texas Medical Association in support of this legislation.

TEXAS MEDICAL ASSOCIATION,
Austin, TX, March 13, 2014.

Hon. MICHAEL C. BURGESS, MD,
House of Representatives, Washington, DC.

DEAR REPRESENTATIVE BURGESS: On behalf of the 47,000-plus physician and medical student members of the Texas Medical Association, I am writing to reiterate our strong support for the work you have done to effectuate the repeal of Medicare's Sustainable Growth Rate (SGR) formula. In conjunction with your Texas colleague, Kevin Brady, you have gotten closer to solving this challenging issue than ever before. And you have done so with the support of every member of the Texas delegation, both Democratic and Republican, on the Energy & Commerce and Ways & Means Committees.

Perhaps more than anyone in Congress, you understand the frustration and anxiety that the ongoing SGR uncertainty creates for practicing physicians. You have worked tirelessly to craft a piece of legislation that not only repeals the SGR immediately, but also guarantees positive updates for physicians for five years, removes potential causes of liability against physicians, and eliminates some unnecessary bureaucratic red tape that prevents physicians from concentrating on patient care.

We especially appreciate your ongoing consultation and dialogue with TMA and Texas physicians throughout this process.

As you know well, the SGR Repeal and Medicare Provider Payment Modernization Act of 2014 has made it this far because of a bipartisan, bicameral agreement on the need to replace the SGR. We are committed to helping you finish the task.

Sincerely,

STEPHEN L. BROTHERTON, MD,
President.

Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. BUCSHON), another member of the Doctors Caucus.

Mr. BUCSHON. Mr. Speaker, I rise today in support of this legislation. As a practicing physician for over 15 years, the majority of my patients were Medicare patients. I know firsthand how flawed the SGR is. By not repealing this flawed system, to remain in business, many doctors across America will be forced to limit the number of Medicare patients that they see, and many may refuse to see Medicare patients all together.

Failing to act or voting "no" on this legislation will limit seniors' access to their doctors. This will be especially dangerous in rural areas where there are already physician shortages. It is time we finally solve this problem and ensure that Medicare patients have access to their chosen doctors.

I urge my colleagues to stand up for all of the seniors in America and support this legislation.

Mr. WAXMAN. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. Mr. Speaker, I rise in strong opposition to this bill. This began as a bipartisan effort, but, predictably, this has devolved into nothing but another attempt by House Republicans to dismantle the Affordable Care Act. Here we go again. Over 4.2 million people have signed up for affordable insurance so far, and the numbers are growing.

We all support a permanent repeal of the sustainable growth rate because the SGR in current law is anything but sustainable. We are demanding more out of our doctors and health care professionals. We are asking that they operate with maximum efficiency to play their part in reining in health care spending, and they deserve the same from Congress.

Unfortunately, my Republican colleagues don't share that view. That is why they have offered a pay-for that they know will be completely unacceptable to most Democrats and certainly stands no chance of passage in the Senate. The President has even said he would veto this bill, and rightfully so.

The American Medical Association, which represents most of the doctors throughout the country, and I am disappointed that the Texas Medical Association is at variance with their national association, but the AMA and the AARP and a dozen other organizations representing health care providers and hospitals and seniors have decried Republican partisan tactics. They don't like this.

We have 5 legislative days before the last SGR extension runs out on March 31. Five days. Should Republicans not come to their senses in time, I want doctors to know that a nearly 30 percent cut to their reimbursement should be laid squarely at the feet of my Republican friends here in the House. Doctors need predictability and cer-

tainty so they can best serve their patients. If a permanent solution to the SGR is not reached soon, doctors will be forced to make tough decisions about which patients they will see and those which they can no longer afford to see.

Mr. PITTS. May I inquire of the time remaining.

The SPEAKER pro tempore. The gentleman from Pennsylvania has 4¼ minutes remaining. The gentleman from California has 3½ minutes remaining.

Mr. PITTS. Mr. Speaker, at this time I am pleased to yield 1 minute to the gentleman from Tennessee (Mr. ROE), another cochair of the Doctors Caucus.

Mr. ROE of Tennessee. Mr. Speaker, this physician rises in strong support of H.R. 4015, the SGR repeal. This bicameral, bipartisan compromise will preserve seniors' access to needed medical care and give physicians certainty about how Medicare will pay them for their services.

□ 0945

This bill also lays the groundwork for a gradual transition to a reimbursement system that rewards value instead of volume.

The House, by passing H.R. 4015, will take a big step toward the permanent repeal of a flawed payment formula that has hampered physicians since 1997, but we can't allow the process to stop here.

I encourage our Senate colleagues to pass a bill as soon as possible, so that we can move into conference and find a mechanism to repeal this bill.

I would like to thank the members and staff of the committees for their tireless efforts on this bill, particularly my friend Dr. MIKE BURGESS, who has long championed this reform.

I encourage my colleagues to support H.R. 4015. Mr. Speaker, the American Medical Association represents less than 20 percent of the physicians in this country.

Mr. WAXMAN. Mr. Speaker, I continue to reserve the balance of my time.

Mr. PITTS. Mr. Speaker, at this time, I am pleased to yield 1 minute to the gentlelady from North Carolina (Mrs. ELLMERS), who is another important member of the Health Subcommittee.

Mrs. ELLMERS. Mr. Speaker, I rise today in support of H.R. 4015, the SGR repeal.

This has been a long time coming, and I am very excited to be part of it. I want to see this legislation move forward.

I want to agree and disagree with my esteemed colleagues across the aisle. This does boil down to patient care. This will negatively affect our seniors if we do not solve this problem for Medicare reimbursement. It is patient access that is the core of this issue.

However, when we speak about associations, such as the AMA—or the American Medical Association—we are talking about a group who only represents about 11 percent of physicians

across this country, and that number decreases every year.

There is a reason for that. They are not representing doctors in this country, and their voice is not as strong as it once was and should be.

With that, Mr. Speaker, I thank you for this time, and I thank my colleagues for this important message today. I hope all Members support the SGR reform.

Mr. WAXMAN. Mr. Speaker, I yield myself 2 minutes.

This should be a moment of bipartisanship where we finally fix this sustainable growth rate in Medicare physician reimbursement. None of us think it is supportable. Doctors are always facing the peril of a deep cut if we don't patch it up or fix it permanently. It is time to fix it permanently.

We worked together on a bipartisan basis on our committee and came up with a policy to replace the SGR. The Ways and Means Committee and the Senate Finance Committee followed us, and they did their approach, and we all worked out one uniform approach with the idea that we are finally going to end this nonsense of threatening the doctors that take care of Medicare patients.

This is an issue of patient access to medical care that has been promised under Medicare; yet the Republicans are now insisting we pay for the permanent fix. Well, this has come up many, many times. Sometimes, we paid for it, but sometimes, we didn't pay for it; but we always made sure that there was a fix on a bipartisan basis.

Instead, today, the Republicans, without talking to us—they wanted to talk to us about the policy, but without talking to us—are trying to pay for this by hurting the Affordable Care Act.

What they are doing is putting a partisan poison pill offset, an offset that would cause 13 million people to lose insurance coverage and would raise premiums by 10 to 20 percent for everybody else in the exchange. They have to know this is not acceptable; we can't support it.

They are now coming here to the floor saying that there is some attempt by the Democrats to undermine our policy agreement. Well, let's stop blaming each other. Let's get to work and resolve this problem and vote down this bill.

I reserve the balance of my time.

Mr. PITTS. Mr. Speaker, may I inquire of the minority how many speakers they have left?

Mr. WAXMAN. I have one more speaker.

Mr. PITTS. We have one more speaker. I reserve the balance of my time.

Mr. WAXMAN. You have one more speaker? I yield back the balance of my time.

Mr. PITTS. At this time then, Mr. Speaker, I yield the balance of my time to the gentleman from Texas, Dr. BURGESS, the prime sponsor of this legislation, who has worked tirelessly to achieve this day.

Mr. BURGESS. Mr. Speaker, I want to thank my friend from Pennsylvania for yielding me the time, the chairman of the subcommittee, for making this possible to bring this bill to the floor today.

I want to thank Chairman UPTON of the full committee and Ranking Member WAXMAN of the full committee for also making this possible. It has been a lot of hard work getting us to this point.

Chairman UPTON talked about delays. I would just point out that there has been yet another delay, the delay of the closure of the risk pools because—let's be honest—the Affordable Care Act is not ready to take on those people who have preexisting conditions, so they felt it necessary to keep the risk pools open for an additional length of time.

I want to talk to my friends on the Democratic side of the aisle. I particularly want to talk to those who have only been here one or two terms. The last time we had a bill like this on the floor of the House, Democrats were in charge.

Mr. DINGELL was chairman of our Energy and Commerce Committee. He brought a bill to the floor, H.R. 3961, which was an SGR repeal bill.

This bill had already been rejected by the Senate, so it really had no chance of going anywhere. This bill was not paid for. The policy was awful and would have given us two SGRs, instead of one; but nevertheless, that bill came to the floor.

It only garnered one Republican vote. I was that vote. I was that vote because I thought it was important that the Nation's doctors heard that we were willing to work together across party lines, if need be, to solve this problem for them. I wanted to preserve the process going forward.

Ladies and gentlemen, the bill you have on the floor today, H.R. 4015, is not the destination. It is the key that gets you through the door to get to that destination.

For 4½ weeks, since February 6, the policy has been out there for all to see. We have awaited anyone from the Senate side who wanted to talk to us about negotiating bipartisan pay-fors—radio silence.

Look, I don't know what rule XIV is over in the Senate, but it is apparently pretty important. The majority leader in the other body has brought this bill up under rule XIV; but they were doing nothing before.

For 4 weeks, this policy languished without them picking it up. Now that the House is moving—now that the House is moving a bill and will likely pass the bill today with a decent pay-for that is, in fact, bipartisan because 27 Democrats voted for this very pay-for last week on the floor of this House—in fact, it was unanimous if we were exempting firefighters or veterans from the individual mandate in the Affordable Care Act.

This is a bipartisan pay-for. It has passed the floor of this House in a bi-

partisan fashion. It is ready to go. We call upon our colleagues in the other body. Use whatever Senate procedures you need to, but get this done because the clock is ticking. The clock is ticking towards March 31.

We all know what happens to the Nation's seniors on that date. We all know what happens to their doctors. Let us get this done.

Mr. PITTS. I yield back the balance of my time.

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

I rise today, Mr. Speaker, to strongly support H.R. 4015, the SGR Repeal and Provider Payment Modernization Act, as amended.

The Ways and Means Committee and Energy and Commerce Committee and Senate Finance Committee have worked in a bipartisan manner to develop a permanent physician payment fix repeal.

Years of hearings, discussion drafts, and ongoing dialogues with stakeholders have resulted in H.R. 4015, a bipartisan, bicameral agreement on SGR replacement policy.

This bill has over 100 cosponsors, has the support of 18 Members of the House Doctors Caucus, and 600 national and State organizations representing physicians and other professionals.

There is a reason for all of this support. H.R. 4015 has a lot to like. It repeals the outdated SGR formula and gives seniors the certainty that they will have access to their doctors.

It incentivizes better care and better results for seniors that rely on the Medicare program, and it breaks the cycle of uncertainty for doctors and their patients, providing permanent relief and improving how Medicare pays doctors.

We must not let this opportunity pass by. Time is short. If we do not act, in just 2 weeks, doctors will see a 24 percent cut in their Medicare reimbursement, jeopardizing seniors' access to care.

We must safeguard taxpayer dollars. That is why we pay for permanent repeal by delaying the health care law's individual mandate for 5 years. Americans across the country are facing higher costs, losing the coverage they have and like, and are seeing smaller paychecks as a result of ObamaCare.

Last week, the administration announced that it would continue to expand certain exemptions from the individual mandate for 2 years. This proposal would extend that further—would extend further what the administration is already doing and give all Americans relief from the mandates and penalties of ObamaCare. It is only fair.

I urge all members to support H.R. 4015. I reserve the balance of my time.

Mr. Speaker, I ask unanimous consent that the gentleman from Texas (Mr. BRADY) control the remainder of the time.

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

There was no objection.

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

What is going on here? The Republicans are bringing up a totally partisan bill to thwart a bipartisan bill. They are tossing aside common ground for barren ground, another Affordable Care repeal vote. They are throwing out a historic bipartisan breakthrough to permanently end and replace the broken Medicare physician payment formula, once again turning to totally partisan politics.

The breakthrough achieved by our committees would permanently replace the deeply flawed SGR formula with a system designed to build on delivery system reform, reforms that move Medicare physician payments toward a more accountable value-driven system.

The underlying policy agreement is broadly supported by both provider communities and beneficiaries; but today's exercise is opposed by groups representing seniors, doctors, health plans, and others because it guts the Affordable Care Act through a 5-year delay to the individual mandate.

What would the result be? According to CBO and the Joint Task Committee, the Republican bill would increase the number of uninsured Americans by 13 million. What is more, the bill would raise individual market health insurance premiums by 10 to 20 percent for those who remain insured.

Last week, we saw the 50th vote. This is now the 51st vote to undermine the Affordable Care Act. So much for good faith and so much for good will.

Instead of working to find common ground to finish the job on a bipartisan solution vital to fixing a problem in our health care system, House Republicans are taking once again a cynical step in a very familiar direction, concerned only about the November election.

I urge my colleagues to vote "no," and I reserve the balance of my time.

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

Enough really is enough. The unfair way Medicare pays our local doctors to treat our seniors has gone on for far too long.

It is making it harder for seniors to see a doctor they know and who knows them. It is chasing local doctors out of Medicare and out of private practice, and it is encouraging too much waste and too many unnecessary procedures within Medicare.

As chairman of the Health Subcommittee of Ways and Means, my top priority has been to find a permanent, reliable 21st century solution that both political parties and physicians can embrace.

□ 1000

H.R. 4015 repeals the current flawed formula for reimbursing our doctors, and it ends the yearly threat of massive cuts.

In working with America's physicians, it establishes a more patient-

centered approach that provides stability to our doctors, rewards them for high-quality care, begins to streamline the red tape our physicians face, and encourages better coordination and prevention. Over time, it transitions to a model that rewards value over volume by using the real-life approaches that doctors use, not what Washington wants.

H.R. 4015 is a solid foundation from which to build an even better Medicare system, and it has overwhelming support from physicians. This is a major step forward, but we need to finish the job. We need to work together—Republicans and Democrats, the House and the Senate—to figure out how to make this policy a reality in a way that doesn't increase the deficit.

There may be disagreements over how to pay for this reform. That is understandable as it is difficult, and today's bill is not the last word. Let's continue to advance this long overdue solution and commit to finding a bipartisan solution between the House and the Senate. The clock is ticking, so let's act together today.

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

Mr. LEVIN. Mr. Speaker, it is now my pleasure to yield 2 minutes to the gentleman from New York (Mr. RANGEL).

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

Mr. RANGEL. Thank you, Chairman LEVIN.

Mr. Speaker, this bill has nothing to do with paying the doctors who work every day in giving medical care to Medicare patients. It has to do with destroying the Affordable Care Act for the 51st time.

I am certain that those who are listening to the debate and who know what is going on believe it is ridiculous to try to defeat a bill that has been signed into law, because they know that the Senate is not going to pass it, and they know—the Republicans, that is—that the President would veto it.

So why do they do it?

They do it because there is a small group of people in the Republican Party that doesn't mind politically dying. I don't mind their taking down the party if that is their intent, but they are taking down the Democrats and the reputations of the House of Representatives as well. Somewhere along the line, the Speaker has to do again what he has done before, and that is to say, "Enough of this. We are not going to allow the wings of the Congress to be broken on one side just because some people want their way."

So I assume that nobody in these districts has insurance problems. I assume that everyone is insured and is working in these districts in which they are trying to destroy the Affordable Care Act and that they don't have any preconditions that restrict them from getting health care. They all are working and they all are happy. I just hope

that, one day before this year ends, the Republicans will come to their senses and will try to gain the respectability and the credibility that they once enjoyed.

I am a die-hard Democrat, but I don't want this country just to have one party. We do need two responsible parties in order to guide this Nation through its democratic process.

Mr. BRADY of Texas. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Louisiana (Mr. BOUSTANY), a physician and a key member of the Ways and Means Committee. I cannot describe how much of an important role he has played in finding this new solution to how we reimburse doctors under Medicare.

Mr. BOUSTANY. I applaud Chairman BRADY's leadership on this issue. He has been instrumental in getting us to this point.

Mr. Speaker, I rise in support of this bill after 3 long years of working on the policy to actually get to a bipartisan, bicameral agreement on policy and divided government. It has not been easy, but we have managed to get an agreement on a policy to repeal automatic annual cuts to physicians. A 24 percent cut in just a matter of weeks is facing doctors under this flawed formula.

Now, Congress first promised to repeal this formula more than a decade ago. Democrats repeated the promise when we were debating ObamaCare. They failed to put it in there. They failed to address it in ObamaCare. The passage of this important bipartisan legislation would finally honor that promise, that of protecting seniors' access to doctors. A doctor-patient relationship is built on trust and high quality. It ensures quality measures going forward, and it creates certainty for physicians and seniors.

I want to point out something because our friends have not given the full story here.

We have agreed on the policy, but we have a problem in coming up with the pay-fors. It is a tough conversation, but the talks have broken down in a divided government. Senate leadership has refused to negotiate in good faith and to discuss responsible ways to pay for the bill's \$138 billion price tag. We are going to pass this bill to get those discussions started. Republicans proposed savings from the delay of ObamaCare's very unpopular individual mandate.

Now, I don't think it is acceptable to do nothing, and I don't think it is acceptable for the Senate Majority Leader and others in the Senate to just put their heads in the sand on this. I hope that the Senate will pass a version of H.R. 4015, giving us time to get together to hash out the differences. We are so close. We are on the goal line in this work that has been undone for years. It is time to get it done.

The President's own budget lists bipartisan Medicare reforms that the President put on the table that could

easily raise the bulk of savings needed to repeal the SGR, and we could do this without shifting more costs to our Nation's credit card and without resorting to budget gimmicks or by imposing massive new cuts on hospitals and other providers. We have a clear path. We can get this done in a bipartisan way.

Mr. Speaker, as a heart surgeon who has cared for thousands of seniors under the Medicare program, I urge my House and Senate colleagues to pass this bill. Let's get down to the negotiations of how we are going to pay for it in good faith, and let's finalize an agreement on how to fix this longstanding problem, which has been a thorn not only in the sides of doctors but which has been a real problem for Medicare access, a real problem for seniors seeking access to a high-quality doctor-patient relationship.

Mr. Speaker, I have had enough. It is time to get this done. Pass this bill.

Mr. LEVIN. Mr. Speaker, I yield myself 15 seconds.

I say to my colleague that what you are doing, essentially, is undercutting bipartisanship with pure partisan politics. Pointing to the Senate is pure mythology.

I now yield 3 minutes to the gentleman from Washington (Mr. MCDERMOTT), the ranking member on the Health Subcommittee.

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

Mr. MCDERMOTT. Mr. Speaker, this 51st attempt to repeal the ACA by stopping the individual mandate is part of the long-term propaganda campaign done by the Republicans to destroy the health care plan that the President put together.

They know that we agree on the policy—everybody here agrees on the policy—but they put a poison pill in it. They knew that this amendment of how to pay for it—that is, by delaying the mandate—would kill any Democratic support in the House. They have no intention of passing this bill. This bill is directed at the propaganda campaign to the people at Koch Brothers and at FOX News so that anybody who is watching this will get the idea that somehow it is a bad bill.

The fact is that people are benefiting every single day. The AARP and the American Medical Association have denounced this bill because they want the SGR—the doctors' payment reform—to go through, and they know that the Republicans have designed this to fail.

A mandate that has been supported even by the Tea Party—before the Tea Party said “we have got to be against it”—is what is at issue here. Doctors and health insurance companies will not be able to operate if you don't have an individual mandate. The Republicans said this. The Heritage Institute said it. Everybody said it, but they want to kill it.

This is an alternative universe that we are creating with this propaganda

campaign. We see wild claims about people who live in inner cities in that they are somehow worthless and that they don't want to take care of their families and feed them, and we hear things coming out of the Speaker's office that clearly aren't true about the ACA.

Let's suppose that actually happened. What would happen if we repealed and destroyed the ACA today?

We would get rid of 13 million people on the rolls by 2018. We would take away health insurance. Health insurance premiums would rise 10 to 20 percent by 2018. Millions of Americans would not be able to afford the health care they need.

This is a failure of leadership. They would rather run a propaganda campaign to hold onto the House. We watched in Florida just in the last week when \$13 million, I guess, was spent on that campaign to tar the Affordable Care Act. That is what this is all about. No one should be the least bit confused. That is not what America wants. America wants health security.

Vote “no” on this bill.

Mr. BRADY of Texas. Mr. Speaker, I am really pleased to yield 3 minutes to the gentleman from Pennsylvania (Mr. KELLY), a gentleman who is one of the newest members of the Ways and Means Committee. He is a businessman, but he is a real fighter for Pennsylvania's seniors and doctors.

Mr. KELLY of Pennsylvania. I thank the gentleman.

Mr. Speaker, there are very few times in my life in which I have really had the privilege of representing people who are so dear to me. I just think, if you were to look at our generation, we would all have to agree that we grew up in the greatest towns, at the greatest times, with the greatest parents, preachers, teachers, and coaches, grandmas and grandpas, and aunts and uncles.

This is the people's House. This is not a Republican House or a Democrat House. This is the people's House. What are we talking about today?

My goodness. This is so disappointing that we are so worried about the next election that we can't see the direction that we are going in—to be able to offer peace of mind to those folks who have made the greatest sacrifices, who have made the greatest contributions, and who have done the best that they could to make sure that the next generation had the same opportunities they had.

This is not a doc fix. This is a senior fix.

As my mother lay dying and my sister and my father, they were surrounded by a loving family, and they were also surrounded by caring doctors. Why would we make this about an election? Why would we not look inward to whom it is we are trying to protect? Why can we not protect the most vulnerable in our society right now, especially in their end days and in their end times and say, “You can lay

your head on a pillow tonight, knowing that your doctor is going to be there for you, that I will be beside you, that I will be by your bed, saying the rosary; and when you have finally gone, I can't wait until the next time we are able to meet each other again in Heaven”? Why would we make their last days so difficult? Why would we make it so uncertain?

So we talk about an SGR, but where I come from, it is not bad, and it is not a doc fix—it is a senior fix.

When can we possibly put politics behind us and start to look at what is best for the people we represent?

I am a Representative of Pennsylvania's Third District—so privileged and so proud to be able to do it, not boastful proud, but thankful proud that I can actually go and do something for the people who raised me, who taught me, who coached me, and who have walked me through the most difficult parts of my life and that I can look back at their lives and say, “But you sacrificed so much that I could be here.”

Can we not just come together and do something that really is a big thank-you and a kiss on the forehead as they lay there, wondering, “Where are those folks that we did so much for?”

My goodness. My friends on the other side, this is not about politics—this is about people. We are in the people's House, and these are things that we must do.

Mr. Chairman, I thank you so much for doing this and for bringing peace of mind to the people we represent, but I can't tell you how disappointing it is today to hear this turn into some kind of political debate that has nothing to do with the fate of those seniors and of those people whom we love so much and who have done so much for us.

Mr. LEVIN. Mr. Speaker, I yield myself 15 seconds.

I say to the gentleman from Pennsylvania that the problem is your bill is nothing but a political bill. It is nothing except about the November election—nothing but.

I now yield 2 minutes to the gentleman from Oregon (Mr. BLUMENAUER), an active, distinguished member of our committee.

□ 1015

Mr. BLUMENAUER. Thank you, Mr. LEVIN.

I was somewhat embarrassed by the remarks of my friend, who is from Butler, Pennsylvania, the hometown of my wife, because it is the Republicans who have decided to make this bill about the next election.

There is no reason the House Republicans put the medical community through this charade again and again, year after year, except to use the SGR as a tool for power, partisan advantage, and fundraising.

This political tool disrupts the lives of millions of medical providers and tens of millions of their patients who rely upon them.

We had, in fact, been making remarkable progress in both the Commerce Committee and the Ways and Means Committee on a bipartisan solution. Instead, the Republicans have hijacked this bipartisan solution and made it so bad that even the American Medical Association rejects it.

What then should we do? First, we should reject this bill overwhelmingly. It certainly will never be enacted into law.

What should we do then? I would argue that we ought to just reset the baseline.

Remember the alternative minimum tax? We finally decided it would never be imposed. Adjusted the budget to reflect the fact that it will never happen. And if you won't do that, at least give the medical community procedural fairness.

KEVIN BRADY said, Let's work in a bipartisan approach. He admits that this isn't going to be the last word. Well, let's try procedural fairness. Allow the bipartisan proposal on the floor under an open rule for a full debate and amendment.

Now there is a novel thought. Let the legislative process work and let the House work its will. Then this shameful charade will end.

Mr. BRADY of Texas. Mr. Speaker, may I inquire how much time is remaining?

The SPEAKER pro tempore. Each side has 5 minutes remaining.

Mr. BRADY of Texas. Mr. Speaker, I yield 3 minutes to the gentleman from New York (Mr. REED), one of our key members of the Ways and Means Committee, who has brought the concerns of New York doctors to our attention.

Mr. REED. I thank Chairman BRADY for yielding the time.

Mr. Speaker, I rise today to talk about the very important issue that this bill is here to address. We have at the end of the month a cliff where our providers under Medicare are going to be looking at a 24 percent cut in their reimbursements for caring for our seniors.

What are we doing today? The other side is engaging in political theater rather than deal with the issue at hand.

We have an opportunity, Mr. Speaker, to fix a problem out of Washington, D.C., that has repeatedly been coming up since 2003—and do it on a long-term, permanent basis. We have spent \$150 billion in minor patches to the doc fix over that period of time.

Today, we have an opportunity—through the bipartisan work on the policy that will resolve this issue once and for all—to do it at a cost of \$138 billion. That would take care of this threat to our seniors and to the doctors that are providing for them on a permanent basis. That is the right thing to do.

So what is the argument over? Well, how we are going to pay for it?

My friends in the other Chamber on the other side of this esteemed building

here feel we should continue the status quo of Washington, D.C., and not pay for our policy decisions that we decide here in Washington.

We have put forth a proposed solution on this side of the aisle to say, Look, let's take what you are doing to the employer mandate under the Affordable Care Act by extending a delay for the employer mandate that they have already done for the White House to the individuals who are subject to the Affordable Care Act.

Doesn't that make sense? Isn't that the fair thing to do? Isn't that the right thing to do?

If you are going to delay it for Big Business, why don't you delay it for moms and pops and sons and daughters across America and use that money in savings to pay for a permanent solution here in Washington, D.C., when it comes to paying for our doctors as they care for our elderly and our seniors?

That is a commonsense proposal, and yet we play political theater on this important issue. We can't do that. Our hardworking taxpayers back home, Mr. Speaker, deserve better.

I came here to Washington, D.C., to do something: to change the status quo. We have an opportunity to take an issue that has been pending ad nauseam since 2003 and get it taken care of permanently and give that certainty, that ability for our providers, for our seniors, to know what they are going to get paid and to make sure that our seniors have the comfort of knowing that their doctors are going to have their doors open to take care of them when they need them the most. That is what we should be focusing on, Mr. Speaker.

I encourage my colleagues to support this legislation and get this permanent solution in place.

Mr. LEVIN. I yield 1½ minutes to the gentleman from New Jersey (Mr. PASCRELL), a member of our committee.

Mr. PASCRELL. Mr. Speaker, to quote a very famous President:

There they go again.

This is an alternative universe, through the Speaker, that you are trying to create.

For years, we have been talking about how to reform SGR and how to pay for our Medicare providers. I, along with my Democratic colleagues—and some Republicans—supported past efforts to repeal and replace SGR once and for all, but we have never been able to get it done.

That changed late last year. The Energy and Commerce Committee passed unanimously a bill to repeal and replace SGR. Building on that proposal, Republicans and Democrats on the Senate Finance Committee and in the Ways and Means Committee here, which I sit on, came together and passed the bill that repeals SGR and replaces it with a payment system that rewards providers for delivering quality care to our seniors.

What you have done, through the Speaker, is to take months of thought-

ful bipartisan policymaking and thrown it away in order to score some really poor and cheap political points. All you are trying to do is undermine affordable care.

What are you going to do with the 13 million people who can't get affordable care if we delay the personal mandate? You have never come up with an answer. You have never had an answer to what are you going to do about health care. All you can do is criticize and criticize.

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

Mr. LEVIN. I yield the gentleman an additional 30 seconds.

Mr. PASCRELL. Delaying the individual mandate will result in 13 million fewer Americans getting health insurance through the ACA and higher premiums for those with health insurance.

You want it to fail. You don't want it to succeed. You forgot what you did back 9 years ago when we passed the premium D. We went back to our districts and made it work, even though we voted against it. That is the American way.

Learn the American way. It works. Don't go on recess.

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

The SPEAKER pro tempore. The Chair would ask Members to address their remarks to the Chair and not to others in the second person.

Mr. LEVIN. Mr. Speaker, I yield 1 minute to the gentleman from Minnesota (Mr. NOLAN).

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

Mr. NOLAN. Mr. Speaker, I rise in support of my colleague DAN KILDEE's efforts to reinstate the health care tax credit. Unfortunately, it was rejected by the House Republicans under yet another closed rule.

Having served in this Congress at an earlier time in my life, I am astonished how undemocratic this institution has become. Back in the day, if you had an amendment, you got an opportunity to offer it. You had an opportunity to debate it until all the debate was exhausted and then you had an opportunity to vote on it. What a tragedy that the people's House seems to hardly be a democratic institution any longer.

When this program that I am talking about here, the health care tax credit, expired in January, thousands of retired workers on the Iron Range in my district of Minnesota saw their pensions cut in half. These are former employees of companies like LTV and National Steel—giants in American manufacturing. Some of these hardworking men and women are responsible for pulling America out of the Great Depression, helping us win World War II, supplying the world with superior products made in America.

Mr. Speaker, let us have a vote. Let's start opening up the rules in this Chamber.

Mr. BRADY of Texas. Mr. Speaker, I continue to reserve the balance of my time.

Mr. LEVIN. It is now my pleasure to yield 1 minute to the gentlelady from California (Ms. PELOSI), our very distinguished leader.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding, and I thank him for his relentless and persistent leadership in helping America's seniors, today manifested in his support for the SGR and his opposition to this ill-designed approach by the Republicans.

Mr. Speaker, today, House Republicans are proving that their obsession with tearing down the Affordable Care Act is blurring their vision and that it has no boundaries.

For their 51st vote to repeal or undermine the Affordable Care Act, Republicans are turning their partisanship against the health and security of our Nation's seniors.

The House Republican leadership's political games are threatening to derail months of bipartisan, bicameral—House and Senate—progress on a permanent Medicare doc fix, threatening our seniors' ability to see their doctors and get the health care they need.

Earlier this week, the AARP, the National Committee to Preserve Social Security and Medicare, the National Council on Aging, and other key seniors' advocacy groups wrote to congressional leadership to make it clear that the Republicans' actions would "inject partisan politics into bipartisan legislation," and that this "undermines the months of hard work done by committees, their staffs, and concerned stakeholders."

The Republicans' approach has been rejected not only by the senior advocacy groups but by providers, doctors, insurers, and seniors. Yet they persist with their reckless partisan antics even as time quickly runs down to address the sustainable growth rate formula before the end of the month.

Twice this week, Republicans blocked the House from considering a fully paid-for measure that includes the reforms to the SGR supported by both Democrats and Republicans in the House and in the Senate and on the committees.

Why have Republicans chosen to proceed in this manner after months of bipartisan progress? Why didn't Republican leadership work with Democrats to find acceptable offsets? We need to get this done—and Republicans know that their badly partisan effort is a nonstarter.

If passed, it would spike health insurance premiums by 10 to 20 percent, according to the Congressional Budget Office. It would cause 13 million fewer Americans to be insured, says the Congressional Budget Office.

What does this mean to families? If you have a child in your family between the ages of 18 and 26, they would no longer be able to be on their parents' policy. Under the Affordable Care

Act, being a woman is no longer a pre-existing medical condition. The Republican actions here today would reverse that and take us back to a time where women paid more for policies simply because they were women.

It would, again, reject, eliminate the very important provision of the Affordable Care Act about not being denied coverage because you have a pre-existing medical condition. Tens of millions of families—probably a hundred million people—are affected by not being denied coverage because of a preexisting medical condition. That is how many people it would affect.

□ 1030

It would eliminate the requirement of the Affordable Care Act that there be no cap, either annual or lifetime limit, on the health insurance that you would receive. For these and other reasons, this is a really bad idea.

We may only hope that, after this 51st vote, Republicans' fever will break, and they will return to work with Democrats to pass bipartisan, bicameral legislation as a permanent doc fix that seniors need before the end of the month.

We are going out today, again, with work undone; 10 days before we come back the 24th of March. The SGR expires at the end of March.

We shouldn't be wasting time on this foolishness and recklessness. We should be finding a solution. That is what the American people sent us here to do.

The Republican fixation with destroying the health security of millions of Americans through their efforts to destroy the Affordable Care Act imperil the permanent "doc fix," and that must stop.

Congress is wasting time again, as I said, on these endless, wasteful votes. Time should be spent renewing emergency unemployment insurance, raising the minimum wage, rebuilding America by investing in education and building our infrastructure, creating jobs.

The American people deserve better than this. They deserve a Congress that works to strengthen the middle class, tackle the opportunity gap, create jobs, and build an economy that works for everyone.

I urge my colleagues to vote against this bill, and I hope that when we return after the recess week, yet another recess week, Republicans will be ready to get serious and be ready to get back to work for a permanent doc fix so that our seniors will be served.

The SPEAKER pro tempore. The gentleman from Texas (Mr. BRADY) has 2 minutes, and the gentleman from Michigan (Mr. LEVIN) has 1 minute remaining.

Mr. BRADY of Texas. Mr. Speaker, I am prepared to close.

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

I will place into the RECORD the following letters from American Health Insurance Plans, Blue Cross Blue

Shield, the California Medical Association, from AFSCME, and also from the Alliance for Retired Americans. These are just a few of the examples of letters and communications from opponents.

You know, you can just boil this down to a few words. The Republicans are so intent on manipulating everything so that they think they can strengthen themselves for November that they put a poison pill into a bipartisan product, a product that we worked months to perfect.

So there is no shame. March is irrelevant; November seems to be everything.

This bill cannot become law. This is an effort simply of a political nature.

I very much urge you, at this last minute, rethink what you are doing. It is so transparent. It is so transparent.

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

MARCH 11, 2014.

Hon. JOHN BOEHNER,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
House Democratic Leader, House of Representatives
Washington, DC.

DEAR SPEAKER BOEHNER AND LEADER PELOSI: On behalf of America's Health Insurance Plans (AHIP) and the Blue Cross Blue Shield Association (BCBSA), we are writing to express our strong opposition to repealing or delaying the Affordable Care Act's (ACA) individual mandate as part of the Medicare physician payment reform bill.

Our members believe it is critically important to modernize the Medicare physician payment system to promote improvements in quality, value, and patient outcomes. However, we have deep concerns about packaging the Medicare physician payment bill with legislation that would sever the link between the ACA's individual mandate and its market reforms. The experience of states that attempted this in the 1990s demonstrates that removing this important linkage will result in more uninsured Americans, higher costs, and reduced choices for individuals and families. To avoid these outcomes, we are asking Congress to reject efforts to repeal or delay the individual mandate in the debate on Medicare physician payment reform.

Thank you for considering our views on these important issues.

Sincerely,

KAREN IGNAGNI,
President and CEO,
America's Health Insurance Plans.
SCOTT P. SEROTA,
President and CEO,
BlueCross BlueShield Association.

AFSCME,

Washington, DC, March 11, 2014.

DEAR REPRESENTATIVES: On behalf of the 1.6 million workers and retiree members of the American Federation of State, County and Municipal Employees (AFSCME), I write with regret to oppose legislation which reforms physician payments under Medicare (H.R. 4015). AFSCME strongly supports repealing and replacing the flawed Medicare payments system for physicians. However, we oppose this bill because it pays for the needed reforms by robbing seniors and millions of families of the peace of mind that comes from having affordable health care insurance.

For decades, Congress has had an annual ritual of blocking a scheduled cut to physicians' Medicare reimbursement payments as

required under the Sustainable Growth Rate. Each time Congress has approved a short-term relief for the scheduled cut to physicians' Medicare payments, it has increased beneficiaries' Part B premiums. Congress should reform Medicare payments for doctors, but it should hold seniors harmless and not undermine the Affordable Care Act (ACA) in the process.

The bill delays the individual mandate in the ACA. This will hurt families trying to get affordable health coverage through the health care exchanges in their states. H.R. 4015 threatens important consumer protections. The ACA prohibits denying coverage due to a pre-existing condition, charging individuals more for coverage based on health status and dropping coverage if an individual becomes ill. Without a required duty that the uninsured must get coverage, these consumer protections become harder to sustain.

Medicare is a huge success story because it shares the cost from unexpected illness and injury among a large group of healthy and less healthy seniors. Like Medicare, the ACA depends on a good balance of young and healthy individuals along with older and sicker individuals. The required duty to obtain coverage will drive more of the uninsured (including the young and healthy) to seek information about the ACA. When they do, they will discover that good quality, affordable coverage is available to them at last. The so-called savings from delaying the individual mandate creates an imbalance in the population covered. This leads to higher costs for everybody in the exchange.

By the end of February, four million individuals had obtained private insurance coverage through the federal and state exchanges. Every day, more families are gaining the peace of mind that comes with comprehensive and affordable health coverage. We urge you to oppose H.R. 4015 so that more families can realize that peace of mind.

Sincerely,

CHARLES M. LOVELESS,
Director of Government Affairs.

CALIFORNIA MEDICAL
ASSOCIATION,

Washington, DC, March 10, 2014.

Re H.R. 4015 "The SGR Repeal and Medicare Modernization Act of 2014"

Hon. JOHN BOEHNER,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

CMA POSITION: SUPPORT THE POLICY; OPPOSE
THE OFFSET AS A NON-VIABLE, BICAMERAL
OPTION

DEAR SPEAKER BOEHNER AND LEADER PELOSI: On behalf of the California Medical Association, I want to express our strong support for the hard-fought and long-awaited Medicare SGR reform POLICY in the bipartisan and bicameral legislation, H.R. 4015 "The SGR Repeal and Medicare Modernization Act of 2014." We applaud the work and the perseverance of the House and Senate Committees to achieve a bipartisan agreement to repeal the flawed Medicare SGR and institute a reasonable new payment system. Congress has not made this much progress in a decade.

While we share the frustration that there is not a clear legislative path for bipartisan funding offsets, we are extremely disappointed with the recent decision to pursue a partisan funding source—the repeal of the ACA's individual mandate. Regardless of our position on the ACA, this is not an acceptable, viable funding option in the U.S. Senate. And therefore, it could result in another 9-month patch which is simply unacceptable to California physicians.

Congress' failure to address this issue has harmed access to care for all patients in California. It has forced California physicians out of Medicare and some out of practice. Medicare rates lag 25% behind the costs to provide care. It has stifled innovation and left small practices without the resources to invest in quality and electronic health records. The cost of a decade of short-term patches total \$153 billion—more than the cost to adopt this legislation. Even the Wall Street Journal has called the SGR budgeting a "sham" and called upon Congress to "simply pass the bill as is and forgo the pretense of fake-paying for it."

We strongly urge Congress to build on the bipartisan, bicameral process for finalizing this important legislation. We urge a negotiation on bipartisan funding sources before March 31.

Sincerely,

RICHARD E. THORP, MD,
President.

ALLIANCE FOR RETIRED
AMERICANS,
Washington, DC, March 13, 2014.

DEAR REPRESENTATIVE: On behalf of the four million members of the Alliance for Retired Americans, I am writing to oppose the passage of H.R. 4015, the SGR Repeal and Medicare Provider Payment Modernization Act. While the February 2014 agreement reached by the House and Senate to fix the sustainable growth rate formula in Medicare's physician reimbursement was bicameral and bipartisan, this legislation is not.

This legislation turns its back on a good faith agreement by including an irresponsible pay-for. Under this egregious proposal, doctors would be paid on the backs of uninsured Americans. This is simply unacceptable. To add insult to injury, the legislation permanently fixes SGR and provides a 0.5 percent update for doctors, but does not permanently extend the Qualified Individual (QI) program, an extender that always accompanies the SGR patch.

The QI program pays the monthly Medicare Part B premiums for seniors and individuals with disabilities who have incomes of 120% to 135% of the Federal Poverty Level (FPL)—about \$13,700 to \$15,300 for an individual—and assets no higher than \$7,080 for an individual. It is disturbing to us that the authors of this proposal found money to provide an update for physicians, who on average make upwards of \$200,000 per year, but not for low-income Medicare beneficiaries.

The Alliance for Retired Americans is supportive of fixing Medicare's physician payment formula and stands ready to work with Congress to come up with an acceptable offset. Financing options could include using the Overseas Contingency Operations (OCO) funds or the Medicare Drug Discount Act, which would save the government \$141 billion over ten years. These options would cover the permanent fix without shifting costs on to Medicare beneficiaries.

However, as it currently stands, we cannot support this legislation that slams uninsured Americans. We urge you to oppose H.R. 4015.

Sincerely,

RICHARD J. FIESTA,
Executive Director.

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

First, I want to commend and thank our Democrat colleagues on the Ways and Means Committee and the staff for working so hard, along with Energy and Commerce and the Finance Committee in the Senate, to find a good, solid solution. I think we have made a

big step forward. We have got some work to do. I know we can do it.

I went to see my doctor the other week. He is 66 years old, looks like he is 46; kind of makes me mad. But he has got a successful practice, a very good doctor.

He told me he would like to keep practicing for another 5 or 6 years, and he said: But KEVIN, I am not going to. This will probably be my last year. Medicare has just made it too hard for him to stay this practice.

As I left the examining room, I looked at his assistant who has been with him 30-some years, all his professional staff, a full waiting room, and I thought, what are we doing chasing a doctor like this out of practice early? Who is going to replace him? Who is going to take care of these people?

He is not alone. In Texas, less than half of Texas family physicians take new Medicare patients. Many of them are rethinking their relationship with Medicare. Others are closing their private practices. So more and more seniors are chasing fewer and fewer doctors, and that is the dilemma we face today.

Maybe I am an optimist, but I think we are 90 percent of the way toward solving this solution. We have broad support for this policy and this bill.

We have a duty to make sure our seniors have access to their doctors, and Democrats and Republicans have been putting in a lot of work to solve this problem. Yeah, we have some work to do.

Now is the time to permanently fix the way we reimburse our doctors. As we move forward, let's work in a bipartisan way, across the Chambers, across the parties to get it done. I am absolutely confident we can do that.

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

Mr. HOLT. Mr. Speaker, I rise in opposition to H.R. 4015, a transparently phony attempt to fix the flawed Medicare payment system.

For 17 years, we have neglected to address the erring formula by which we compensate Medicare physicians. By repealing and replacing the inadequate Sustainable Growth Rate, we have the power to improve Medicare for our seniors and more fairly reimburse their health care providers.

Today's vote should be about redesigning the Medicare payment structure so that we reward physicians for the quality of health care provided, not the quantity of procedures performed. We should be considering how to transform our health care system to one that encourages value driven care and incentivizes the coordination of critical services to meet the needs of our aging population.

But today's vote is not a sincere effort to improve the delivery of care for the nearly 50 million seniors and people with disabilities who rely on Medicare. In fact, today's vote is yet another attempt to destabilize the private health insurance market and subvert the Affordable Care Act. The Republicans have presented a false choice between jeopardizing access to care for our seniors, or dangerously

increasing the cost of health care for all Americans by delaying the Affordable Care Act's individual responsibility provision. Make no mistake: shifting access to affordable health insurance farther and farther out of reach for millions of Americans is not an "offset"—it is a scandal.

While I support the underlying attempt to replace the Sustainable Growth Rate, I cannot in good conscience vote for this bill because this "fix" creates far more problems than it solves.

Mr. HONDA. Mr. Speaker, I rise today in opposition to the version of H.R. 4015 that Republican leadership has brought to the floor of the House.

The Balanced Budget Act of 1997 created SGR in an attempt to control spending in the Medicare program, and it was adopted for TRICARE as well. For years, this methodology has consistently produced unrealistic expenditure targets. These targets trigger untenable reductions in payment rates to doctors providing services to Medicare patients.

As a result, Congress has buried the true cost of this policy through annual Congressional overrides of these scheduled cuts. Each of these short-term "fixes" has achieved the important goal of averting an immediate crisis in access to physicians for Medicare beneficiaries, but has exacerbated a longer-term crisis in Medicare financing.

Continued short term patches create instability in the health care system and the economy as a whole. Doctors have been hamstrung by yearly doubt about what reimbursement rates will be, and patients have had to pay the eventual price in uneven, substandard quality of care.

The SGR needs to be repealed and the Medicare payment system needs to be reformed now. To accomplish this, I signed on as a co-sponsor of the original version of the bipartisan bill H.R. 4015, the SGR Repeal and Medicare Provider Payment Modernization Act of 2014.

H.R. 4015 proposes five years of 0.5% payment increases for the Medicare physician fee schedule before freezing payments at that level for five additional years. It also supports alternative payment models, and creates a new Merit-Based Incentive Payment System (MIPS) for those who stay on the fee-for-service payment model.

Despite months of bipartisan work to forge this compromise, House Republicans amended the bill to delay the individual mandate requirement in the Affordable Care Act. This unconscionable political stunt to undermine the Affordable Care Act puts our Medicare health system in jeopardy at a critical time, with payment rates set to drop dramatically on April 1, 2014.

I am committed to reforming our Medicare system and repealing the SGR, but the bill House Republican leadership brought to the House floor fails to strengthen Medicare, or help Americans get access to affordable health care. I cannot support the flawed amended version of the bill.

Medicare has guaranteed essential health protections to seniors and certain disabled persons for nearly four decades. I believe Medicare is more than just a program, it is a covenant that exists between the government and the American people.

I support fixing and reforming this system permanently, but H.R. 4015 as amended is not the way to do that, and so I urge my colleagues to oppose this bill.

Ms. SCHWARTZ. Mr. Speaker, I rise today in opposition of H.R. 4015, legislation Republicans have introduced to gut the Affordable Care Act to pay for a bipartisan, bicameral agreement to repeal Medicare's broken Sustainable Growth Rate (SGR) formula.

For months, we have worked in a bipartisan, good-faith effort to develop a permanent solution for Medicare's physician payment system that has threatened seniors' access to care for more than a decade. In February 2013, I introduced the bipartisan Medicare Physician Payment Innovation Act (H.R. 574) with Rep. JOE HECK (R-NV) to repeal the SGR and set out a clear path toward comprehensive reforms of Medicare payment and delivery systems. Last month, three committees, including Ways and Means, on which I serve, announced a bipartisan, bicameral agreement that incorporates the overarching framework of my legislation and includes several specific provisions.

Finding common ground on a responsible way to pay for a permanent SGR fix was never going to be easy, but that does not mean it should be used to score political points. Seniors must have access to their doctors and time is running out. I strongly urge Republicans to join Democrats to act on this significant bipartisan opportunity to enact a permanent solution that provides more security and certainty for seniors and their doctors.

Mr. COURTNEY. Mr. Speaker, I regret that I cannot be present for today's session, as I am joining Admiral Mike Connor, Commander of our nation's submarine forces, on a visit to an in-service Virginia class submarine to see firsthand the skill of our submariners and the vital role they play in our nation's defense. It will also give me a chance to review and discuss the Navy's FY 15 request for Virginia class submarine construction and the Ohio Class Replacement Program, critical issues for the Second District of Connecticut. Had I been present, however, I would have voted "no" on the SGR Repeal and Medicare Provider Payment Modernization Act (H.R. 4015).

For too long, the sustainable growth rate (SGR) formula has created a weight of uncertainty not only for Medicare beneficiaries and veterans, but more broadly throughout our health care system. For the past decade, health care providers from around the country have had to leave their practices to travel to Washington and ask for relief from SGR's automatic rescission. This is not right. It is counterproductive and wasteful. And, a permanent fix—which I strongly support and have worked on a bipartisan basis to achieve—is long overdue.

Committee efforts in the House and Senate to repeal the SGR formula permanently have been a bipartisan, bicameral bright spot in the 113th Congress. Unfortunately, the injection of a partisan fiscal offset into H.R. 4015 has decimated previous, widespread endorsements of the proposal, now generating opposition from the American Medical Association (AMA) and the American Association of Retired People (AARP). The White House has also announced that if President Obama were presented with this measure, he would veto it. As amended, I too cannot support H.R. 4015 and had I been present for the vote on the legislation, I would have voted "no."

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in support of legislation to repeal the Sustainable Growth Rate and update Medicare's payment system without the

amendment to undermine the individual mandate of the Affordable Care Act.

While there are positive provisions in H.R. 4015, the SGR Repeal and Medicare Provider Payment Modernization Act of 2014, an amendment added by Chairman DAVE CAMP would delay the Affordable Care Act's individual mandate by five years.

Commonly referred to as the "doc fix," SGR Repeal has been on the table since the beginning of this Congress and desperately requires action. This legislation would repeal the cuts to physician Medicare payments and allow for small increases over 10 years. The second part of this legislation would make MEDPAC and GAO report more to Congress, including new payment rules that became final this year. There would also be additional protections against Medicare fraud.

However, if this legislation passes with the Camp Amendment, the 5-year delay of the individual mandate provision will increase the number of uninsured Americans by 13 million in 2018. A CBO analysis said that premiums would likely increase 10–20 percent in the individual marketplace during the years without a mandate penalty.

I urge my colleagues to heed my warning about this new effort to undermine the Affordable Care Act.

Ms. JACKSON LEE. Mr. Speaker, I rise to speak in strong opposition to H.R. 4015, the SGR Repeal and Medicare Provider Payment Modernization Act of 2014 because of the passage of the Rule to this bill.

I am not alone in opposing this irresponsible measure. I am joined by AARP, Alliance for Retired Americans, American Academy of Family Physicians, American Geriatrics Society, American Osteopathic Association, Center for Medicare Advocacy, Inc., Families USA, Medicare Rights Center, National Committee to Preserve Social Security and Medicare, National Association of Area Agencies on Aging, and the National Council on Aging.

I strongly support providing adequate compensation to our physicians who serve Medicare patients. Medicare patients in very state make up 10 percent or more of those who have health insurance.

Medicare patients and the medical payments made to their physicians and medical service providers is critical to our nation's health care economy.

It is important for our seniors to know that Medicare will be there when they need it. But it is equally important that there are physicians who are willing to attend to them without going broke.

That is why we have a Sustainable Growth Rate or "SGR." Medicare reimbursement enables rural physicians and hospitals to remain open for business.

As with any business, medical clinics and physician offices have payrolls to meet, bills to pay, and expenses to meet as they become due. If revenues are not sufficient to cover costs, the business will not long survive.

Thus, it is critical that we not disrupt timely and adequate payment to Medicare providers, but that is exactly what will happen at the end of this month if the SGR is not approved by the House and the Senate and signed into law by President Obama.

The problem with H.R. 4015 is what happened when the Rule for this bill passed the House.

The rule for H.R. 4015 added language that would delay the Affordable Care Act's implementation of the individual mandate.

I oppose the bill for two reasons:

It corrupts what was a strongly supported bipartisan bill to sustain physician reimbursement rates for medical services approved under Medicare, and

It is another attempt by the Republicans to mislead the public regarding the Affordable Care Act.

I know that many predicted that the Affordable Care Act would cause havoc on the nation's health care system. But it is not the ACA that is causing havoc—it is the 50 desperate but futile attempts by the Tea Party to scuttle a law that has been passed by Congress, signed by the President, upheld by the Supreme Court.

The most threatening actions to our nation's healthcare system by Tea Party Republicans are their attacks on Medicare.

In 2014, according to the Kaiser Foundation 16 percent of the nation's people have medical insurance under Medicare:

Texas has 12 percent of its residents insured under Medicare;

Arkansas, Florida and Vermont have 19 percent of their residents insured under Medicare;

West Virginia and Maine have 21 percent of their residents insured under Medicare; and

Kentucky, Mississippi, Missouri, Ohio, Oklahoma, Oregon, South Dakota, Tennessee, Wisconsin, Ohio, Oklahoma, and Oregon have 18 percent of their residents insured under Medicare.

Every state has more than 10 percent of their residents insured by Medicare.

The uncertainty created by the majority regarding Medicare reimbursement over the last several years has forced physicians to re-evaluate continuing their medical practice and frustrated hospitals working to make budget projections over several years into the future—this is critical to business decision making.

Because of uncertainty created by Medicare physician reimbursement—physicians and hospitals have been forced to close their offices, reduce services, or merge.

When patients find they cannot keep their physician or that their options for health care are being affected—it is not because of the Affordable Care Act.

Our nation has taken a momentous step in creating a mindset that good health is a personal responsibility with the enactment of the Affordable Care Act. The health care law did not automatically enroll all citizens into the program; it was specifically designed to be an opt-in process.

There are tens of thousands of visitors each day to the website and despite problems with the initial rollout of the online health insurance registration process, millions have enrolled and experience the peace of mind that comes from having affordable, high quality health insurance that is there when you need it.

So it is puzzling that with less than 70 legislative days remaining in the Second Session of the 113th Congress, we are still seeing attempts to end the Affordable Care Act.

It is very troubling that a bill critical to the provision of payments to physicians that treat Medicare patients is not safe from the partisan political games of the House of Representatives.

The House should be considering legislation to address the most pressing needs of the American people. Today, we should be debating legislation to extend emergency unemployment insurance benefits. The House should be debating a jobs creation bill to put Americans who are seeking employment back to work.

We know that for every person who gets a job—three others are still searching for employment.

This is another attempt to undermine the Affordable Care Act. Instead of trying to repeal the Affordable Care Act, House Republicans are now seeking ways to impede or frustrate its implementation.

After shutting down the federal government last year in an attempt to end the Affordable Care Act, they have resorted to their latest gimmick of attaching to a critically needed piece of legislation to make sure our nation's seniors continue to have access to physicians and hospitals an attempt to harm Obamacare.

I ask my colleagues to support Medicare patients and their physicians by rejecting the bill.

Mr. DEFAZIO. Mr. Speaker, today I will vote against H.R. 4015 despite being a cosponsor of the original bill. It should not have been that way. H.R. 4015 as originally drafted repealed the misguided SGR formula and laid out a reasonable path toward reimbursing doctors based on the quality of care that they provide. The bill had 118 bipartisan cosponsors. I heard from medical professionals all over Oregon who were hopeful that Congress would actually be able to pass H.R. 4015 and finally do away with short term SGR fixes.

Unfortunately Republican House leadership squandered this opportunity. Instead of finding a bipartisan way to pay for H.R. 4015, House Republican leadership inserted an ideological pay-for that would leave 13 million people uninsured according to the Congressional Budget Office. Because of this partisan gimmick, the Senate will never take up H.R. 4015. That leaves our nation's medical professionals exactly where they were before the vote—facing an approximately 27% cut in Medicare and TRICARE reimbursements if Congress doesn't fix the SGR before March 31st.

In 1997 I voted against creating the faulty SGR formula. I opposed the 1997 law because it balanced the budget on the backs of seniors and health care providers by substantially cutting Medicare. By delaying these cuts instead of permanently fixing the SGR formula, the potential cuts have grown every year.

Rather than cutting medical coverage for 13 million Americans, Congress should pay for H.R. 4015 by allowing Medicare to negotiate prescription drug prices. Every single other developed country in the world permits their government to negotiate drug prices for all of their citizens. In the U.S. private insurance companies negotiate prices, and the Veterans Administration negotiates prices, but the federal government is prevented from negotiating drug prices for Medicare. This means that drug companies are free to charge Medicare recipients higher prices than anyone else in the world. Allowing the federal government to negotiate drug prices for Medicare would fully pay for the SGR fix. The House could have ensured proper reimbursements for doctors and reduced drug prices for seniors in one bill today. Instead we voted on a bill that is going nowhere.

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

Pursuant to House Resolution 515, the previous question is ordered on the bill, as amended.

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

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

MOTION TO RECOMMIT

Mr. LOEBSACK. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentleman opposed to the bill?

Mr. LOEBSACK. I am opposed in its current form.

Mr. PITTS. Mr. Speaker, I reserve a point of order against the motion to recommit.

The SPEAKER pro tempore. A point of order is reserved.

The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. Loeb sack moves to recommit the bill H.R. 4015 to the Committee on Ways and Means with instructions to report the same back to the House forthwith with the following amendment:

At the end of the bill, add the following:

SEC. __. PROHIBITION ON MEDICARE CUTS OR VOUCHERS.

Nothing in this Act shall reduce benefits under the Medicare program under title XVIII of the Social Security Act, eliminate guaranteed health insurance benefits available to seniors or individuals with disabilities under such program, or establish a Medicare voucher plan that provides limited payments to Medicare beneficiaries in order to purchase health care in the private sector.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Iowa is recognized for 5 minutes in support of his motion.

Mr. LOEBSACK. Mr. Speaker, this is the final amendment to the bill, which will not kill the bill or send it back to the committee. If adopted, the bill will immediately proceed to final passage, as amended.

I regularly meet with seniors across Iowa, and far too often I hear that many of them are struggling to make ends meet, just as I am sure that many of my colleagues hear from their seniors as well. They tell me how much they rely on Medicare in order to stay healthy and just to afford their daily necessities.

Mr. Speaker, our seniors did not get us into this fiscal mess that we are in today, and I think we have to keep that in mind. It is unfair to punish them for Washington's irresponsible behavior. That is why we have got to protect Medicare for seniors who have worked a lifetime to pay into it.

This also is an issue I will say that is personal to me. I grew up in a family that struggled to make ends meet. I often talked about how I grew up in poverty. My mom was a single parent who struggled with mental illness, and literally, in the fourth grade, we landed at the doorstep of my maternal grandmother.

My grandmother often relied on Social Security survivor benefits to care for me and my siblings. Without the promise of health care through Medicare, she would not have been able to afford to put food on the table.

No senior—and I think all of us in this body can agree—no senior should have to choose between paying their bills or paying for their medication.

Mr. Speaker, replacing Medicare with a voucher system would end the guarantee of health care and financial security for our seniors as well. Vouchers would force seniors to pay more and more of their health care costs out of pocket.

In these tough economic times, we need to find ways to be more efficient while maintaining quality care.

I know that seniors don't want a voucher that forces them to buy insurance that may not meet their needs because they tell me that every single time I meet with them. They do not want their health care to be subject to the whims of insurance companies looking to make a profit when they, those seniors, get sick.

They don't want higher costs, and they certainly don't want reduced benefits. They want to keep Medicare the way it is, a guaranteed benefit they can count on when they need it. They paid into it, and they deserve it.

Mr. Speaker, I ask my colleagues on both sides of the aisle to support this final amendment to the bill.

I yield back the balance of my time.

Mr. PITTS. Mr. Speaker, I withdraw my point of order and claim the time in opposition to the motion.

The SPEAKER pro tempore. The reservation is withdrawn.

The gentleman from Pennsylvania is recognized for 5 minutes.

Mr. PITTS. Mr. Speaker, to begin with, I would just like to acknowledge all the good work on both sides of the aisle in reaching the bipartisan policy agreement in the SGR, and especially want to thank our staff, Clay Alspach and Robert Horne and Chris Pope, and everyone on both sides of the aisle and their staff, for all the good work.

Mr. Speaker, this bill before us presents each and every Member of this body a simple choice: Do we patch Medicare, or do we fix it?

Do we choose to fight for the Medicare promise that this country has made to every American, or do we vote against it?

My friends, I am voting today to keep the Medicare promise to Americans. We must not let another opportunity to save Medicare for our seniors fall by the wayside.

If Washington is broken, today is an opportunity to fix it. The bill before us is bipartisan, and the pay-for is one President Obama has used himself many times in the past.

My colleagues, did you scream hypocrisy when President Obama delayed the mandate for special interests here in D.C.? Then why would you scream hypocrisy now?

The time for political games is over. It is time for Members of this body to choose. Are you on the side of seniors in your district that depend on Medicare, or are you against them? Are you on the side of younger Americans who keep telling us they are struggling under an ObamaCare plan that forces them to choose between groceries and health care? Are you for saving Medi-

care, or will you vote to let it go bankrupt?

What kind of country are we living in when our own government has reduced the American Dream to a choice between health care and groceries?

This motion to recommit embraces the tired gimmicks of yesterday that the public has grown to distrust. You have a clear choice. You either vote "no" and stand up for what is right, to give our seniors the peace of mind they deserve, or you can vote "yes" on this motion to recommit and demonstrate to the American public that political games are more important to you than their health and welfare.

I, for one, will be voting with seniors this morning, and I would encourage all of my colleagues to do the same.

Vote "no" on the motion to recommit.

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

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for any electronic vote on the question of passage of the bill.

The vote was taken by electronic device, and there were—yeas 191, nays 226, not voting 14, as follows:

[Roll No. 134]

YEAS—191

Barber	DeFazio	Huffman
Barrow (GA)	DeGette	Israel
Beatty	Delaney	Jackson Lee
Becerra	DeLauro	Jeffries
Bera (CA)	DelBene	Johnson (GA)
Bishop (GA)	Deutch	Johnson, E. B.
Bishop (NY)	Doggett	Kaptur
Blumenauer	Doyle	Keating
Bonamici	Duckworth	Kelly (IL)
Brady (PA)	Edwards	Kennedy
Braley (IA)	Ellison	Kildee
Brown (FL)	Engel	Kilmer
Brownley (CA)	Enyart	Kind
Bustos	Eshoo	Kirkpatrick
Butterfield	Esty	Kuster
Capps	Farr	Langevin
Capuano	Fattah	Larsen (WA)
Cárdenas	Foster	Larson (CT)
Carney	Fudge	Lee (CA)
Carson (IN)	Gabbard	Levin
Cartwright	Gallego	Lewis
Castor (FL)	Garamendi	Lipinski
Castro (TX)	Garcia	Loeb sack
Chu	Grayson	Lofgren
Cicilline	Green, Al	Lowenthal
Clark (MA)	Green, Gene	Lowey
Clarke (NY)	Grijalva	Lujan Grisham
Clay	Gutiérrez	(NM)
Cleaver	Hahn	Luján, Ben Ray
Clyburn	Hanabusa	(NM)
Cohen	Hastings (FL)	Lynch
Connelly	Heck (WA)	Maffei
Conyers	Higgins	Maloney,
Cooper	Himes	Carolyn
Costa	Hinojosa	Maloney, Sean
Crowley	Holt	Mateson
Cuellar	Honda	Matsui
Cummings	Horsford	McCarthy (NY)
Davis (CA)	Hoyer	McCollum

McDermott	Pingree (ME)	Sinema
McGovern	Pocan	Sires
McIntyre	Polis	Slaughter
McNerney	Price (NC)	Speier
Meeks	Quigley	Swalwell (CA)
Meng	Rahall	Takano
Michaud	Rangel	Thompson (CA)
Miller, George	Richmond	Thompson (MS)
Moore	Roybal-Allard	Tierney
Moran	Ruiz	Titus
Murphy (FL)	Ruppersberger	Tonko
Nadler	Ryan (OH)	Tsongas
Napolitano	Sánchez, Linda	Van Hollen
Neal	T.	Vargas
Negrete McLeod	Sanchez, Loretta	Veasey
Nolan	Sarbanes	Vela
O'Rourke	Schakowsky	Velázquez
Owens	Schiff	Visclosky
Pallone	Schneider	Walz
Pascrell	Schrader	Wasserman
Pastor (AZ)	Schwartz	Schultz
Payne	Scott (VA)	Waters
Pelosi	Scott, David	Serrano
Perlmutter	Serrano	Sewell (AL)
Peters (CA)	Sewell (OR)	Shea-Porter
Peters (MI)	Sherman	Sherman
Peterson		

NAYS—226

Aderholt	Goodlatte	Mullin
Amash	Gowdy	Mulvaney
Bachus	Granger	Murphy (PA)
Barletta	Graves (GA)	Neugebauer
Barr	Graves (MO)	Noem
Barton	Griffin (AR)	Nugent
Benishek	Griffith (VA)	Nunes
Bentivolio	Grimm	Nunnelee
Bilirakis	Guthrie	Olson
Bishop (UT)	Hall	Palazzo
Black	Hanna	Paulsen
Blackburn	Harper	Pearce
Boustany	Harris	Perry
Brady (TX)	Hartzler	Petri
Bridenstine	Hastings (WA)	Pittenger
Brooks (AL)	Heck (NV)	Pitts
Brooks (IN)	Hensarling	Poe (TX)
Broun (GA)	Herrera Beutler	Pompeo
Buchanan	Holding	Posey
Bucshon	Hudson	Price (GA)
Burgess	Huelskamp	Reed
Byrne	Huizenga (MI)	Reichert
Calvert	Hultgren	Renacci
Camp	Hunter	Ribble
Campbell	Hurt	Rice (SC)
Cantor	Issa	Rigell
Capito	Jenkins	Roby
Carter	Johnson (OH)	Roe (TN)
Cassidy	Johnson, Sam	Rogers (AL)
Chabot	Jolly	Rogers (KY)
Chaffetz	Jones	Rogers (MI)
Coble	Jordan	Rohrabacher
Coffman	Joyce	Rooney
Cole	Kelly (PA)	Ros-Lehtinen
Collins (GA)	King (IA)	Roskam
Collins (NY)	King (NY)	Ross
Conaway	Kingston	Rothfus
Cook	Kinzinger (IL)	Royce
Cotton	Kline	Runyan
Cramer	Labrador	Ryan (WI)
Crawford	LaMalfa	Salmon
Crenshaw	Lamborn	Sanford
Daines	Lance	Scalise
Davis, Rodney	Lankford	Schock
Denham	Latham	Schweikert
Dent	Latta	Scott, Austin
DeSantis	LoBiondo	Sensenbrenner
DesJarlais	Long	Sessions
Diaz-Balart	Lucas	Shimkus
Duffy	Luetkemeyer	Shuster
Duncan (SC)	Lummis	Simpson
Duncan (TN)	Marchant	Smith (MO)
Ellmers	Marino	Smith (NE)
Farenthold	Massie	Smith (NJ)
Fincher	McAllister	Smith (TX)
Fitzpatrick	McCarthy (CA)	Southerland
Fleischmann	McCaul	Stewart
Fleming	McClintock	Stivers
Flores	McHenry	Stockman
Forbes	McKeon	Stutzman
Fortenberry	McKinley	Terry
Foxo	McMorris	Thompson (PA)
Frelinghuysen	Rodgers	Thornberry
Gardner	Meadows	Tiberi
Garrett	Meehan	Tipton
Gerlach	Messer	Turner
Gibbs	Mica	Upton
Gibson	Miller (FL)	Valadao
Gingrey (GA)	Miller (MI)	Wagner
Gohmert	Miller, Gary	Walberg

Walden	Whitfield	Woodall
Walorski	Williams	Yoder
Weber (TX)	Wilson (SC)	Yoho
Webster (FL)	Wittman	Young (AK)
Wenstrup	Wolf	Young (IN)
Westmoreland	Womack	

NOT VOTING—14

Amodei	Davis, Danny	Rokita
Bachmann	Dingell	Rush
Bass	Frankel (FL)	Smith (WA)
Courtney	Franks (AZ)	Wilson (FL)
Culberson	Gosar	

□ 1107

Mr. MICA changed his vote from “yea” to “nay.”

Ms. LOFGREN and Mr. CICILLINE changed their vote from “nay” to “yea.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

Stated for:

Ms. FRANKEL of Florida. Mr. Speaker, on rollcall No. 134, the motion to recommit for H.R. 4015, had I been present, I would have voted “yes.”

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

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 238, nays 181, not voting 12, as follows:

[Roll No. 135]

YEAS—238

Aderholt	Davis, Rodney	Hudson
Amash	Denham	Huelskamp
Bachus	Dent	Huizenga (MI)
Barber	DeSantis	Hultgren
Barletta	DesJarlais	Hunter
Barr	Diaz-Balart	Hurt
Barrow (GA)	Duffy	Issa
Barton	Duncan (SC)	Jenkins
Benishkek	Duncan (TN)	Johnson (OH)
Bentivolio	Ellmers	Johnson, Sam
Bera (CA)	Farenthold	Jolly
Bilirakis	Fincher	Jones
Bishop (UT)	Fitzpatrick	Jordan
Black	Fleischmann	Joyce
Blackburn	Fleming	Kelly (PA)
Boustany	Flores	King (IA)
Brady (TX)	Forbes	King (NY)
Bridenstine	Fortenberry	Kingston
Brooks (AL)	Fox	Kinzinger (IL)
Brooks (IN)	Frelinghuysen	Kline
Broun (GA)	Garcia	Labrador
Buchanan	Gardner	LaMalfa
Bucshon	Garrett	Lamborn
Burgess	Gerlach	Lance
Byrne	Gibbs	Lankford
Calvert	Gibson	Latham
Camp	Gingrey (GA)	Latta
Campbell	Gohmert	LoBiondo
Cantor	Goodlatte	Long
Capito	Granger	Lucas
Carter	Graves (GA)	Luetkemeyer
Cassidy	Graves (MO)	Lummis
Chabot	Griffin (AR)	Marchant
Chaffetz	Griffith (VA)	Marino
Coble	Grimm	Massie
Coffman	Guthrie	Matheson
Cole	Hall	McAllister
Collins (GA)	Hanna	McCarthy (CA)
Collins (NY)	Harper	McCaul
Conaway	Harris	McClintock
Cook	Hartzler	McHenry
Cotton	Hastings (WA)	McIntyre
Cramer	Heck (NV)	McKeon
Crawford	Herrera	McKinley
Crenshaw	Herrera Beutler	McMorris
Daines	Holding	Rodgers

Meadows	Ribble	Smith (TX)
Meehan	Rice (SC)	Southerland
Messer	Rigell	Stewart
Mica	Roby	Stivers
Miller (FL)	Roe (TN)	Stockman
Miller (MI)	Rogers (AL)	Stutzman
Miller, Gary	Rogers (KY)	Terry
Mullin	Rogers (MI)	Thompson (PA)
Mulvaney	Rohrabacher	Thornberry
Murphy (FL)	Rokita	Tiberi
Murphy (PA)	Rooney	Tipton
Neugebauer	Ros-Lehtinen	Turner
Noem	Roskam	Upton
Nugent	Ross	Valadao
Nunes	Rothfus	Wagner
Nunnelee	Royce	Walberg
Olson	Runyan	Walden
Palazzo	Ryan (WI)	Walorski
Paulsen	Salmon	Weber (TX)
Pearce	Sanford	Webster (FL)
Perry	Scalise	Wenstrup
Peters (CA)	Schneider	Westmoreland
Peterson	Schock	Whitfield
Petri	Schweikert	Williams
Pittenger	Scott, Austin	Wilson (SC)
Pitts	Sensenbrenner	Wittman
Poe (TX)	Sessions	Wolf
Pompeo	Shimkus	Womack
Posey	Shuster	Woodall
Price (GA)	Simpson	Yoder
Rahall	Sinema	Yoho
Reed	Smith (MO)	Young (AK)
Reichert	Smith (NE)	Young (IN)
Renacci	Smith (NJ)	

NAYS—181

Beatty	Grijalva	Neal
Becerra	Gutiérrez	Negrete McLeod
Bishop (GA)	Hahn	Nolan
Bishop (NY)	Hanabusa	O'Rourke
Blumenauer	Hastings (FL)	Owens
Bonamici	Heck (WA)	Pallone
Brady (PA)	Higgins	Pascarell
Bralley (IA)	Himes	Pastor (AZ)
Brown (FL)	Hinojosa	Payne
Brownley (CA)	Honolulu	Pelosi
Bustos	Honda	Perlmutter
Butterfield	Horsford	Peters (MI)
Capps	Hoyer	Pingree (ME)
Capuano	Huffman	Pocan
Cárdenas	Israel	Polis
Carney	Jackson Lee	Price (NC)
Carson (IN)	Jeffries	Quigley
Cartwright	Johnson (GA)	Rangel
Castor (FL)	Johnson, E. B.	Richmond
Castro (TX)	Kaptur	Roybal-Allard
Chu	Keating	Ruiz
Ciциlline	Kelly (IL)	Ruppersberger
Clark (MA)	Kennedy	Ryan (OH)
Clarke (NY)	Kildee	Sánchez, Linda
Clay	Kilmer	T.
Cleaver	Kind	Sanchez, Loretta
Clyburn	Kirkpatrick	Sarbanes
Cohen	Kuster	Schakowsky
Connolly	Langevin	Schiff
Conyers	Larsen (WA)	Schrader
Cooper	Larson (CT)	Schwartz
Costa	Lee (CA)	Scott (VA)
Crowley	Levin	Scott, David
Cuellar	Lewis	Serrano
Cummings	Lipinski	Sewell (AL)
Davis (CA)	Loeb	Shea-Porter
DeFazio	Loeb	Sherman
DeGette	Lowenthal	Sires
Delaney	Lowe	Slaughter
DeLauro	Lujan Grisham	Speier
DelBene	(NM)	Swalwell (CA)
Deutch	Luján, Ben Ray	Takano
Doggett	(NM)	Thompson (CA)
Doyle	Lynch	Thompson (MS)
Duckworth	Maffei	Tierney
Edwards	Maloney,	Titus
Ellison	Carolyn	Tonko
Engel	Maloney, Sean	Tsongas
Enyart	Matsui	Van Hollen
Eshoo	McCarthy (NY)	Vargas
Esty	McCollum	Veasey
Farr	McDermott	Vela
Fattah	McGovern	Velázquez
Foster	McNey	Visclosky
Frankel (FL)	Meeks	Walz
Fudge	Meng	Wasserman
Gabard	Michaud	Schultz
Gallego	Miller, George	Waters
Garamendi	Moore	Waxman
Grayson	Moran	Welch
Green, Al	Nadler	Wilson (FL)
Green, Gene	Napolitano	Yarmuth

NOT VOTING—12

Amodei	Culberson	Gosar
Bachmann	Davis, Danny	Goody
Bass	Dingell	Rush
Courtney	Franks (AZ)	Smith (WA)

□ 1115

So the bill was passed.
The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. FRANKS of Arizona. Mr. Speaker, had I been present, I would have voted “yes” on rollcall No. 132 on H.R. 3189, I would have voted “yes” on rollcall No. 129 on H.R. 3973, and I would have voted “yes” on rollcall No. 135 on H.R. 4015.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed without amendment bills and a concurrent resolution of the House of the following titles:

H.R. 2650. An act to allow the Fond du Lac Band of Lake Superior Chippewa in the State of Minnesota to lease or transfer certain land.

H.R. 4076. An act to address shortages and interruptions in the availability of propane and other home heating fuels in the United States, and for other purposes.

H. Con. Res. 93. Concurrent resolution directing the Clerk of the House of Representatives to make technical corrections in the enrollment of H.R. 3370.

The message also announced that the Senate has passed bills of the following titles in which the concurrence of the House is requested:

S. 1456. An act to award the Congressional Gold Medal to Shimon Peres.

S. 2147. An act to amend Public Law 112-59 to provide for the display of the congressional gold medal awarded to the Montford Point Marines, United States Marine Corps, by the Smithsonian Institution and at other appropriated locations.

ADJOURNMENT TO TUESDAY,
MARCH 18, 2014

Mr. HASTINGS of Washington. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 1 p.m. on Tuesday, March 18, 2014.

The SPEAKER pro tempore (Mr. McALLISTER). Is there objection to the request of the gentleman from Washington?

There was no objection.

CELEBRATING NATIONAL WOMEN'S
HISTORY MONTH

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

Ms. ROS-LEHTINEN. Mr. Speaker, due to National Women's History Month every March, we celebrate the tremendous contributions of women who have helped make this Nation the greatest on Earth.

But when thinking about our amazing female forebearers, what becomes clear is that their primary mission was one of education. Education is the key in getting girls and boys, women and men to believe in themselves, to have the confidence and know-how to use their individual, God-given abilities to better their own lives and improve the condition of our communities.

As we celebrate the wonderful legacy that our American heroines have left across the United States, let's not forget that the mission of education is not yet finished.

As a former Florida certified teacher, Mr. Speaker, I have witnessed the transformational impact that education can have. Let's follow the lead of great women that we are honoring this month, and let's continue working together to make a quality education a reality for all, both here in our great Nation and around the world.

EXTEND UNEMPLOYMENT INSURANCE

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

Mr. LEVIN. Mr. Speaker, the bipartisan Senate legislation on unemployment insurance is a major step forward for millions of job-seeking Americans. It has been 76 days since the Federal unemployment insurance expired for 1.3 million job-seeking Americans. During that time, an additional 700,000 people have seen their lifeline cut off, hindering their efforts to get work and hurting our economy.

When you add it up, as a result of failure to act, \$3 billion has been taken out of the economy in January and February alone.

Upon passage in the Senate, I urge Republicans in the House to follow this bipartisan path to assist the long-term unemployed who have been without Federal assistance since December 28. They and their families' needs are urgent. It is the responsibility of this, the people's House, to act on behalf of the people, the millions of long-term unemployed looking for work.

HONORING THE LIFE OF COLONEL WAYNE T. FRYE

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

Mr. WENSTRUP. Mr. Speaker, I rise to honor the life of Colonel Wayne T. Frye of Manchester, Ohio. Colonel Frye was beloved in his community, and is remembered not only for his extraordinary achievements but also for his humble character.

In 1948, Wayne Frye joined the United States Marines, and went on to attend the Naval Academy in Annapolis. While a student, he competed with the 1952 Olympic rowing team, known as the "Great Eight," winning a gold medal for Team USA.

After graduating from Annapolis, he joined the newly established Air Force and later served in Vietnam, where he was a commander with the 555th "Triple Nickel" Fighter Squadron, flying 266 combat missions. For his service, he received two Silver Stars for valor, five Distinguished Flying Crosses, 15 Air Medals, and a Purple Heart.

Wayne Frye's legacy also lies in his deep-rooted commitment to his community, and his inspiration to future generations through his character, faith, and humility.

Colonel Wayne T. Frye, thank you for your service. A grateful Nation salutes you. Rest in peace. Rest in peace.

SYRIA NEEDS UNRESTRICTED HUMANITARIAN ACCESS NOW

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

Mr. MCGOVERN. Mr. Speaker, I rise today to call attention to the third anniversary of the crisis in Syria which will be commemorated on March 15. The United Nations estimates that over 100,000 people have been killed since the violence and unrest began in 2011; 9.3 million people, half of the Syrian people, need humanitarian assistance. 240,000 of them are living under siege, surviving under the constant threat of shelling and aerial bombardment. Moreover, they have faced life-threatening shortages of food, water, and medical supplies for more than a year. Children are literally starving to death, while military forces show no respect for humanitarian workers.

A diplomatic end to the crisis must be pursued. At the same time, the humanitarian crisis must be ameliorated. Humanitarian relief must be allowed to reach the civilians, and the wounded and the sick must receive the medical attention that they need. Indiscriminate aerial bombardments must cease, and civilians must be granted safe passage out of the besieged areas. The Syrian people need unrestricted humanitarian aid now.

UNICEF,

New York, NY, Mar. 11, 2014.

NUMBER OF CHILDREN SUFFERING MORE THAN DOUBLES IN THIRD YEAR OF SYRIA CONFLICT AMONG HARDEST HIT ARE 1 MILLION CHILDREN UNDER SIEGE AND IN HARD-TO-REACH AREAS

As the conflict in Syria approaches another sombre milestone, more than twice as many children are now affected compared to 12 months ago, says a new report by UNICEF published today. Particularly hard hit are up to a million children who are trapped in areas of Syria that are under siege or that are hard to reach with humanitarian assistance due to continued violence.

Under Siege—the devastating impact on children of three years of conflict in Syria focuses on the immense damage caused to the 5.5 million children now affected by the conflict and calls for an immediate end to the violence and increased support for those affected.

The report includes the accounts of children whose lives have been devastated by the three year old war, and highlights the pro-

found traumas many have experienced. Children such as four-year-old Adnan, who fled with his family to Lebanon, suffered facial scarring when his home was bombed and still suffers from emotional distress. "He cries all night," his mother is quoted as saying. "He is scared of everything and is afraid when we leave him, even for a second."

UNICEF estimates that there are 2 million children like Adnan in need of psychological support or treatment.

"For Syria's children, the past three years have been the longest of their lives. Must they endure another year of suffering?" said UNICEF Executive Director Anthony Lake.

The report warns that the future of 5.5 million children inside Syria and living as refugees in neighbouring countries hangs in the balance as violence, the collapse of health and education services, severe psychological distress and the worsening economic impact on families combine to devastate a generation.

The report draws attention to the suffering experienced by children and their families who have been trapped in areas under siege for many months. Cut off from aid, living in rubble and struggling to find food, many Syrian children have been left without protection, medical care or psychological support, and have little or no access to education. In the very worst cases children and pregnant women have been deliberately wounded or killed by snipers.

In host countries, 1.2 million Syrian children are now refugees living in camps and overwhelmed host communities, and have limited access to clean water, nutritious food or learning opportunities.

The report says that three years on, Syrian children have been forced to grow up faster than any child should. UNICEF estimates that 1 in 10 refugee children is now working and 1 in every 5 Syrian girls in Jordan is forced into early marriage.

The report calls on the global community to undertake six critical steps:

- End the cycle of violence in Syria now
- Grant immediate access to the under-reached 1 million children inside Syria
- Create an environment where children are protected from exploitation and harm
- Invest in children's education
- Help children's inner healing through psychological care and support and
- Provide support to host communities and governments to mitigate the social and economic impact of the conflict on families.

"This war has to end so that children can return to their homes to rebuild their lives in safety with their family and friends. This third devastating year for Syrian children must be the last," said Lake.

BALANCE OF POWER

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, the Constitution is very clear: the elected Representatives in Congress pass the laws and the President enforces those laws. This system of checks and balances has served to limit abuses of power and hold government accountable to the people.

From our immigration laws to the 2010 health care overhaul, the current White House has selectively enforced our laws, and in many cases acted unilaterally to change or alter them. In fact, the majority leader's office recently released a report outlining 40

separate instances where the Obama administration broke this fundamental responsibility.

Yesterday, the House acted on two measures to hold the executive branch accountable and restore balance to the separation of powers. H.R. 4138, the ENFORCE Act, which deals with lawsuits against the executive branch for failure to execute the laws, and H.R. 3973, the Faithful Execution of the Law Act, which requires the Attorney General to report to Congress any time a Federal official implements a policy to refrain from enforcing Federal law.

Mr. Speaker, no matter which party is in the White House, our laws must be faithfully executed. Americans deserve as much.

SUPPORTING DEMOCRACY IN UKRAINE

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

Ms. JACKSON LEE. Mr. Speaker, just a couple of weeks ago the eyes of the world were looking at the people of Russia, and all of the world gathered together at the international Olympics, athletes of varying backgrounds harmoniously competing in a spirit of cooperation and collaboration. Certainly those of us in the United States watched with great pride our athletes represent our Nation and their own special talent. It is unfortunate today that President Putin has undermined and destroyed all of that goodwill.

I believe it is important that the United States continue to engage with Ukraine, a sovereign nation, and continues to encourage Secretary Kerry, as the President is doing, for diplomatic resolution. A couple of days from now there will be a vote to cede away from Ukraine, a sovereign nation. President Putin has boots on the ground on soil that is not his, and the world must stand up in a manner that collaborates and embraces. No, I am not calling for military action by the United States, collaboration with NATO. But they are people who desire democracy, and we are a democracy and we should be there and stand alongside of them.

COMMEMORATING SKILLS ACT ANNIVERSARY

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, this Saturday will mark the 1-year anniversary of House passage of H.R. 803, the SKILLS Act. This bill, which I sponsored, would bring much-needed reform and reorganization to our broken Federal workforce development system.

There is bipartisan agreement that the current mishmash of Federal workforce programs is not meeting the needs of America's job seekers. The President called for reforms in his 2012

State of the Union Address. Republicans in the House responded to that call with the SKILLS Act. This bill would streamline 35 ineffective and duplicative programs, including 26 identified as being ineffective in a 2011 GAO report. The SKILLS Act empowers job creators, promotes accountability, and gives workers access to the resources they need to fill jobs that are available now.

I call on our colleagues in the Senate to act on this vital piece of legislation. America needs a workforce development system that works for job seekers, not bureaucrats.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair announces a correction to an earlier vote tally. On rollcall vote No. 135, the "yeas" were 238 and the "nays" were 181.

□ 1130

SIGN THE UNEMPLOYMENT INSURANCE DISCHARGE PETITION

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

Mr. HORSFORD. Mr. Speaker, I come to the floor to congratulate the two Senators from my home State—Senate Majority Leader HARRY REID and Senator DEAN HELLER—for putting together a bipartisan unemployment insurance benefit extension. I am thankful on behalf of the 2 million Americans who are depending on UI benefits that the Senate is expected to act soon.

But here we go again, Mr. Speaker. The pressure is now on the House. I think it is wrong that one person in the House out of 435 can hold hostage a financial lifeline for 2 million Americans, including 26,000 Nevadans.

Every Member of Congress now has a choice to make: sign the discharge petition to bring up unemployment insurance in a vote; or don't and abandon the Americans who desperately need our help.

I have signed, and I urge my colleagues on the other side of the aisle to do the same. Moderate House Republicans can do something before they leave today. Sign the discharge petition. Show your constituents that you stand with them and bring up a vote to extend unemployment insurance benefits.

MEDICARE ADVANTAGE

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

Mr. DENHAM. Mr. Speaker, more than 14 million seniors nationwide depend on Medicare Advantage plans for their health care needs. In two of the counties that I represent in California's Central Valley, over 60,000 seniors are enrolled in Medicare Advantage.

The program is an absolute necessity for them because it limits their out-of-pocket expense, protecting them from the threat of bankruptcy due to a complicated and an ongoing medical condition.

The President's massive government overhaul of our health care system has raided \$300 million from Medicare Advantage plans and created a health care tax that has just started this year. These payment cuts and the new health insurance tax are already being felt with canceled plans, reduced benefits, and increased co-payments.

There are 33,000 seniors in my county—Stanislaus County—making under \$20,000 a year, who are going to be hit with almost \$100 per month. They have a right to know when this tax is going to hit them, what the expense is going to be. Seniors on limited incomes should have the right to know, which is why I authored the Seniors' Right to Know Act.

BIG LAKE

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

Mr. GALLEGO. Mr. Speaker, everyone in Texas knows about the Permian Basin's reputation for oil and gas. Every UT Longhorn or Texas A&M Aggie knows about the Permanent University Fund.

Not everyone knows the critical role that Big Lake played in each of these, so today, my 23 in 1—taking people to the 23rd District in 1 minute—is about Big Lake.

The first well to hit on university lands was the Santa Rita well, which is now enshrined on the UT campus in Austin. Just outside of Big Lake was the site. It was named for the patron saint of the impossible because no one really expected the well to hit.

The population went from 100 people to over 2,000. Today, those wells have produced great, great resources for the University of Texas and A&M over a long period of time.

There was once a lake in Big Lake; it is dry now. It was fed by springs that are no longer there. They are there only when it has had significant rain. Big Lake is a wonderful place to visit. If you ever have the opportunity, please go.

WEST VIRGINIA WOMEN

(Mrs. CAPITO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAPITO. Mr. Speaker, women have played a significant role in our Nation's history and in my home State of West Virginia. I would like to recognize a few who have had wonderful achievements in art, literature, sports, government, education, and volunteerism.

Anna Johnson Gates was the first female elected to the State legislature

from Kanawha County; Elizabeth Drewry, the first African American elected to the legislature from McDowell County, West Virginia; Elizabeth Kee, the first woman elected to Congress from Bluefield, West Virginia.

One West Virginian has given us a national holiday—Anna Jarvis, the founder of Mother's Day, from Grafton, West Virginia.

In the sciences, Dr. Harriet Jones broke down barriers to become the first licensed physician in West Virginia from Marshall County.

We have two women who reached the very pinnacle of their field. Novelist Pearl Buck, from Hillsboro, West Virginia, won the Nobel Prize for literature. In athletics, no one could forget West Virginia's own Mary Lou Retton when she made history by achieving her perfect 10s in 1984.

The stories of West Virginian women and all women must be told. That is why I support H.R. 863, the National Women's History Commission Act.

It is my privilege to talk about so many wonderful West Virginia women.

TRIMBLE TECH STUDENTS AT SXSX FESTIVAL

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

Mr. VEASEY. Mr. Speaker, I rise today to the tragic events that took place in Austin, Texas, on Thursday at the annual South by Southwest Festival.

A suspected drunk driver being chased by the Austin police slammed his car into the festival crowd. Two of those injured were in high school. Curtisha Davis—known as “Tish”—and Deandre Tatum—called “Dre”—students at Trimble Tech High School in my hometown of Fort Worth, Texas.

Curtisha is a senior and has broken bones and other injuries, and Deandre is in the intensive-care unit under a medically induced coma at the University Medical Center at Brackenridge.

Please continue to pray for the Trimble Tech family. It is a very close-knit family at Trimble Tech High School, known as the Bulldogs. I ask for the prayers of everyone.

There was a death involved in this particular tragedy, and I ask for prayers for all the families affected, including these two young people from my hometown, Curtisha and Deandre.

HONORING THE LIFE OF LES BOTELHO

(Ms. GABBARD asked and was given permission to address the House for 1 minute.)

Ms. GABBARD. Mr. Speaker, last week I was deeply saddened to hear the news of the passing of my friend and Hawaii island resident, Les Botelho. I share my heartfelt condolences with his family and his friends.

Les was a committed family man and also dedicated to serving his commu-

nity. He lived simply and led by example, always understanding the importance of servant leadership and giving back.

Les was a native of Laupahoehoe and graduated from Laupahoehoe High School and Hawaii Technical School. He worked for the County of Hawaii for many years, working his way up to administration before he retired.

Those of us who had the privilege of knowing Les knew we could always count on him. He was very often the first call that people made when they needed help with anything.

He was a mentor to so many and a great example for all to follow, as he always taught the next generation to become involved, to be a part of making a positive impact in our community, and to undertake the great responsibility of being leaders in our future.

Aloha nui, Les, we miss you very much. Mahalo for your lifelong commitment to serving Hawaii. Aloha.

GOVERNMENT BUREAUCRACY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes as the designee of the majority leader.

Mr. GOHMERT. Mr. Speaker, at this time, I yield to the gentleman from Texas (Mr. FLORES), my new friend.

REMEMBERING RETIRED UNITED STATES AIR FORCE COLONEL ROBERT DARDEN “PETE” PETERSON

Mr. FLORES. Mr. Speaker, I rise today to honor retired United States Air Force Colonel Robert Darden “Pete” Peterson who passed away on March 2.

Colonel Peterson was a member of America's Greatest Generation. He not only served our counsel selflessly during World War II, but also during the Korean war and the Vietnam war.

Colonel Robert Darden Peterson was born in Jonesboro, Arkansas, in 1923. After graduating from high school, Pete would go on to attend the University of Mississippi with a football scholarship.

After his first football season at Ole Miss, he enlisted in the United States Army Air Corps to aid the war effort in Europe. Colonel Peterson trained as a B-17 pilot and became an aircraft commander at age 20. During World War II, he was a member of the 8th Air Force and completed 28 combat missions.

After World War II, Pete briefly returned to civilian life only to be recalled to Active Duty in 1947. He would serve as assistant chief of directorate of combat operations during the Korean war and the Vietnam war.

He was responsible for all surveillance and control of the Strategic Air Command winged resources within Southeast Asia.

During 1967 and 1968, Colonel Peterson served as air operations planner for all tactical and support air activities

in the southern portion of North Vietnam and the Southeast Asia interdiction area. He remained a combat pilot, flying 19 combat missions in support operations in Vietnam.

In 1968, Colonel Peterson was assigned to the Pentagon as Air Force actions officer for programs pertaining to the Strategic Air Command.

In 1970, he was assigned to the Joint Chiefs of Staff Operational Directorate. Following his assignments in Washington, he accepted the post of deputy base commander at Dyess Air Force Base, a Strategic Air Command base in Abilene, Texas.

In 1976, Colonel Peterson retired from military service and lived most of his retirement years in Texas. During his 33 years of service to our country, he flew B-17s, B-36s, and B-52s and logged over 7,000 flying hours.

He was so trusted and experienced, that he was assigned to America's nuclear Air Force in the Strategic Air Command. As a pilot, he was one of the first in our country to fly with atomic weapons and hydrogen weapons.

Colonel Peterson was a highly decorated officer. His military honors include the Distinguished Flying Cross, the Meritorious Service Medal, the Air Medal, the Bronze Star, and numerous other medals and awards that reflected his dedication to serving our country in the United States Air Force.

A review written by a commanding officer during Colonel Peterson's military career best sums up the way he lived his life at home and when on duty. The CO wrote:

Peterson requires a lot of his crew. However, he gives more than he demands of others.

Colonel Peterson passed away earlier this month and was laid to rest on March 7.

Our thoughts and prayers are with the family and friends of Colonel “Pete” Peterson. His survivors include 7 children, 15 grandchildren, 17 great-grandchildren, and numerous nieces and nephews.

He will be forever remembered as a patriot, a pilot, a soldier, a husband, a father, a grandfather, and as an American hero. We thank him and his family for their outstanding service and sacrifice to our country.

As I close, I ask everyone to continue praying for our country during these difficult times and for our military men and women who protect us from external threats and our first responders who protect us from internal threats right here at home.

God bless our military men and women, and God bless the United States of America.

Mr. GOHMERT. At this time, Mr. Speaker, I yield to the gentleman from New York (Mr. REED), my friend, such time as he may consume.

NO MORE WEEK

Mr. REED. Mr. Speaker, I thank the gentleman from Texas for yielding me time to address the Chamber today.

I rise today to talk about the NO MORE campaign. NO MORE is the first

unifying symbol meant to express support for ending sexual assault and domestic violence, similar to the Pink Ribbon campaign for breast cancer.

Mr. Speaker, next week, March 17–21 is NO MORE week. This symbol will be active throughout social media, ad campaigns, and throughout our country, to highlight for men and women across the country to come together to stand up to end sexual violence by saying “No more.”

This proliferation is supported by organizations, such as the Avon Foundation for Women, Mary Kay, National Alliance to End Sexual Violence, National Network to End Domestic Violence, the YWCA, and Department of Justice’s Office on Violence Against Women.

Mr. Speaker, I come here today to say no more because of something very personal to me. Within the last year, my family experienced firsthand the issues of sexual assault.

My beautiful niece, 18 years old, was raped. We saw that event impact a young life—our family—in a way that I cannot express, Mr. Speaker.

□ 1145

I come here today to say, “No more.”

Last night, I had an opportunity to speak with my niece. I said: If you had an opportunity to address the country and to address the Chamber of the U.S. House of Representatives, what would you say? How would you answer the question “no more because”?

Essentially, what she said was: “No more because” there are no excuses.

No one can make an excuse as to why sexual assault is acceptable. No one should offer an excuse that a woman wanted it, that a woman asked for it.

Mr. Speaker, we need to change the culture in our country as we are afraid to talk about this issue. So many women have been impacted. Men across the country have not been taught how to deal with this issue in an open and honest fashion. March 17 to 21 is an opportunity for us as a nation to say, “No more.” We are going to come together in a national effort and say: Sexual violence is not acceptable; domestic violence is not acceptable. We are going to discuss it openly and amongst our country and fellow countrymen in a way that ultimately will lead to there being no more.

In having had to experience this firsthand for the last 12 months, I can tell you that it is time.

On behalf of my niece and my family, Mr. Speaker, I ask all Members and all people across the country to look at the NO MORE campaign and to look at this symbol and to discuss it with your sons, your daughters, your sisters, your brothers, your mothers, and your fathers and say: We can’t accept this any longer.

Then we end sexual violence once and for all, because now is the time to say, “No more.”

God bless my niece. God bless my family. God bless this great country.

Mr. GOHMERT. Thank you for those stirring and important words.

Mr. Speaker, at this time, I yield to the gentleman from North Carolina (Mr. HOLDING), my friend.

MACK PIERCE

Mr. HOLDING. Mr. Speaker, a small but vibrant community called Nahunta, which is hidden off the beaten track in eastern North Carolina, sadly said good-bye last year to one of its most beloved residents. Mack Pierce, who lived and breathed Nahunta for 81 years, passed away on November 3.

Now, up here in Washington, D.C., the title “Pork King” might not be a compliment, but in Nahunta, Mack Pierce’s company wore the crown proudly. He founded the Nahunta Pork Center in 1975, and grew it into one of the largest pork retail displayers in the Nation. In the eastern portion of my congressional district, it is impossible to miss the enormous yellow signs up and down the interstate that declare the Nahunta Pork Center as the “Pork King,” a treasured title in one of the country’s largest pork-producing States.

Mack had a keen insight for business and an unwavering commitment to his family, his faith, and his community. Rather than taking his business to a larger city as it grew, Mack chose to build a successful, stable business that would bring employees and customers alike to his hometown of Nahunta. As a result, thanks to Mack, Nahunta is a household name in eastern North Carolina, and it is recognizable to its customers up and down the east coast. The Nahunta Pork Center has remained in the same location since it opened, and it has grown substantially as its customer base has increased. Throughout his life, Mack focused on providing the best product and outstanding service, and his hard work helped put Nahunta on the map. Business, though, was second to family and community.

If there were an opportunity to volunteer, Mack was first in line. For over 70 years, he was a member of the Nahunta Friends Meeting, where he served in many capacities. At his church, Mack served as an elder and as a finance committee member. He sang in the choir, taught Sunday school, and mentored young folks at the church. In the community, Mack was a founding member of the Nahunta Fire Department. He served as a trustee at the nearby Mount Olive College, and he sat on the board of directors of the BB&T Bank. At home, he and his wife, Jean, spent 61 wonderful years together. They had two sons, Larry and Freddie, and four grandchildren. Mack cherished his role as a husband, as a father, and as a grandfather.

In his lifetime, Mack Pierce enriched the community of Nahunta in too many ways to count, and he will be greatly missed.

Mr. GOHMERT. Thank you.

Mr. Speaker, there are many great Americans. There are some who are ex-

ceptional, and it is always a pleasure to hear about a life well lived, someone who will meet his Maker and who will hear the words “well done, good and faithful servant.”

We have some who do a rather sloppy job with the duties they are given. It specifically brings to mind, Mr. Speaker, the National Journal Daily. It has got a picture of my friend Justin AmashK on the front with the words—in big letters—“Drunken Karaoke with Justin Amash.” Yet, when you read the story, it is very clear that Justin Amash didn’t have anything to drink. It was not a drunken karaoke event.

As my friend Mr. Amash puts it in a letter that many of us have signed:

The story concerned a fundraiser for Representative Thomas Massie, which was held earlier this week. The fundraiser was hosted by a number of Virginia Young Republicans at an Irish pub in Clarendon. One of your reporters who regularly covers House Republicans attended the event. As you reported, Representative Amash spoke as a guest at the event. He introduced Representative Massie, and talked briefly to a crowd of young people about public policy and principles that many Republicans share.

After the event officially ended—not part of the event—Representative Amash stuck around to take pictures with fans in the crowd as a courtesy to the Young Republican hosts, and there were some who stayed for the usual Tuesday night karaoke. Representative Amash did not participate in any karaoke singing or drinking.

That is even noted in the article. That is why it was such a surprise that the National Journal would have as the headline—front page, top story—“Drunken Karaoke with Justin Amash.” That is libelist. That is outrageous, and particularly—I did some checking—it turns out that the National Journal has a contract with the House of Representatives to provide everybody a copy of the print version for \$617,000 per year.

With that kind of sleazy title, I think it is time to relook at that contract. I mean, we all know the National Journal’s ratings of conservatives. JUSTIN AMASH usually gets rated by the National Journal as one of the more liberal when he is, if not the most conservative, one of the most conservative. So we have known that National Journal reporting in some areas has been very suspect, but that is just as sleazy as it gets. A front-page, top-story apology to JUSTIN AMASH is owed by the National Journal. That is the least they can do.

Since we are part of the government here in Congress, it is important to note when things go well, and it is important to note when things don’t go well and when there are problems.

There was a major story yesterday afternoon. The Daily Caller reports “Health and Human Services Official Resigns, Pens a Must-Read Rebuke of Federal Bureaucracy.” It is an article posted by Caroline May, and its original publication is in AAAS news.sciencemag.org by Jocelyn Kaiser.

This story from The Daily Caller reports:

A Health and Human Services official has resigned after dealing with the frustration of the “profoundly dysfunctional” Federal bureaucracy which left him “offended as an American taxpayer.”

In a resignation letter obtained by ScienceInsider, David Wright, Director of the Office of Research Integrity, ORI, which oversees and monitors possible research misconduct, offers a scathing rebuke of the unwieldy and inefficient bureaucracy that he dealt with for the 2 years he served in that position.

In his letter to Assistant Secretary for Health Howard Koh, Wright explains that the 35 percent of his job that was spent working with science investigators in his department “has been one of the greatest pleasures of my long career.” The majority of his duties, however, represented his worst job ever. “The rest of my role as ORI Director has been the very worst job I have ever had, and it occupies up to 65 percent of my time. That part of the job is spent navigating the remarkably dysfunctional HHS bureaucracy to secure resources and to, yes, get permission for ORI to serve the research community. I knew coming into this job about the bureaucratic limitations of the Federal Government, but I had no idea how stifling it would be.”

I want to add parenthetically here that he is talking about the remarkably dysfunctional Health and Human Services Department that wants to make your decisions for you about your health care. They want to tell you and have told millions and millions of Americans that your health insurance is no good even though most Americans liked the insurance they had and wanted to keep it and were promised by the President and so many friends across the aisle, if they liked it, they could keep it. It turns out that was absolutely not true.

The HHS, the Health and Human Services Department, in being as bureaucratic, as negligent, and as dysfunctional as they are, is what every Democrat in this body and in the Senate and without a single Republican vote wanted to shove in control of every American’s health care. Now we are finding out just how disastrous that was.

This article about Director Wright goes on to read:

According to Wright, activities that in his capacity as an academic administrator took a day or two, took weeks and months in the Federal Government. He recalled an instance in which he could not get approval for a \$35 cost to have cassette tapes converted to CDs. He eventually was able to get them converted in 20 minutes for free by a university. In another instance, he “urgently needed to fill a vacancy,” but was told there was a secret priority list. Sixteen months later, he wrote, the position was still unfilled.

Again, parenthetically as to this article about HHS dysfunctionality, it is important to note that these people who took 16 months and still didn’t fill a position because they had a secret priority list are the same ones who are going to have a list as to who can get what surgery at what age. Some people bristled when Sarah Palin called it a “death panel,” but they are going to decide who can get a pacemaker, at what age, and who cannot. So, as I had

to do a couple of times, they are not going to have to actually sign an order sentencing somebody to death, but it is basically not that different. When you say someone who must have a pacemaker in order to live can’t have it, you might as well be signing a death penalty order.

□ 1200

This is an organization that cannot get their act together—not to build a Web site, not to protect people’s most personal information, not to even get a \$35 authorization to convert cassettes to CD. If they can’t do that, do you really want them deciding whether you get a pacemaker or not? Whether you get a bypass surgery you need or not?

A conversation with somebody in my district who came from Canada keeps coming back to me. He told me about his father, in the Canadian glorious health care system that everybody got shoved under, where the government controlled who got pacemakers, who got surgery, who got what, needed bypass surgery, and was on a list. Two years later, he didn’t get it. And he died because he hadn’t had bypass surgery.

I said, Well, that is amazing. I didn’t know it took 2 years. What was the problem? He said, They kept moving people on the list in front of him. I said, My understanding is it is a crime in Canada to give anything of value to get someone to move you up the list. He said, That’s right, but there is a panel that moves people up the list as they feel appropriate. They didn’t move my father up the list. He didn’t get bypass surgery for 2 years. And so he died.

If someone, unknown of whether he has insurance or not, were to go into a hospital here in Washington or in my hometown in Tyler, Texas, or Longview, or basically anywhere, and he is immediately found to need a bypass, they are going in and doing the bypass. But not in Canada. Not in England. And not here in the United States, once the group that shoved ObamaCare down the throats of the American people have their way and this bureaucracy with secret priority lists gets to tell you what you get or don’t get in the way of health care.

I just cannot imagine thinking Americans wanting the government, and particularly Health and Human Services, making those kind of decisions.

We found out this week, when my friend TOM PRICE asked how many people have paid for their health insurance, they couldn’t tell us. Secretary Sebelius doesn’t know. Can’t know.

Do you think they are going to know when you, Mr. Speaker, need bypass surgery? They won’t.

Some will say, Well, in Congress they probably get special treatment. They have no idea. We won’t get special treatment. We will end up like the people in Canada, going on a list.

I read an article sometime back about England. They have got a new

target, it said. They were trying to adjust down the amount of time it took to get surgery or treatment or whatever a doctor prescribed after it was prescribed. They knew it wouldn’t be done overnight, but if everybody pitched in, everybody worked hard, they thought they might get the delay in getting the surgery or treatment you needed down to a 10-month wait. If everybody worked hard, eventually they could get it down to 10 months.

I thought, Good grief. And you want to do that to America? You don’t have to wait 10 months for a mammogram or surgery or a biopsy, if it’s needed.

These people that keep saying, You Republicans have no alternatives. We have all kinds of alternatives.

What I keep encouraging our conference and the RSC to do—and I am hoping one of our groups here is going to do it—is start having informal hearings and bring in witnesses so that we do what President Obama promised when he was a senator. If I am President, he promised us, we are going to have debate over health care. We are going to do it on C-SPAN. We want the whole country to see who is standing up for whom.

That is what I want. That is what we need. Let America see who stands for them and who stands for the big, bloated, secret priority-listed bureaucracies like Health and Human Services.

This article goes on about HHS. David Wright, who has now resigned, said:

On another occasion I asked your deputy why you didn’t conduct an evaluation by the Op Division of the immediate office administrative services to try to improve them. She responded that that had been tried a few years ago and the results were so negative that no further evaluations have been conducted.

David Wright closed by saying he plans to publish his daily log to further shed light on his work. He said:

As for the rest, I’m offended as an American taxpayer that the Federal bureaucracy—at least the part I’ve labored in—is so profoundly dysfunctional. I’m hardly the first person to have made that discovery, but I’m saddened by the fact that there is so little discussion, much less outrage, regarding the problem. To promote healthy and productive discussion, I intend to publish a version of the daily log I’ve kept as ORI Director in order to share my experience and observations with my colleagues in government and with members of the regulated research community.

These people at HHS, who couldn’t find their rear end with both hands, are going to tell you what you can have done to your body?

I have heard friends across the aisle for so many years now talk about how they want the government out of our bedroom. Are you kidding me? With ObamaCare, they are in your bedroom, they are in your nightstand, they are in your bathroom, your kitchen cabinet. They are everywhere in your house and outside your house you try to go. This puts them in charge of your most personal private matters.

It is time to repeal ObamaCare. It is time to have an alternative that some of us have brought to the front.

One of the things we need to do is not make sure everybody has high cost insurance. It is to make sure everybody has accessible, affordable health care.

When you combine all the money the Federal Government and the State governments spend providing Medicare and Medicaid and you divide it by the number of households in America that have someone on Medicare or Medicaid, which my office tried to do back in 2009 and 2010, it was tough getting the information on how much we are spending on all this. People could only give you an estimate. The same people that want to run your life and tell you what you can have in health care can't even tell you what they are doing.

But the best estimates we can get from these government sources and the best estimates from the Census Bureau—because they couldn't give us an exact number—indicates that back 4 years ago we were spending about \$20,000 to \$30,000 per household for people that had somebody on Medicare and Medicaid. It was most likely closer to the \$30,000 number.

That is what inspired me. I told Newt Gingrich about it, and he said, You have got to get that in bill form and get it scored. It may change the whole debate in Congress about health care. This is nearly a year before ObamaCare was passed.

So we got it in bill form, and it included giving seniors the option for the first time since the sixties to really control their own health care. Because we would buy them not bronze or some other kind of health insurance, we would buy them the best Cadillac insurance you can get. We wouldn't require that they had to have maternity care, because there are not that many 80- and 90-year-old people that need the maternity care that this administration is forcing.

It would give them Cadillac insurance for what they did need, and give them a high deductible. At this point, we might say the deductible would be \$5,000, \$7,000, or something like that. Whatever the amount the high deductible was, my bill, my proposal, was we are better off giving every senior on Medicare or Medicaid cash in a health savings account with a debit card that is coded so it will only pay for purely health care items, and you empower a senior to get what they need—to go to the doctor or health care provider they want to go to and not need some bureaucratic fool in HHS to tell you whether or not you can see this person.

We have got to get power back into the hands of our seniors and into the hands of the poor. They are entitled to be able to choose who they want to go to, I would think.

Let's empower people and quit punishing people simply because they are middle class and they have got a job and they are paying taxes. Let them have the same opportunities as those they are paying for.

What is going on is outrageous. And just when we think it wouldn't get much worse, we have this article in Power Line, "Bill Henck: Inside the IRS," by Scott Johnson. He notes:

As noted at the top, William Henck has worked inside the IRS office . . .

And that is the IRS office. How is the IRS linked to a discussion about health care? They are going to enforce ObamaCare. We have got the IRS, as if they don't have enough power now, is going to be in charge of enforcing health care.

Most of the Republicans I know want to eliminate the IRS. Some want to go to a fair tax. I would like to have a flat tax. I think it is time to have that debate and go to whichever wins the debate and gets rid of the IRS.

My brilliant friend—and I am surprised he let's me call him his friend, but he is a brilliant man—Arthur Laffer, the genius behind turning the devastating economy around under President Carter, I talked to Arthur about this and I said, I would like to go to a flat tax—I know a lot of people want to go to a fair tax—so we can get rid of the IRS, but somebody is going to have to enforce it. How would we do that if there were no IRS? Arthur says, I have got it all spelled out. I have got it written out.

I am hoping some of my colleagues here will meet with Arthur and let him give them the one, two, threes.

He said, You don't need an IRS. He said, The big mistake with the IRS is that the Federal Government set up an entity that not only gets to pick and choose whom they audit, they get to enforce what they find and what they do.

So they can pick either at random or intentionally and maliciously. Even though that violates the law—we have seen it happen already—they can pick who they want to audit, whose life they want to make miserable. And then if they don't comply with what they find and what they order, even though it may be very wrong, then they are capable or have the authority to take everything they have.

That is why my brilliant friend, Arthur Laffer, says, You set up a very small auditing entity, but you cannot give them the power to enforce their audits. That is too much power for one government agency.

□ 1215

So you have a very small auditing agency and, as Arthur said, you don't allow them to ever pick who they want to audit. Every audit is selected at random, so they don't get to pick on people they dislike. They only audit whatever person or entity randomly is selected by the system. And if they were to do otherwise, they would break the law and be subject to punishment themselves.

These days, now, if somebody calls the IRS out, then they are normally going to get hit up with an audit and be treated maliciously by the IRS.

So this article goes on. It says:

I have been an attorney in the IRS Office of Chief Counsel for over 26 years. Over a number of years, I have attempted, largely unsuccessfully, to alert the public to abuse within the IRS. One of my kids suggested I contact a blog, and Power Line has graciously agreed to publish this account.

I do not personally know whether the IRS has targeted conservative groups or individuals, but I do know that the environment within the agency, the IRS, is ripe for such activity, and there is nothing to prevent it from occurring.

As stated in more detail below, I have personally witnessed improper giveaways of billions of dollars to taxpayers with inside access at the agency, bullying of elderly taxpayers, the coverup of managerial embezzlement and misappropriation of thousands of dollars in government funds, and a retaliatory audit.

I have also heard credible accounts of, among other things, further improper giveaways, blatant sexual harassment, and anti-Semitism. All of these have been swept under the rug.

Parenthetically, in this article, where this person, this attorney in the Office of Chief Counsel for over 26 years, points out, anti-Semitism in the IRS? We are seeing it grow.

I mean, when I heard, as a child, in history class, about the Holocaust, and I read that Eisenhower required that people in the community be required to come help clean up these horrid concentration camps where gas ovens and other ways were used to torture and kill Jews, I thought, for Eisenhower to order that, that is a little rough, you know, for these people to have to come out and clean that up. I mean, nobody will ever deny there was a Holocaust. There is too much information about it.

Now we have people denying there is a Holocaust, and as I understand it, there are five main Jewish groups that support Israel, and all of them are being mistreated by the IRS, and they don't want anybody to talk about it because they don't want to get targeted any more than they already have.

Then we see, from an attorney in the Office of the Chief Counsel, or general counsel, for 26 years, he says, I have seen the anti-Semitism within the IRS. So I hope my Jewish friends on the other side of the aisle, my Jewish friends across the country that have not been involved in politics, will wake up and help us clean up the mess in the Federal Government by speaking up about the prejudice and the bias that they have had to live with.

This article goes on:

A number of years ago, a manager in my office, there in the Chief Counsel's Office, the IRS, was embezzling thousands of dollars in travel funds. His actions were common knowledge, but other managers, including a currently high-ranking executive in the Office of Chief Counsel, did not report him.

I did report his conduct to the Treasury Inspector General for Tax Administration, but they did not investigate the matter for a considerable length of time. After I complained to my local Congressman's office, the Treasury Inspector General for Tax Administration finally forwarded the matter to the Office of Chief Counsel to be handled internally.

Eventually, the Office of Chief Counsel made the manager pay the money back, but took no other disciplinary action, even though others who committed the same type of scheme were punished severely.

The manager in question has led a charmed life. Several years after this episode he decided to retire, but was starting a new job at a different city 2 months before he was eligible to retire.

He could have retired early and taken annual leave for 2 months before retiring. However, he did not want to take annual leave because Federal employees can cash out annual leave when they retire.

Rather than have him burn at least \$20,000 in annual leave, the IRS transferred him back to the new city, but did not give him any work, allowing him to work at his new job while still receiving a government paycheck.

I obtained an email from this manager in which he admitted that he had no work, that the IRS was not planning to give him any work in the new city, and that he was working on matters related to his new job while at the IRS.

I forwarded this email to the Treasury Inspector General for Tax Administration, TIGTA, but of course was ignored by both TIGTA and the Office of Chief Counsel.

TIGTA has a well-deserved reputation for protecting IRS managers. In fact, a TIGTA agent once stated that “We don’t investigate IRS managers.”

At the same time, the manager was embezzling travel funds. I was working on a case involving what I call the Elmer’s Glue scam. Tax shelter operators misused synthetic fuel credit.

And for those who don’t know what that means, that is part of the green economy that this administration wants us all to participate in. The bottom line is, it gives them more control over our personal lives. That is what the movement is about.

But nonetheless, there are some that are dedicated to it that really believe in it. But the people at the top, they know it is all about more government controlling people’s lives.

But anyway, he says:

Tax shelter operators misused a synthetic fuel credit by spraying watered down household glue on marketable coal, degrading the coal, but producing huge tax credits for investors. This was costing the Treasury at least \$3 billion a year. The IRS turned a blind eye toward this activity and harassed those of us in the agency who were trying to stop it.

Since I had witnessed TIGTA help cover up embezzlement, I decided to go to the press about the Elmer’s Glue scam. The Wall Street Journal published a story about it, but the scam continued.

As a result of complaining about TIGTA’s inaction regarding embezzlement that is within the IRS, and speaking out about the Elmer’s Glue scam, my wife and I were subjected to a retaliatory IRS audit.

After an experienced revenue agent from Fairfax spent an entire day auditing our tax returns, he stated that they were clean. Soon thereafter, he called me and apologetically stated that his “special projects” manager had ordered him to return to Richmond and keep digging into our returns. He stated that his regular manager would not have ordered this.

In parentheses David Wright says:

I believe that because in 26 years at the IRS, I have never heard of an agent being sent back to continue a straightforward indi-

vidual return that had been judged to be clean.

So David Wright says:

I contacted The Washington Post, gave them my privacy waiver to discuss our tax returns with the Service. When the Post presented that waiver to the Service, they quickly dropped our audit.

Now, I happen to know many IRS agents who are decent, good, hard-working, honorable people. They are the kind of people I would want working in an auditing agency like Arthur Laffer has talked about because I know they would be fair, they are honest.

These are the kind of people that complained to me when the Secretary of the Treasury was given to Tim Geithner, even though he had signed, 4 years in a row, under oath, under penalty of perjury, that he would pay the tax on the funds the International Monetary Fund were paying him if they would not deduct the money he was supposed to pay, so he swore he would pay it personally. And then he blamed it on TurboTax, and he paid it back after he was appointed Secretary of the Treasury.

But there were IRS agents, honest, honorable, decent IRS agents all over the country who were outraged that Timothy Geithner was appointed to the Secretary of the Treasury, to be the boss of people, these people, these front-line workers in the IRS, who made it very clear, if they ever even underpaid, so they had to pay additional taxes at the end of the year, they would be fired.

And here was a guy who didn’t pay his taxes for 4 years, not until he got appointed to be Secretary of the Treasury, that was put in charge of all of these very honest, upright, decent people who happen to work at an agency that includes some who are incredibly corrupt and who protect the corruption as David Wright is pointing out.

Well, David Wright goes on and says:

Within the past few years, the IRS has used a “cadre” to pursue a particular type of case. I was assigned one of those cases that was in Tax Court. I believed we should concede the case in question because our legal position was incorrect. As a result, I was called a quitter and a coward, was threatened with retaliation and, in fact, suffered retaliation.

The cadre—he says I hate that term, but that is what they call themselves, pushed cases with an obvious legal defect. Taxpayers were denigrated in writing as “upper class twits.” And one cadre member stated that, despite the weakness in our legal position, the taxpayers in these cases were typically elderly, and could be forced into settling their cases.

I stated my ethical concerns to management, and they were answered with a short non-response and did not even bother to ask for the name of the cadre member who stated that we could bully elderly taxpayers into settling their cases.

He adds, the Tax Court ultimately rejected the Service’s position regarding that legal issue.

I mean, it ought to scare Americans profoundly that the IRS that is going to be in charge of enforcing the health care law thinks it is okay, at least

some think it is okay, to bully elderly because they are elderly and they will get scared and they will pay the government rather than have the government come down on them. So even though they don’t owe it, we can scare them into paying money because they are elderly.

I mean, Americans ought to be up in arms over this kind of abuse. And to think that a majority in Congress in 2010 wanted this same government controlling everybody’s health care?

Americans need to wake up. This is a danger to their life and their liberty.

He goes on and points out more abuses that shock the conscience. It is outrageous what the IRS—I am sorry—some in the IRS have been able to get away with, this same government that a majority in 2010 trusted with every American’s health care.

□ 1230

We have a story this week from Breitbart. Robert Wilde reports that there are emails now that reveal the Obama administration shut down the World War II Memorial, knowing the World War II veterans were coming.

One email that they cite from a government official says:

While I understand that these memorials have remained accessible to the public during past shutdowns (I’d imagine with the Mall being so open, it’d probably be more manpower-intensive to try to completely close them), I wanted to do my due diligence and make 100 percent sure that people could visit the outdoor memorials on the National Mall in the event of a shutdown.

I can say, from having been out there on October 1 and having pulled one of the two barricades aside so that our World War II veterans could go through the open-air memorial dedicated to them and to their friends that died serving with them—and I saw that, wow, they have shut down an open-air, open-sidewalk, walk-through, roll-through in your wheelchair memorial.

It has cost them money to bring in all these barricades, and I have been there at all hours of the day and night, to the Lincoln Memorial, to the World War II Memorial; and most of the time, it is hard to see a park employee out there, but eventually, if you look hard enough, you will see one or two out there.

The day after the gentleman from Mississippi, Steve Palazzo, and I picked those barricades up and moved them back after I cut the yellow tape, the next day, I counted them—16 Park Service police—many of them on mounted horses that you never see out there, out there to try to intimidate World War II veterans from being able to go through for the one time they were in Washington in their lives to see those places that listed where they fought and where friends died.

As one man with tears told me—he pointed to the islands in the Pacific that were listed, the names of his friends who fought with him and died on each of those islands, and this administration, which wants to control

everybody's health care, wanted to deprive those World War II veterans—knowingly deprive them of just this one chance to roll through in a wheelchair and see what was dedicated to them. It is tragic, what is going on. It is time Americans awoke.

Ben Franklin is credited with saying, in essence, those who are willing to give up liberty for security deserve neither. We are seeing that. Americans have given up so much liberty over and over, saying: well, at least it is going to keep me safer.

At what point do you say enough giving the Federal Government power? We want our liberty that the Founders established in the Constitution, that war after war was fought to provide, that the Declaration acknowledged were rights that were endowed by our Creator.

Some ask: Well, if these rights are endowed by our Creator to life, liberty, and pursuit of happiness, why doesn't everybody in the world have them?

It is real easy. God, the Creator, gave us freedom of choice. We are free to choose things that would do us harm and free to choose the right way that would lead to life, liberty, and pursuit of happiness.

We happen to have been blessed by either being born here or have come to a Nation where we had those liberties, where they were fought for, where the things that were taught in church, that were spoken of in the Bible—the Bible is the most quoted book in the history of this Chamber, especially in the first 150 years, and especially by those who fought against slavery, saying: How can we expect God to continue blessing America when we are putting our brothers and sisters in chains and bondage?

Those individuals laid the groundwork—the foundation for us to have this life, liberty, and pursuit of happiness. We owe them to leave it to the next generation.

Poll after poll say this is probably the first time in American history that a generation will leave a country less free, with less opportunity to their children.

That is why I ran for Congress. I want to do everything I can to keep that from happening.

I was taught as a Boy Scout—especially as an Eagle Scout—we were never to leave a place worse off than we found it; and if we don't turn this thing around, we will be the generation that does that. God help us and God forgive us if we do. We simply cannot do that.

When we have people who have stepped forward, as these in the IRS and Health and Human Services have, to say: Warning, red flag, red light, stop. There is too much abuse here. Demand your freedom back. Quit turning it over to Federal agencies.

When those people are rising up and saying wake up, America, we had better wake up. When we have a President who said, over and over as a Senator,

that we cannot allow a President to usurp more and more power away from Congress, it showed us that he knew right from wrong in this government.

Now, the same President is, by executive order, changing the law repeatedly, and it is time this House rose up and said: we are not funding one single part of the executive branch that usurps power that is not afforded it in the Constitution.

We have the power to do that. Why? Because the Founders put it in the Constitution, and just like our Creator endowed us with certain inalienable rights, just like some parents have plenty to endow to their children when they die, the children don't enjoy those benefits if they won't claim them and be willing to fight for them.

There are always people—evil people who want to take away those benefits, take away those rights; so no matter what someone inherits, if they don't accept it, claim it, and be willing to fight for it, they will not keep those benefits.

We owe the next generation what we were given and better, and until we start holding the executive branch accountable—at least those in it that are not complying with the law, that are violating the law—we are destined to be that evil, narcissistic, self-serving generation that leaves the country worse off than we found it.

Mr. Speaker, I hope and pray that enough of us will arise to prevent that from happening.

With that, I yield back the balance of my time.

AID TO PAKISTAN

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the Chair recognizes the gentleman from California (Mr. ROHRABACHER) for 30 minutes.

Mr. ROHRABACHER. Mr. Speaker, for 2 months, public attention has been riveted on Ukraine. Today, I suggest it is harmful to our security to just focus on Ukraine and ignore the battle against radical Islam and the ensuing threat of China that is far more dangerous to us than which direction Crimea goes.

Yesterday, Secretary of State John Kerry requested that Congress approve aid to Pakistan. That is foreign aid to Pakistan. The administration is requesting \$881.8 million for aid to Pakistan. The Congress and the American people should pay attention to this request.

Since 9/11, the United States has given Pakistan over \$25 billion, with over \$17 billion of that going to the Pakistani security services, services that target and kill American soldiers through helping those elements in that part of the world that kill American soldiers and terrorize civilian populations.

Our generosity has only emboldened Pakistan's military clique—that clique that actually rules the country, that

clique that gave refuge to Osama bin Laden.

Most importantly, Pakistan has not been acting as our friend—not just that clique, but the government itself of Pakistan; and we don't need to be supplementing the countries and supporting the countries and giving aid to the countries that are hostile to America's interests and hateful of our way of life.

It is a charade to believe that our aid is buying Pakistan's cooperation in hunting down terrorists, as Secretary Kerry stated yesterday. Frankly, that is wishful thinking, but that is not facing the reality of what we confront in South Asia.

A Pakistani commission reported on the bin Laden raid—the raid that brought bin Laden, the murderer of so many Americans, to justice—and the Pakistani commission points out negative developments in U.S.-Pakistan relations in recent years, and it is, in their view, “a growing American threat” to Pakistani interests.

These are not the sentiments of a regime that wants to work with us. These are not the sentiments of friends.

Remember, when our SEAL teams went to get Osama bin Laden, the Pakistani Government took the wreckage of one of our helicopters—a stealth helicopter, cutting-edge technology that was used in that raid—and gave it to the Communist Chinese.

Of course, the Pakistanis call the Chinese their all-weather friend, and we are supposedly just their fair-weather friend; yet we should be giving, according to this administration, over \$881 million more in aid, on top of the billions that we have already given the Pakistanis.

Indeed, a study by the Pew Research Center's Global Attitudes Project found that 81 percent of those surveyed in Pakistan were favorable to Communist China—Communist China—which represses its own Muslim population, murders Christians, and is a dictatorship of a clique—of a crony capitalist clique that controls that country.

When 81 percent of those surveyed in Pakistan are favorable to that country, while only 11 percent are favorable to the United States, should we be spending money that we are borrowing from China, in order to give money to a country that likes China more than it likes the United States, and we end up giving money to the country and to the people that don't like us?

Well, no. We should cut off our aid to Pakistan because it is not an ally, and any money we send to them only strengthens their ability to act against us and against our friends in Afghanistan and elsewhere.

We cannot buy the friendship of the people of Pakistan, nor can we buy the friendship of the Government of Pakistan. These are people who feel that their core interests and their values go totally against what we believe in and who we are, as a country.

At a time of tight budgets, we should reserve our aid for friends and allies. We should never give assistance to those who target and kill Americans or even support those elements that do target and kill Americans. Perhaps we could reexamine our motives and our ability to provide such assistance throughout the world.

Obviously, we can't be supporting our enemies like this; but even with our friends in friendly countries, we are having to borrow money from China and elsewhere, in order to give money, as aid, to other countries. That makes no sense to me.

□ 1245

We need to restructure our aid situation. Yes, America does have a moral obligation to try to help others in need, but perhaps we should focus on emergency situations and limit our aid to those countries who have tsunamis or earthquakes or other catastrophes in which much of their population is in grave danger or is suffering. That type of foreign aid is something we can be proud of, and we can channel it to any group of people in the world who are ordinary people who are in danger. We can then reach out and show our generosity, and perhaps we will receive some gratitude from people who are in a desperate situation rather than transferring our money to governments that are often anti, against, everything America stands for.

How do we know that Pakistan still has a government that considers—at least a clique that runs their government and that tells their government—that considers the United States less than a friend, perhaps an enemy? It is very easy to see.

We should never forget. And the real bellwether for this is the treatment of Dr. Afridi. As we ponder our policies, let us not forget Dr. Afridi, the heroic Pakistani doctor who was instrumental in the effort to capture or kill bin Laden. Dr. Afridi was arrested on May 22, 2011, 3 weeks after the United States raid which brought Osama bin Laden to justice. He has been in a Pakistani jail ever since. He was initially held beneath the ISI's headquarters in Islamabad. There he was tortured and kept blindfolded for 8 months and handcuffed for a year, leaving physical damage on this heroic friend of America.

This man is a hero who risked his life to bring to justice the terrorist monster who organized the 9/11 attack that killed 3,000 Americans. Dr. Afridi risked his life to bring justice, and we leave him in Pakistan in a dungeon. We abandon him. We leave him to rot in that dungeon. In May 2012, Dr. Afridi was moved to the Peshawar Central Jail after being sentenced to 33 years in jail.

Dr. Afridi told FOX News he helped the CIA out of love for the United States and swore that he would help America again despite the fact that these people were torturing him. We

have not only abandoned him, but Congress is considering, as I say, giving even more, hundreds of millions of dollars. In fact, the total amount of aid that they want to give to Pakistan this year is \$1.3 billion in American aid to Pakistan.

This is an abomination. It is shameful. It is cowardly. It is a cowardly betrayal of a man who risked his life for us. Who else, who will stand with us in the future if we treat our friends this way?

America all so often treats our friends in a shabby way, abandons them at a time, and then our government has the gall to request that we give aid to those people who are the tormentors of Dr. Afridi. In fact, these are the men who we know this government in Pakistan is run by and controlled by a clique of people who hid Osama bin Laden, gave refuge to the murderer of 3,000 Americans for years, and then, of course, they claim they didn't know he was there—there—right next to the school where they train all of their military officers.

Pakistan is supporting America's enemies who are attacking American soldiers in Afghanistan and have targeted and, of course, brutally murdered other Americans and brutally murdered other people throughout that region who are hostile to their radical Islamic terrorist agenda.

Secretary Kerry says that we must give support to placate the positive elements in Pakistan. It sort of reminds me of when somebody was saying back before World War II, we better try to get with Hitler because there are some really bad guys in the Nazi Party, even worse than Hitler. Give me a break. Hitler was an evil man, and the people in Pakistan, the clique that runs that country and engages in terrorism is an evil clique, and we should not be providing them the resources they need to build their military capabilities.

Well, Pakistan's fight against militancy is, of course, against our military. It is very evident because what we have got is attacks being conducted by what? By people who are stationed, whose operations they are operating out of areas in Pakistan. And that has been going on for years. Well, trying to give them money, from the United States to the Pakistani Government, is not buying us friendship, and it is not buying future or even current peace.

By the way, the money that we give them that isn't being used to attack Americans and friends of ours is being used to butcher their own people and suppress the opposition within Pakistan to this brutal regime. They are terrorizing; the Pakistani Government is terrorizing whole populations of their country like the Balochis and the Sindhis.

The Balochis and the Sindhis are people that would prefer not to be under the heel of a Pakistani Government run in Islamabad. The Baloch people live in an area of South Asia now

claimed by Pakistan, Iran, and Afghanistan. But in Pakistan in particular, they comprise an important segment of the population, and they live in the least developed province. Unfortunately, it may be the least developed province, and it is where the poorest of all Pakistanis reside. All of that, if you take a look at being the poorest and least developed, but you also look at one other factor, it is the richest in natural resources of all the provinces of Pakistan. So what we have is a looting of Balochistan by that clique that runs the Pakistani Government in a way that does not, of course, benefit the people of Balochistan.

Until the arrival of the British Empire, the Baloch people had organized themselves into sort of a confederation of tribal chiefs. That is where the power was, very similar to Afghanistan's tribal and village system. And these people, the Balochi, who recognize themselves as a national entity, they would like to control their own destiny again. But the Balochi people have been terrorized and beaten into submission by the Pakistani military.

We provide the Pakistani military with the weapons and the resources they need to conduct their terrorism not only against their neighbors, not only against Christians throughout the world, but against their own people. The Pakistani military has been unrelenting in its attacks and targeted terror raids against the Baloch population. Baloch aspirations for independence have been checked by force and by denying basic human rights and the unleashed brute force against them by a basically state terrorist repression of their people by their own government.

One particularly grotesque method of intimidation of the Baloch is called "kill and dump." That is when the body of a man or woman who has disappeared from a village is later dumped in the middle of that village. And who do you think is doing this? We are talking about the Pakistani military authorities who are conducting this type of terrorism on their own people, even, as we have said, the same people who gave safe haven to bin Laden who had massacred 3,000 Americans, the same people who offered their territory as a staging area to launch attacks into Afghanistan supporting the Taliban.

This abysmal human rights record is the record of the Pakistani Government, and it is shameful. It is shameful that we are even considering giving a government like this more American aid, and we are even going to have to borrow that aid from China to give it to them.

It is even worse, of course, because American foreign and military aid contributes to the security forces which, of course, are killing the Baloch. We are not just giving foreign aid; we are giving military aid as well. The Baloch people have a right to self-determination and not to live under the control of Islamabad if that is what they

choose. At the very least, no military aid should be given to Pakistan to be used against its own people, whether they be Baloch or Sindhi or any other minority.

I have already proposed legislation, H.R. 1790, to end all aid to Pakistan, and have also offered amendments to both the Defense and State Department authorization bills to end this aid, but what needs to be seriously discussed is not just ending aid. We need to seriously discuss a fundamental shift in America's policy towards South Asia, a strategy. We have had the same strategy since the cold war, but those policies that we established during the cold war no longer make sense.

In the 1960s, China fought battles in both India and the Soviet Union. The India-Soviet alignment at that point alienated the United States during the cold war, and what resulted was clearly an adversarial relationship with India.

When the Soviets invaded Afghanistan in 1979, the U.S. and Pakistan worked together to support the Afghan insurgents who were then battling against Soviet occupation troops. Yes, during the cold war, Pakistan was an ally, but the cold war is over. And even then when we fought with them, when they helped us support the mujahideen fight against the Soviet occupation of Afghanistan, they channeled our money, they channeled the lion's share of our support to radical Islamist terrorists who should never have had any support from the United States. Much of it went to a fellow named Gulbuddin Hekmatyar. This man is horrendous. He has a horrendous record. Even then they knew that, when this man was in college, he would throw acid into the faces of young women who refused to wear burkas. And we were giving our aid to Pakistan who gave it to a man like that?

Well, the cold war is over, and there is no reason for us to give them aid that they can pass on to terrorists any more. Yes, the cold war is over, and since the Soviet Union's collapse in the early 1990s, basic elements of American security have fundamentally changed.

The Pakistani-China friendship since that time has deepened. And who is our adversary today? It is no longer—Russia gets in the news, but who is really our threat? Radical Islam and an emerging China that is much more aggressive than the Russians could conceive of being.

It is ever more intense and is now clearer that an alliance with India against Pakistan is in the interest of the United States because Pakistan is clearly moving in the direction of becoming a self-declared enemy of the United States even as we give them military and other types of aid. Pakistan's gut hostility towards India and its shaping of its now ever-increasing alliance with China puts them not only as an enemy to India, but as an adversary at the very least, an adversary to the United States.

Pakistan is in partnership with terrorist groups like the Taliban, and that is very clear to people who are active in that part of the world. We should not be treating this enemy as a friend. In fact, we should reach out to India and try to reestablish, just to establish—perhaps not reestablish, but to establish a positive relationship that will lead to a stronger stance for peace and stability in that part of the world as we offset the terrorist support that is coming from Pakistan.

□ 1300

We should not be treating an enemy country like Pakistan as a friend. It will not make them our friend. It will, instead, make them disdain us. They will disdain our giving people money who are our enemies. They will look at it as we are cowardly; and it is an example of such cowardice. We are giving billions to a military and a government that is controlled by a military clique that despises us and is cooperating with those who would destroy us. Not one cent to Pakistan. The money going to Pakistan is going contrary to our interests, to our security, and to the stability of South Asia. Let us double our efforts to work with India and other countries in South and Central Asia that truly desire to be America's friends.

And nowhere, of course, is our hesitancy to do that, to reach out and to try to support our friends, nowhere is that hesitancy more evident than now and what we are doing with Egypt. I would call the attention of the American people to what is going on in Egypt. In terms of the long run, it is far more important to American security and the stability of the world and world peace what is going on in Egypt right now than what is happening in the Crimea right now.

The Egyptian army is the most potent force standing between radical Islam and its objective to terrorize and subjugate whole populations throughout the Middle East and thus put themselves into a position of facing down and defeating Western civilization.

We are talking about radical Islamists who believe in what they believe in. Just as in the cold war, the communists believed in that gobbledygook. But the fact is, radical Islam sees that, and they see Western civilization as the enemy, and the United States as the foundation of Western civilization, and they see any government that is trying to be democratic as their adversary and enemy.

It is clear the Egyptian people understood that when they rejected the radical overtures of the former regime that was in power in Egypt. They rose up against that government, the Morsi government, and right now whether or not Egypt is a sucked into a turmoil and whether radical Islam takes over that country, it is now in the hands of a very few leaders of that country who are we shunning. It is clear that our reluctance to back the stance of Egypt is

emboldening the radical Islamic terrorist elements who now will target Egypt because we are hesitant to get behind General al-Sisi and the Egyptian military, who, by the way, are committed to bringing back democratic elections and having democratic process as compared to the regime that they will be replacing, which was dedicated to establishing an Islamic caliphate and was in the process of trimming back the democratic capabilities of the Egyptian people.

How ironic is it that if Egypt falls, there will be chaos and radical Islamic expansionism in that part of world, and how important it is for us not to have that for world stability and our own national security. How ironic is it that we are holding back, but Russia, under Mr. Putin, just last month provided, maybe 2 months ago, went over to Egypt and provided \$2 billion worth of military aid to help them defeat radical Islam. Russia's proposed arms deal with Egypt and its endorsement of Egypt's military ruler, General al-Sisi, and his efforts to run for President is a signal to the Arab leaders that, unlike the United States, Russia will back those courageous enough to take on the radical Islamic threat to human freedom and human progress.

The Egyptian people were saved from Islamic extremist rule. They were saved by a small group of people who we are putting roadblocks in the way of General al-Sisi. We actually convinced the Egyptian military to be dependent on the United States over the years, and now, when they are in a crisis, we are refraining from selling them the helicopters and the spare parts they need to thwart the radical Islamic terrorists who threaten a battle in the Sinai desert. If we let the Egyptian military down and we send that signal, we abandon them, as we have abandoned Dr. Alfridi. No one in the world will ever trust us again. There will be a major expansion of radical Islamic terrorist regimes, and the world we know will be far less stable and far less secure. Our country, and other democratic countries in the world, will be in dramatic danger.

The Egyptian people were saved from Islamic extremist rule by a very courageous group of people. We can't let them hang out on a branch by themselves. And yes, the United States and the rest of the world were saved by the actions of a small group of people who stood up as Morsi and the former government was cutting away the freedom of those people and establishing this radical Islamic caliphate. Well, a small group of courageous people stood up to side with the people who had gone into the streets to oppose that and said, No, we are not going to let this government superimpose this type of regime. It is contrary to the will of the Egyptian people. And they have, I might add, put Egypt back on a course towards free elections.

Egypt, of course, is one of the most strategic countries. Yet, as I say, we

don't hear our administration, this administration, coming here to plead the case about giving aid to those brave people in Egypt who are fighting radical Islamic terrorism. Instead, they are requesting hundred of millions of dollars, yes, over a billion dollars in aid to Pakistan, which is aiding radical Islamic terrorists and siding with China.

Well, if you think that none of this makes sense, you are right, it doesn't, but it is up to us, the American people, to hold our own government accountable, to make sure that we do not give aid to our enemies and to make sure that our government is doing things that make sense. We should be sticking with our friends and opposing our enemies. How much more common sense does it take, although our government has not been operating that way. It is up to us, the American people, to make sure that we do not give aid to Pakistan and we support those people who would have Western democratic government in Egypt, and to support the people like the Baloch and the Sindhis, who are struggling under the oppression of radical Islamic terrorist regimes, to try to find their own way and have their own government and have their own democratic system.

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

METRO-NORTH TRAIN SAFETY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2013, the Chair recognizes the gentleman from New York (Mr. ENGEL) for 30 minutes.

Mr. ENGEL. Mr. Speaker, the Federal Railroad Administration's examination of the Metro-North railroad safety apparatus has been completed.

I begin by offering my sincere condolences to the family and friends of Mr. James Romanoff, a Metro-North employee and a constituent of mine, a Yonkers resident, who died Monday after being hit by a train while performing track maintenance. My thoughts go out to his relatives and all who knew him, and I am deeply sorry for the family's loss.

This morning, the U.S. Department of Transportation's Federal Railroad Administration released a report to Congress entitled, "Operation Deep Dive: Metro-North Commuter Railroad Safety Assessment." This report was prompted by the horrific train derailment that occurred in my district on December 1, 2013, which killed four and wounded dozens.

I am sure I speak for all of my colleagues when I say that the safety and welfare of my constituents, of all of our constituents, is our number one priority. That is why I was dismayed to learn of the profoundly ineffective standards under which Metro-North—a rail system that thousands of my constituents depend on daily—has been operating.

According to the FRA's report, which concentrated on Metro-North's "safety

culture," this system is hampered by a strict adherence to train schedules; a safety apparatus that does not seek out potentially dangerous situations, but instead responds to complications after they arise; and inadequate training procedures.

These ailments are indefensible and unwarranted. The FRA's report states:

Detectable safety issues exist across multiple disciplines that should have been discovered by the Metro-North management.

That is an indictment of Metro-North's management. No people should be killed because of incompetence. No people should have been killed because the person driving the train apparently fell asleep. Metro-North's failure to monitor potential safety hazards is downright reckless. According to the Metropolitan Transit Authority, approximately 281,000 travelers use Metro-North trains every week, and those passengers' commutes are at risk from these safety hazards cited in the report.

Getting people in and out of New York City, in and out of Manhattan, is an important task, and if it can't be done safely, then what good it is.

The FRA's report makes several recommendations that, if implemented, might help prevent accidents in the future. According to the report, Metro-North is plagued by three fundamental problems: a destructive emphasis on timely departures and arrivals; the absence of proactive rather than reactive responses to safety concerns; and defective training procedures. Four serious Metro-North accidents occurred just last year, and that is four too many.

I call upon Metro-North to immediately begin implementing the safety recommendations contained in the FRA report. The safety of thousands of passengers and Metro-North employees depends on it.

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

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. CULBERSON (at the request of Mr. CANTOR) for today on account of sickness.

Mr. DANNY K. DAVIS of Illinois (at the request of Ms. PELOSI) for today.

SENATE ENROLLED JOINT RESOLUTION SIGNED

The Speaker announced his signature to an enrolled joint resolution of the Senate of the following title:

S.J. Res. 32. Joint resolution providing for the reappointment of John W. McCarter as a citizen regent of the Board of Regents of the Smithsonian Institution.

ADJOURNMENT

Mr. ENGEL. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 1 o'clock and 11 minutes

p.m.), under its previous order, the House adjourned until Tuesday, March 18, 2014, at 1 p.m.

OATH FOR ACCESS TO CLASSIFIED INFORMATION

Under clause 13 of rule XXIII, the following Members executed the oath for access to classified information:

Robert B. Aderholt, Rodney Alexander*, Justin Amash, Mark E. Amodei, Robert E. Andrews*, Michele Bachmann, Spencer Bachus, Ron Barber, Lou Barletta, Garland "Andy" Barr, John Barrow, Joe Barton, Karen Bass, Joyce Beatty, Xavier Becerra, Dan Benishek, Kerry L. Bentivolio, Ami Bera, Gus M. Bilirakis, Rob Bishop, Sanford D. Bishop, Jr., Timothy H. Bishop, Diane Black, Marsha Blackburn, Earl Blumenauer, John A. Boehner, Suzanne Bonamici, Jo Bonner*, Madeleine Z. Bordallo, Charles W. Boustany, Jr., Kevin Brady, Robert A. Brady, Bruce L. Braley, Jim Bridenstine, Mo Brooks, Susan W. Brooks, Paul C. Broun, Corrine Brown, Julia Brownley, Vern Buchanan, Larry Bucshon, Michael C. Burgess, Cheri Bustos, G. K. Butterfield, Bradley Byrne, Ken Calvert, Dave Camp, John Campbell, Eric Cantor, Shelley Moore Capito, Lois Capps, Michael E. Capuano, Tony Cardenas, John C. Carney, Jr., André Carson, John R. Carter, Matt Cartwright, Bill Cassidy, Kathy Castor, Joaquin Castro, Steve Chabot, Jason Chaffetz, Donna M. Christensen, Judy Chu, David N. Cicilline, Katherine M. Clark, Yvette D. Clarke, Wm. Lacy Clay, Emanuel Cleaver, James E. Clyburn, Howard Coble, Mike Coffman, Steve Cohen, Tom Cole, Chris Collins, Doug Collins, K. Michael Conaway, Gerald E. Connolly, John Conyers, Jr., Paul Cook, Jim Cooper, Jim Costa, Tom Cotton, Joe Courtney, Kevin Cramer, Eric A. "Rick" Crawford, Ander Crenshaw, Joseph Crowley, Henry Cuellar, John Abney Culberson, Elijah E. Cummings, Steve Daines, Danny K. Davis, Rodney Davis, Susan A. Davis, Peter A. DeFazio, Diana DeGette, John K. Delaney, Rosa L. DeLauro, Suzan K. DelBene, Jeff Denham, Charles W. Dent, Ron DeSantis, Scott DesJarlais, Theodore E. Deutch, Mario Diaz-Balart, John D. Dingell, Lloyd Doggett, Michael F. Doyle, Tammy Duckworth, Sean P. Duffy, Jeff Duncan, John J. Duncan, Jr., Donna F. Edwards, Keith Ellison, Renee L. Ellmers, Jo Ann Emerson*, Eliot L. Engel, William L. Enyart, Anna G. Eshoo, Elizabeth H. Esty, Eni F. H. Faleomavaega, Blake Farenthold, Sam Farr, Chaka Fattah, Stephen Lee Fincher, Michael G. Fitzpatrick, Charles J. "Chuck" Fleischmann, John Fleming, Bill Flores, J. Randy Forbes, Jeff Fortenberry, Bill Foster, Virginia Foxx, Lois Frankel, Trent Franks, Rodney P. Frelinghuysen, Marcia L. Fudge, Tulsi Gabbard, Pete P. Gallego, John Garamendi, Joe Garcia, Cory Gardner, Scott Garrett, Jim Gerlach, Bob Gibbs, Christopher P. Gibson, Phil Gingrey, Louie Gohmert, Bob Goodlatte, Paul A. Gosar, Trey Gowdy, Kay Granger, Sam Graves, Tom Graves, Alan Grayson, Al Green, Gene Green, Tim Griffin, H. Morgan Griffith, Raúl M. Grijalva, Michael G. Grimm, Brett Guthrie, Luis V. Gutiérrez, Janice Hahn, Ralph M. Hall, Colleen W. Hanabusa, Richard L. Hanna, Gregg Harper, Andy Harris, Vicky Hartzler, Alcee L. Hastings, Doc Hastings, Denny Heck, Joseph J. Heck, Jeb Hensarling, Jaime Herrera Beutler, Brian Higgins, James A. Himes, Rubén Hinojosa, George Holding, Rush Holt, Michael M. Honda, Steven A. Horsford, Steny H. Hoyer, Richard Hudson, Tim Huelskamp, Jared Huffman, Bill Huizenga, Randy Hultgren, Duncan Hunter, Robert Hurt, Steve Israel, Darrell E. Issa, Sheila

Jackson Lee, Hakeem S. Jeffries, Lynn Jenkins, Bill Johnson, Eddie Bernice Johnson, Henry C. "Hank" Johnson, Jr., Sam Johnson, David W. Jolly, Walter B. Jones, Jim Jordan, David P. Joyce, Marcy Kaptur, William R. Keating, Mike Kelly, Robin L. Kelly, Joseph P. Kennedy III, Daniel T. Kildee, Derek Kilmer, Ron Kind, Peter T. King, Steve King, Jack Kingston, Adam Kinzinger, Ann Kirkpatrick, John Kline, Ann M. Kuster, Raúl R. Labrador, Doug LaMalfa, Doug Lamborn, Leonard Lance, James R. Langevin, James Lankford, Rick Larsen, John B. Larson, Tom Latham, Robert E. Latta, Barbara Lee, Sander M. Levin, John Lewis, Daniel Lipinski, Frank A. LoBiondo, David Loebsack, Zoe Lofgren, Billy Long, Alan S. Lowenthal, Nita M. Lowey, Frank D. Lucas, Blaine Luetkemeyer, Ben Ray Lujan, Michelle Lujan Grisham, Cynthia M. Lummis, Stephen F. Lynch, Daniel B. Maffei, Carolyn B. Maloney, Sean Patrick Maloney, Kenny Marchant, Tom Marino, Edward J. Markey*, Thomas Massie, Jim Matheson, Doris O. Matsui, Vance M. McAllister, Carolyn McCarthy, Kevin McCarthy, Michael T. McCaul, Tom McClintock, Betty McCollum, James P. McGovern, Patrick T. McHenry, Mike McIntyre, Howard P. "Buck" McKeon, David B. McKinley, Cathy McMorris Rodgers, Jerry McNeerney, Mark Meadows, Patrick Meehan, Gregory W. Meeks, Grace Meng, Luke Messer, John L. Mica, Michael H. Michaud, Candice S. Miller, Gary G. Mil-

ler, George Miller, Jeff Miller, Gwen Moore, James P. Moran, Markwayne Mullin, Mick Mulvaney, Patrick Murphy, Tim Murphy, Jerrold Nadler, Grace F. Napolitano, Richard E. Neal, Gloria Negrete McLeod, Randy Neugebauer, Kristi L. Noem, Richard M. Nolan, Eleanor Holmes Norton, Richard B. Nugent, Devin Nunes, Alan Nunnelee, Pete Olson, Beto O'Rourke, William L. Owens, Steven M. Palazzo, Frank Pallone, Jr., Bill Pascrell, Jr., Ed Pastor, Erik Paulsen, Donald M. Payne, Jr., Stevan Pearce, Nancy Pelosi, Ed Perlmutter, Scott Perry, Gary C. Peters, Scott H. Peters, Collin C. Peterson, Thomas E. Petri, Pedro R. Pierluisi, Chellie Pingree, Robert Pittenger, Joseph R. Pitts, Mark Pocan, Ted Poe, Jared Polis, Mike Pompeo, Bill Posey, David E. Price, Tom Price, Mike Quigley, Trey Radel*, Nick J. Rahall II, Charles B. Rangel, Tom Reed, David G. Reichert, James B. Renacci, Reid J. Ribble, Tom Rice, Cedric L. Richmond, E. Scott Rigell, Martha Roby, David P. Roe, Harold Rogers, Mike Rogers, Mike Rogers, Dana Rohrabacher, Todd Rokita, Thomas J. Rooney, Peter J. Roskam, Ileana Ros-Lehtinen, Dennis A. Ross, Keith J. Rothfus, Lucille Roybal-Allard, Edward R. Royce, Raul Ruiz, Jon Runyan, C. A. Dutch Ruppersberger, Bobby L. Rush, Paul Ryan, Tim Ryan, Gregorio Kilili Camacho Sablan, Matt Salmon, Linda T. Sánchez, Loretta Sanchez, Mark Sanford, John P. Sarbanes, Steve Scalise, Janice D. Schakowsky, Adam B. Schiff,

Bradley S. Schneider, Aaron Schock, Kurt Schrader, Allyson Y. Schwartz, David Schweikert, Austin Scott, David Scott, Robert C. "Bobby" Scott, F. James Sensenbrenner, Jr., José E. Serrano, Pete Sessions, Terri A. Sewell, Carol Shea-Porter, Brad Sherman, John Shimkus, Bill Shuster, Michael K. Simpson, Kyrsten Sinema, Albio Sires, Louise McIntosh Slaughter, Adam Smith, Adrian Smith, Christopher H. Smith, Jason T. Smith, Lamar Smith, Steve Southerland II, Jackie Speier, Chris Stewart, Steve Stivers, Steve Stockman, Marlin A. Stutzman, Eric Swalwell, Mark Takano, Lee Terry, Bennie G. Thompson, Glenn Thompson, Mike Thompson, Mac Thornberry, Patrick J. Tiberi, John F. Tierney, Scott R. Tipton, Dina Titus, Paul Tonko, Niki Tsongas, Michael R. Turner, Fred Upton, David G. Valadao, Chris Van Hollen, Juan Vargas, Marc A. Veasey, Filemon Vela, Nydia M. Velázquez, Peter J. Visclosky, Ann Wagner, Tim Walberg, Greg Walden, Jackie Walorski, Timothy J. Walz, Debbie Wasserman Schultz, Maxine Waters, Melvin L. Watt*, Henry A. Waxman, Randy K. Weber, Sr., Daniel Webster, Peter Welch, Brad R. Wenstrup, Lynn A. Westmoreland, Ed Whitfield, Roger Williams, Frederica S. Wilson, Joe Wilson, Robert J. Wittman, Frank R. Wolf, Steve Womack, Rob Woodall, John A. Yarmuth, Kevin Yoder, Ted S. Yoho, C. W. Bill Young*, Don Young, Todd C. Young.

EXPENDITURE REPORTS CONCERNING OFFICIAL FOREIGN TRAVEL

Reports concerning the foreign currencies and U.S. dollars utilized for Official Foreign Travel during the first quarter of 2014 pursuant to Public Law 95-384 are as follows:

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, BARTON FORSYTH, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JAN. 31 AND FEB. 3, 2014

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Barton Forsyth	1/31	2/3	Germany		1,812.36		423.73		1,303.04		3,539.13
Committee total					1,812.36		423.73		1,303.04		3,539.13

¹ Per diem constitutes lodging and meals.

² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

BARTON FORSYTH, Mar. 4, 2014.

REPORT OF EXPENDITURES FOR OFFICIAL FOREIGN TRAVEL, DELEGATION TO SWITZERLAND, GERMANY, AND POLAND, HOUSE OF REPRESENTATIVES, EXPENDED BETWEEN JAN. 22 AND JAN. 27, 2014

Name of Member or employee	Date		Country	Per diem ¹		Transportation		Other purposes		Total	
	Arrival	Departure		Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²	Foreign currency	U.S. dollar equivalent or U.S. currency ²
Hon. Eric Cantor	1/23	1/25	Switzerland		2,010.00		35.00				2,045.00
Hon. Jeb Hensarling	1/23	1/25	Switzerland		1,390.00		5,769.30				7,159.30
Hon. Kay Granger	1/23	1/25	Switzerland		888.00		6,379.90				7,267.90
Hon. Mario Diaz-Balart	1/23	1/25	Switzerland		888.00		5,417.20				6,305.20
Hon. Darrell Issa	1/22	1/25	Switzerland		1,512.00		1,273.45				2,785.45
Hon. Patrick McHenry	1/23	1/25	Switzerland		1,310.00		4,654.90				5,964.90
Rory Cooper	1/23	1/25	Switzerland		1,310.00		35.00				1,345.00
Robert Karem	1/23	1/25	Switzerland		1,390.00		35.00				1,425.00
Hon. Eric Cantor	1/25	1/26	Germany		362.00		(³)				362.00
Hon. Carolyn Maloney	1/25	1/26	Germany		362.00		666.70				1,028.70
Hon. Darrell Issa	1/25	1/26	Germany		362.00		(³)				362.00
Rory Cooper	1/25	1/26	Germany		362.00		(³)				362.00
Robert Karem	1/25	1/26	Germany		362.00		(³)				362.00
Hon. Eric Cantor	1/26	1/27	Poland		295.68		(³)				295.68
Hon. Carolyn Maloney	1/26	1/27	Poland		295.68		(³)				295.68
Hon. Darrell Issa	1/26	1/27	Poland		295.68		(³)				295.68
Rory Cooper	1/26	1/27	Poland		295.68		(³)				295.68
Robert Karem	1/26	1/27	Poland		295.68		(³)				295.68
Committee total					413,986.40		24,266.45				38,252.85

¹ Per diem constitutes lodging and meals.

² If foreign currency is used, enter U.S. dollar equivalent; if U.S. currency is used, enter amount expended.

³ Military air transportation.

⁴ Actual lodging costs authorized as necessary by the U.S. Department of State.

HON. ERIC CANTOR, Feb. 26, 2014.

EXECUTIVE COMMUNICATIONS,
ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

4995. A letter from the Chief Counsel, FEMA, Department of Homeland Security, transmitting the Department's final rule — Suspension of Community Eligibility [Docket ID: FEMA-2013-0002] [Internal Agency Docket No.: FEMA-8323] received March 5, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Financial Services.

4996. A letter from the Director, Regulations Policy and Management Staff, Department of Health and Human Services, transmitting the Department's final rule — Irradiation in the Production, Processing, and Handling of Food [Docket No.: FDA-1999-F-2405 (formerly 1999F-5522)] received March 5, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

4997. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; State of Missouri [EPA-R07-OAR-2013-0698; FRL-9907-32-Region 7] received March 4, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

4998. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Washington: State Implementation Plan Miscellaneous Revisions [EPA-R10-OAR-2013-0628; FRL-9907-38-Region 10] received March 4, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

4999. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Fluopicolide; Pesticide Tolerances [EPA-HQ-OPP-2012-0941; FRL-9906-19] received March 4, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5000. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Metconazole; Pesticide Tolerances [EPA-HQ-OPP-2013-0656; FRL-9906-13] received March 4, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5001. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Trifluzimolide; Pesticide Tolerances [EPA-HQ-OPP-2012-0949; FRL-9906-47] received March 4, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Energy and Commerce.

5002. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Revisions to Headboat Reporting Requirements for Species Managed by the Gulf of Mexico Fishery Management Council [Docket No.: 130802673-4053-02] (RIN: 0648-BD49) received March 5, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5003. A letter from the Acting Deputy Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Reallocation of Pacific Cod in the Bering Sea and Aleutian Islands Management Area [Docket No.:

121018563-3148-02] (RIN: 0648-XD111) received March 5, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5004. A letter from the Acting Deputy Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Caribbean, Gulf of Mexico, and South Atlantic; Coastal Migratory Pelagic Resources of the Gulf of Mexico and South Atlantic [Docket No.: 101206604-1758-02] (RIN: 0648-XC464) received February 26, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5005. A letter from the Deputy Director, Office of Sustainable Fisheries, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — Fisheries of the Exclusive Economic Zone Off Alaska; Pacific Cod by Catcher Vessels Greater Than or Equal to 60 feet Length Overall Using Pot Gear in the Bering Sea and Aleutian Islands Management Area [Docket No.: 121018563-3148-02] (RIN: 0648-XD101) received February 26, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5006. A letter from the Deputy Assistant Administrator for Regulatory Programs, NMFS, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — National Appeals Office Rules of Procedure [Docket No.: 101019524-3999-02] (RIN: 0648-BA36) received February 26, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Natural Resources.

5007. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety Zone for Ice Conditions; Baltimore Captain of the Port Zone [Docket Number: USCG-2013-0509] (RIN: 1625-AA00) received February 25, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5008. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Safety; Alaska Marine Highway System Port Valdez Ferry Terminal, Port Valdez; Valdez, AK [Docket No.: USCG-2012-0365] (RIN: 1625-AA00) received February 26, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5009. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Security Zone; Mississippi River, New Orleans, LA [Docket No.: USCG-2013-0994] (RIN: 1625-AA87) received February 26, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5010. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Security Zone, Potomac and Anacostia Rivers; Washington, DC [Docket No.: USCG-2013-1050] (RIN: 1625-AA87) received February 26, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5011. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Security Zone; North American International Auto Show; Detroit River, Detroit, MI [Docket No.: USCG-2013-0034] (RIN: 1625-AA87) received February 26, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5012. A letter from the Attorney-Advisor, Department of Homeland Security, transmitting the Department's final rule — Security Zone; On the Waters in Kailua Bay, Oahu, HI [Docket No.: USCG-2013-0934] (RIN: 1625-

AA87) received February 26, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5013. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Effluent Limitations Guidelines and Standards for the Construction and Development Point Source Category [EPA-HQ-OW-2010-0884; FRL-9906-51-OW] (RIN: 2040-AF44) received March 4, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

5014. A letter from the Chief, Publications and Regulations, Internal Revenue Service, transmitting the Service's final rule — Method Changes for Tangible Property Dispositions (Rev. Proc. 2014-17) received March 6, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

5015. A letter from the Chief, Publications and Regulations Branch, Internal Revenue Service, transmitting the Service's final rule — Annual price inflation adjustments for passenger automobiles first placed in service or leased in 2014 (Rev. Proc. 2014-21) received February 27, 2014, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Ways and Means.

REPORTS OF COMMITTEES ON
PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. CAMP: Committee on Ways and Means. H.R. 2810. A bill to amend title XVIII of the Social Security Act to reform the sustainable growth rate and Medicare payment for physicians' services, and for other purposes, with an amendment (Rept. 113-257 Pt. 2) Referred to the Committee of the Whole House on the state of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. PASCRELL (for himself and Mr. ROONEY):

H.R. 4251. A bill to direct the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention, to establish a surveillance system regarding traumatic brain injury, and for other purposes; to the Committee on Energy and Commerce.

By Mr. ROTHFUS:

H.R. 4252. A bill to amend the Federal Deposit Insurance Act to allow mutual capital certificates to satisfy capital requirements for mutual depositories, to amend the Revised Statutes of the United States to establish mutual national banks, and for other purposes; to the Committee on Financial Services.

By Mr. BISHOP of Utah (for himself, Mr. AMODEI, Mr. PEARCE, and Mr. YOUNG of Alaska):

H.R. 4253. A bill to permanently withdraw, reserve, and transfer Bureau of Land Management lands used for military purposes in Alaska, Nevada, and New Mexico to the appropriate Secretary of the military department concerned; to the Committee on Natural Resources, and in addition to the Committee on Armed Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. ROYCE (for himself, Mr. LOWENTHAL, Mr. WOLF, and Ms. LORETTA SANCHEZ of California):

H.R. 4254. A bill to impose sanctions on individuals who are complicit in human rights abuses committed against nationals of Vietnam or their family members, and for other purposes; to the Committee on Foreign Affairs, and in addition to the Committees on the Judiciary, Ways and Means, and Financial Services, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. CARTWRIGHT (for himself, Mr. HORSFORD, Mr. CONNOLLY, Mr. GEORGE MILLER of California, Mrs. NAPOLITANO, Mr. GRIJALVA, Mr. VAN HOLLEN, Mr. NOLAN, Ms. HAHN, Ms. SLAUGHTER, Ms. LEE of California, Mr. FARR, Mr. HONDA, Ms. LORETTA SANCHEZ of California, Ms. ESHOO, Ms. SPEIER, Mr. HASTINGS of Florida, Mr. JOHNSON of Georgia, Mr. TONKO, Mr. FATTAH, Mr. BRADY of Pennsylvania, Ms. JACKSON LEE, Ms. EDDIE BERNICE JOHNSON of Texas, Mr. LYNCH, Ms. BONAMICI, Mr. DEFAZIO, Mr. COHEN, Mr. CÁRDENAS, Ms. KAPTUR, Mr. RUSH, Mr. GARCIA, Mr. NEAL, Ms. PINGREE of Maine, Mr. ELLISON, Mr. PALLONE, Mr. LANGEVIN, Ms. NORTON, Mr. DOYLE, Ms. CHU, Mr. THOMPSON of California, Mr. CONYERS, Ms. CLARK of Massachusetts, Mr. RANGEL, Ms. WILSON of Florida, Ms. SHEA-PORTER, Ms. LOFGREN, Ms. BROWN of Florida, Mr. CARSON of Indiana, Ms. VELÁZQUEZ, Mr. TAKANO, Mr. RUPPERSBERGER, Ms. ROYBAL-ALLARD, Mr. GENE GREEN of Texas, Mr. CLAY, and Ms. DELAURO):

H.R. 4255. A bill to require the Federal Housing Finance Agency to establish a 6-month moratorium on foreclosure of mortgages guaranteed by Fannie Mae or Freddie Mac on homes of individuals who have lost Federal unemployment insurance as a result of the expiration of such program, and for other purposes; to the Committee on Financial Services.

By Mr. STEWART (for himself, Mr. BISHOP of Utah, and Mr. CHAFFETZ):

H.R. 4256. A bill to amend the Endangered Species Act of 1973 to require, in counting the number of a species in a State for purposes of determining whether the species is an endangered or threatened species, inclusion of the number of the species on State and private lands as determined by the State, and for other purposes; to the Committee on Natural Resources.

By Mr. CALVERT (for himself, Mr. ROKITA, Mr. NUNES, Mr. COTTON, Ms. GRANGER, and Mr. ISSA):

H.R. 4257. A bill to provide for a limitation on the number of civilian employees at the Department of Defense, and for other purposes; to the Committee on Armed Services.

By Mrs. NAPOLITANO (for herself, Ms. GABBARD, Ms. HANABUSA, Mr. CARTWRIGHT, Mr. COSTA, Mr. HUFFMAN, Mr. LOWENTHAL, Mr. CÁRDENAS, Mr. RUIZ, Mr. SIRES, Mr. GRIJALVA, Mr. BEN RAY LUJÁN of New Mexico, Ms. LOFGREN, Mr. LARSON of Connecticut, Ms. HAHN, Mr. PASTOR of Arizona, Mr. DOGGETT, and Mr. TAKANO):

H.R. 4258. A bill to reauthorize and update certain provisions of the Secure Water Act; to the Committee on Natural Resources.

By Ms. DELBENE (for herself and Mr. HANNA):

H.R. 4259. A bill to amend the Higher Education Act of 1965 to lower the cost of college education by establishing pilot programs to expand student access to digital course ma-

terials; to the Committee on Education and the Workforce.

By Mrs. ELLMERS (for herself, Mr. THOMPSON of Mississippi, and Ms. EDDIE BERNICE JOHNSON of Texas):

H.R. 4260. A bill to ensure that the Ryan White Comprehensive AIDS Resources Emergency Act program is as effective as possible in saving lives and preventing the spread of the HIV epidemic by ensuring that funding allocations are evidenced-based and by promoting greater utilization of patient-centered care; to the Committee on Energy and Commerce.

By Mr. COFFMAN (for himself, Mrs. KIRKPATRICK, and Mr. MICHAUD):

H.R. 4261. A bill to improve the research of Gulf War Illness, the Research Advisory Committee on Gulf War Veterans' Illnesses, and for other purposes; to the Committee on Veterans' Affairs.

By Mr. DUFFY:

H.R. 4262. A bill to apply the requirements of the Federal Advisory Committee Act to the Bureau of Consumer Financial Protection; to the Committee on Financial Services, and in addition to the Committee on Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mrs. BROOKS of Indiana (for herself, Mr. PAYNE, Mr. PALAZZO, and Mr. SWALWELL of California):

H.R. 4263. A bill to amend the Homeland Security Act of 2002 to authorize the Department of Homeland Security to establish a social media working group, and for other purposes; to the Committee on Homeland Security.

By Mr. FORTENBERRY:

H.R. 4264. A bill to authorize the Secretary of Agriculture to enter into a lease involving the South Central Agricultural Laboratory in Clay County, Nebraska, to facilitate the improvement of the laboratory to support cooperative State and Federal agricultural research; to the Committee on Agriculture.

By Mr. HUNTER (for himself, Mr. GEORGE MILLER of California, Mr. CALVERT, Mr. PETERS of California, Mr. VARGAS, and Mr. COLE):

H.R. 4265. A bill to direct the Secretary and the Attorney General to promptly take all steps necessary or appropriate to execute and implement the San Luis Rey settlement agreement, and for other purposes; to the Committee on Natural Resources.

By Ms. MATSUI (for herself, Mr. GARAMENDI, and Mr. BERA of California):

H.R. 4266. A bill to amend the Reclamation Wastewater and Groundwater Study and Facilities Act to authorize the Secretary of the Interior to participate in the design, planning, and construction of the South Sacramento County Agriculture and Habitat Lands Water Recycling Project in Sacramento County, California; to the Committee on Natural Resources.

By Mr. MCALLISTER:

H.R. 4267. A bill to amend the Commodity Exchange Act to provide relief for end users who use physical contracts with volumetric optionality; to the Committee on Agriculture.

By Mr. NUNNELEE (for himself, Mr. THOMPSON of Mississippi, Mr. HARPER, and Mr. PALAZZO):

H.R. 4268. A bill to amend title 23, United States Code, with respect to United States Route 78 in Mississippi, and for other purposes; to the Committee on Transportation and Infrastructure.

By Mr. POLIS (for himself and Mr. PAYNE):

H.R. 4269. A bill to amend the Elementary and Secondary Education Act of 1965 to im-

prove teacher and principal effectiveness, and for other purposes; to the Committee on Education and the Workforce.

By Mr. RENACCI (for himself, Mr. HIMES, Mr. CONAWAY, Mr. PETERSON, Mr. MURPHY of Florida, Mr. FLORES, and Mr. SHERMAN):

H.R. 4270. A bill to clarify that funding for the standard setting body designated pursuant to section 19(b) of the Securities Act of 1933, the Securities Investor Protection Corporation, and the Public Company Accounting Oversight Board is not subject to the sequester; to the Committee on the Budget.

By Mr. RUIZ (for himself, Mr. MCGOVERN, Ms. KUSTER, and Mr. GARCIA):

H.R. 4271. A bill to authorize the Export-Import Bank of the United States to use 3 percent of its profits for administrative expenses; to the Committee on Financial Services.

By Mr. WALDEN:

H.R. 4272. A bill to stop implementation and enforcement of the Forest Service travel management rule and to require the Forest Service to incorporate the needs, uses, and input of affected communities before taking any travel management action affecting access to units of the National Forest System derived from the public domain, and for other purposes; to the Committee on Natural Resources.

By Mr. WALDEN (for himself, Mr. DEFAZIO, Mr. BLUMENAUER, Ms. BONAMICI, and Mr. SCHRADER):

H.R. 4273. A bill to name the Department of Veterans Affairs community-based outpatient clinic in The Dalles, Oregon, as the "Loren R. Kaufman Memorial Veterans' Clinic"; to the Committee on Veterans' Affairs.

By Mr. ROYCE (for himself and Mr. ENGEL):

H. Res. 520. A resolution calling for an end to attacks on Syrian civilians and expanded humanitarian access; to the Committee on Foreign Affairs.

By Mr. GRIJALVA (for himself, Mr. LANGEVIN, Mr. DANNY K. DAVIS of Illinois, and Mr. TAKANO):

H. Res. 521. A resolution supporting the goals and ideals of "National Middle Level Education Month"; to the Committee on Education and the Workforce.

By Mr. TIBERI (for himself and Mr. NEAL):

H. Res. 522. A resolution expressing support for designation of September 2014 as National Brain Aneurysm Awareness Month; to the Committee on Energy and Commerce.

CONSTITUTIONAL AUTHORITY STATEMENT

Pursuant to clause 7 of rule XII of the Rules of the House of Representatives, the following statements are submitted regarding the specific powers granted to Congress in the Constitution to enact the accompanying bill or joint resolution.

By Mr. PASCRELL:

H.R. 4251.
Congress has the power to enact this legislation pursuant to the following:

Congress has the power to enact this legislation pursuant to Article I, Section 8, Clause 3 of the United States Constitution.

By Mr. ROTHFUS:

H.R. 4252.
Congress has the power to enact this legislation pursuant to the following:

Article I, Section 8, Clause 3 of the Constitution of the United States "[t]o regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes."

By Mr. BISHOP of Utah:
H.R. 4253.
Congress has the power to enact this legislation pursuant to the following:
The constitutional authority on which this bill rests is found in Article IV, Section 3, Clause 2 of the United States Constitution which states, "The Congress shall have the Power to dispose of and make all needful Rules and Regulations respecting the Territory of other Property belonging to the United States". Additional constitutional authority lies with the power of Congress "to provide for the common Defence", "to raise and support Armies", "to provide and maintain a Navy" and "to make Rules for the Government and Regulation of the land and naval Forces" as enumerated in Article I, section 8 of the United States Constitution.

By Mr. ROYCE:
H.R. 4254.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8: "To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States or in any Department or Officers thereof."

By Mr. CARTWRIGHT:
H.R. 4255.
Congress has the power to enact this legislation pursuant to the following:
Article I; Section 8; Clause 3 of the Constitution states The Congress shall have Power To regulate Commerce with foreign Nations, and among the several States, and with the Indian Tribes . . . And Article I; Section 8; Clause 4 of the Constitution states The Congress shall have Power To establish a uniform Rule of Naturalization, and uniform Laws on the subject of Bankruptcies throughout the United States . . .

By Mr. STEWART:
H.R. 4256.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 8 allows Congress "[t]o make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof."

Article IV, Section 3 "The Congress shall have power to dispose of and make all needful Rules and Regulations respecting the Territory or other Property belonging to the United States; and nothing in this Constitution shall be so construed as to Prejudice any Claims of the United States, or of any particular State."

Article X "The powers not delegated to the United States by the Constitution, nor prohibited by it to the States, are reserved to the States respectively, or to the people."

By Mr. CALVERT:
H.R. 4257.
Congress has the power to enact this legislation pursuant to the following:
The constitutional authority of Congress to enact this legislation is Section 8 of Article I of the Constitution, specifically Clauses 1 (relating to providing for the general welfare of the United States) and 18 (relating to the power to make all laws necessary and proper for carrying out the powers vested in Congress) of such section.

OR
The constitutional authority of Congress to enact this legislation is Article I, Section 8, Clause 1 and Clause 18.

By Mrs. NAPOLITANO:
H.R. 4258.
Congress has the power to enact this legislation pursuant to the following:

Article I, section 8 of the Constitution of the United States grants Congress the authority to enact this bill.

By Ms. DELBENE:
H.R. 4259.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8 of the United States Constitution.

By Mrs. ELLMERS:
H.R. 4260.
Congress has the power to enact this legislation pursuant to the following:
The authority to enact this bill is derived from, but may not be limited to, Clause 1 of Section 8 of Article I of the United States Constitution. Congress shall have the power to provide for the general Welfare of the United States as long as it is applied uniformly throughout the United States. In this case, the Ryan White Program provides for the general Welfare of a class of people nationwide.

By Mr. COFFMAN:
H.R. 4261.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8

By Mr. DUFFY:
H.R. 4262.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8: To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States, or in any Department or Officer thereof.

By Mrs. BROOKS of Indiana:
H.R. 4263.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, To make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by this Constitution in the Government of the United States

By Mr. FORTENBERRY:
H.R. 4264.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 1 of the United States Constitution.

By Mr. HUNTER:
H.R. 4265.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8 of the United States Constitution, which provides Congress with the power to regulate commerce and relations between the United States and Native American Tribes.

By Ms. MATSUI:
H.R. 4266.
Congress has the power to enact this legislation pursuant to the following:
Article 1, Section 8, Clause 3

By Mr. McALLISTER:
H.R. 4267.
Congress has the power to enact this legislation pursuant to the following:
Clause 3 of Section 8 of Article I of the United States Constitution.

By Mr. NUNNELEE:
H.R. 4268.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 3 and Article I, Section 8, Clause 17.

By Mr. POLIS:
H.R. 4269.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 1 (relating to the power of Congress to provide for the general welfare of the United States) and Clause 18 (relating to the power to make all laws necessary and proper for carrying out the powers vested in Congress)

By Mr. RENACCI:
H.R. 4270.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18: The Congress shall have Power to make all Laws which shall be necessary and proper for carrying into Execution the foregoing Powers, and all other Powers vested by the Constitution in the Government of the United States, or in any Department or Officer thereof.
Article I, Section 9, Clause 7: No Money shall be drawn from the Treasury, but in Consequence of Appropriations made by Law; and a regular Statement and Account of the Receipts and Expenditures of all public Money shall be published from time to time.

By Mr. RUIZ:
H.R. 4271.
Congress has the power to enact this legislation pursuant to the following:
clause 18 of section 8 of article 1 of the Constitution

By Mr. WALDEN:
H.R. 4272.
Congress has the power to enact this legislation pursuant to the following:
Article IV, Section 3, Clause 2 (relating to the power of Congress to dispose of and make all needful rules and regulations respecting the territory or other property belonging to the United States).

By Mr. WALDEN:
H.R. 4273.
Congress has the power to enact this legislation pursuant to the following:
Article I, Section 8, Clause 18.

ADDITIONAL SPONSORS

Under clause 7 of rule XII, sponsors were added to public bills and resolutions, as follows:

- H.R. 24: Mr. ROTHFUS, Mr. REED, Mr. CONAWAY, Mr. NEUGEBAUER, Mr. RICE of South Carolina, Mr. BRIDENSTINE, and Mr. COOK.
- H.R. 93: Ms. CLARK of Massachusetts.
- H.R. 523: Mr. ROGERS of Kentucky.
- H.R. 628: Mr. HONDA, Ms. NORTON, and Mr. HOLT.
- H.R. 721: Ms. TITUS.
- H.R. 755: Mr. LANKFORD.
- H.R. 784: Ms. NORTON.
- H.R. 822: Mrs. BEATTY.
- H.R. 935: Mr. CRAMER.
- H.R. 942: Mr. THOMPSON of Pennsylvania, Mr. GRIFFIN of Arkansas, and Mr. KING of New York.
- H.R. 1020: Mr. TURNER.
- H.R. 1070: Mr. GERLACH.
- H.R. 1102: Mr. COHEN.
- H.R. 1180: Mr. RIGELL, Mr. QUIGLEY, Mr. BLUMENAUER, and Mr. MORAN.
- H.R. 1186: Mr. WHITFIELD.
- H.R. 1199: Mr. DAVID SCOTT of Georgia.
- H.R. 1201: Ms. SCHAKOWSKY.
- H.R. 1278: Ms. SLAUGHTER.
- H.R. 1333: Mr. HOLT.
- H.R. 1339: Mr. ELLISON and Mr. CARSON of Indiana.
- H.R. 1386: Mr. ROSKAM.
- H.R. 1461: Mr. YOUNG of Alaska.
- H.R. 1507: Mr. GUTIÉRREZ and Mr. YOUNG of Indiana.
- H.R. 1523: Ms. TITUS.
- H.R. 1554: Mr. HASTINGS of Florida and Mr. O'ROURKE.
- H.R. 1555: Mr. O'ROURKE.
- H.R. 1556: Mr. O'ROURKE.
- H.R. 1652: Mr. SCHRADER and Mr. MATHE-SON.
- H.R. 1666: Mr. ELLISON.
- H.R. 1698: Mr. HECK of Washington.
- H.R. 1709: Mr. CONYERS, Ms. BROWN of Florida, and Mr. RICHMOND.
- H.R. 1710: Mr. CONYERS, Ms. BROWN of Florida, and Mr. RICHMOND.

H.R. 1725: Mr. HASTINGS of Florida.
 H.R. 1726: Mr. HUFFMAN and Mr. BERA of California.
 H.R. 1738: Mr. BEN RAY LUJÁN of New Mexico, Mr. CONYERS, Mr. LANGEVIN, Mr. MORAN, Mr. CLYBURN, Ms. SLAUGHTER, Ms. PINGREE of Maine, Mr. PAYNE, Mr. JEFFRIES, Mr. FARR, and Mr. GEORGE MILLER of California.
 H.R. 1915: Mrs. CAROLYN B. MALONEY of New York.
 H.R. 2012: Mr. HOLT.
 H.R. 2016: Mr. BLUMENAUER.
 H.R. 2028: Ms. BROWNLEY of California, Mr. MURPHY of Florida, and Mr. BLUMENAUER.
 H.R. 2143: Mr. KING of New York.
 H.R. 2240: Ms. NORTON.
 H.R. 2328: Ms. BROWNLEY of California.
 H.R. 2377: Mr. Carson of Indiana, Mr. DELANEY, Mr. GUTIÉRREZ, and Mr. MCCARTHY of California.
 H.R. 2502: Mr. LOESACK.
 H.R. 2504: Ms. MCCOLLUM, Mr. HORSFORD, Ms. EDWARDS, and Mr. KEATING.
 H.R. 2537: Mr. WESTMORELAND.
 H.R. 2540: Ms. BORDALLO.
 H.R. 2548: Ms. HERRERA BEUTLER and Mr. BARR.
 H.R. 2654: Mr. GARAMENDI, Mr. CARNEY, and Mr. KEATING.
 H.R. 2690: Ms. BROWN of Florida and Ms. HANABUSA.
 H.R. 2707: Mr. MCGOVERN.
 H.R. 2745: Mr. POSEY.
 H.R. 2772: Mr. SMITH of Texas.
 H.R. 2841: Mr. NUGENT.
 H.R. 2901: Mr. VAN HOLLEN, Mr. LARSON of Connecticut, Mr. LEWIS, and Mr. KIND.
 H.R. 2955: Mr. BLUMENAUER.
 H.R. 2957: Mr. GENE GREEN of Texas, Ms. SINEMA, Ms. HANABUSA, Mrs. CHRISTENSEN, and Ms. BORDALLO.
 H.R. 2959: Mr. MURPHY of Pennsylvania and Mr. GOHMERT.
 H.R. 2996: Mr. LUETKEMEYER.
 H.R. 3069: Ms. BROWNLEY of California.
 H.R. 3090: Ms. MATSUI and Mr. HONDA.
 H.R. 3133: Mr. SMITH of Texas.
 H.R. 3135: Mr. SCHRADER and Mr. BLUMENAUER.
 H.R. 3150: Mr. FARR.
 H.R. 3211: Mr. MARCHANT.
 H.R. 3240: Mr. COSTA.
 H.R. 3335: Mr. COBLE.
 H.R. 3383: Mr. BLUMENAUER and Mr. PETERS of California.
 H.R. 3435: Mr. JOHNSON of Georgia.
 H.R. 3449: Mr. KILMER.
 H.R. 3461: Mrs. MCCARTHY of New York.
 H.R. 3471: Mr. PASTOR of Arizona.
 H.R. 3531: Mr. TURNER.
 H.R. 3556: Mr. WHITFIELD.
 H.R. 3658: Mr. SALMON, Mr. COOK, Mr. DESANTIS, Mrs. WALORSKI, Mr. PITTENGER, Mr. HOLDING, Mr. WENSTRUP, Mr. MULLIN, Mr. BARTON, Mr. SESSIONS, Mr. POE of Texas, and Mr. TURNER.
 H.R. 3673: Mr. CLAY and Mr. WILSON of South Carolina.
 H.R. 3714: Mr. BENTIVOLIO.
 H.R. 3717: Ms. BROWN of Florida, Mr. HASTINGS of Florida, and Mr. WILSON of South Carolina.
 H.R. 3728: Mrs. ELLMERS and Mr. NUGENT.
 H.R. 3740: Ms. LEE of California, Ms. MOORE, Ms. CLARKE of New York, Ms. PINGREE of Maine, Mr. DOGGETT, Ms. SPEIER, Ms. ESHOO and Ms. MCCOLLUM.
 H.R. 3761: Mr. LATTI.
 H.R. 3776: Mr. HUIZENGA of Michigan.
 H.R. 3784: Mr. COOK, Mr. ROE of Tennessee, Mr. SCHWEIKERT, Mr. GINGREY of Georgia, and Mr. BENTIVOLIO.
 H.R. 3859: Mr. CÁRDENAS, Mr. CARTWRIGHT, Ms. CHU, Mr. GRIJALVA, Mr. HANNA, and Mr. POCAN.
 H.R. 3916: Mr. WELCH.
 H.R. 3929: Mr. GUTIÉRREZ.
 H.R. 3970: Mr. GRIJALVA and Mr. GEORGE MILLER of California.
 H.R. 3978: Mr. SCOTT of Virginia and Ms. BROWNLEY of California.
 H.R. 4031: Mr. LATHAM and Mr. NEUGEBAUER.
 H.R. 4036: Mr. BISHOP of Utah.
 H.R. 4040: Mr. GRAYSON.
 H.R. 4042: Ms. JENKINS.
 H.R. 4048: Mr. JOHNSON of Georgia.
 H.R. 4060: Mr. PITTENGER and Mr. HECK of Nevada.
 H.R. 4067: Mr. HUELSKAMP and Mr. DAINES.
 H.R. 4068: Mr. BROUN of Georgia.
 H.R. 4069: Mr. AMODEI.
 H.R. 4070: Mr. CONAWAY, Mr. LONG, and Mr. BENTIVOLIO.
 H.R. 4080: Mr. JOHNSON of Ohio.
 H.R. 4092: Mr. KEATING.
 H.R. 4101: Mr. JONES and Mr. MCINTYRE.
 H.R. 4102: Mr. COFFMAN.
 H.R. 4103: Ms. SLAUGHTER.
 H.R. 4122: Mr. CICILLINE.
 H.R. 4143: Mr. COTTON.
 H.R. 4149: Mr. COLLINS of New York, Ms. NORTON, and Mr. JONES.
 H.R. 4158: Mr. LUETKEMEYER.
 H.R. 4163: Mr. FOSTER.
 H.R. 4188: Mr. REICHERT.
 H.R. 4199: Mr. FARENTHOLD, Mr. HINOJOSA, Mr. SAM JOHNSON of Texas, Mr. WILLIAMS, Mr. CONAWAY, Mr. THORNBERRY, Mr. BRADY of Texas, Mr. GOHMERT, Mr. BARTON, Mr. CULBERSON, Mr. WEBER of Texas, Mr. HALL, Mr. CARTER, Mr. STOCKMAN, Mr. SMITH of Texas, Ms. GRANGER, Mr. NEUGEBAUER, Mr. SESSIONS, Mr. DOGGETT, Mr. POE of Texas, Mr. CUELLAR, Mr. HENSARLING, Mr. OLSON, Mr. BURGESS, Mr. AL GREEN of Texas, Mr. CASTRO of Texas, Mr. VELA, Mr. VEASEY, Mr. GENE GREEN of Texas, Mr. GALLEGO, Ms. EDDIE BERNICE JOHNSON of Texas, Ms. JACKSON LEE, Mr. MCCAUL, and Mr. MARCHANT.
 H.R. 4210: Ms. BONAMICI.
 H.R. 4213: Mr. LATHAM and Mr. MICHAUD.
 H.R. 4225: Mrs. NOEM, Mrs. ELLMERS, and Mr. WOLF.
 H.R. 4228: Mr. HUDSON and Ms. JACKSON LEE.
 H.R. 4229: Mr. SMITH of New Jersey, Ms. WILSON of Florida, and Mr. MURPHY of Florida.
 H.R. 4240: Mr. PASTOR of Arizona and Mr. JOHNSON of Georgia.
 H.J. Res. 50: Mr. MARINO.
 H. Res. 412: Mr. FARENTHOLD and Mr. MCGOVERN.
 H. Res. 418: Mr. TIERNEY and Mr. PETERS of California.
 H. Res. 476: Mr. BROOKS of Alabama.
 H. Res. 482: Ms. LOFGREN.
 H. Res. 484: Ms. BONAMICI and Mr. PETERS of California.
 H. Res. 494: Mr. SESSIONS, Mr. KEATING, Mr. CICILLINE, Mr. DEUTCH, Ms. JACKSON LEE, Mr. POE of Texas, Mr. CARTER, Mr. DUNCAN of Tennessee, Mr. COBLE, and Mr. STOCKMAN.
 H. Res. 503: Mr. CICILLINE and Ms. LEE of California.
 H. Res. 505: Mr. GRIFFIN of Arkansas.
 H. Res. 507: Mr. BUTTERFIELD, Mr. MCGOVERN, Mr. BERA of California, Ms. HANABUSA, Mr. SERRANO, Mr. COSTA, and Mr. MCNERNEY.
 H. Res. 519: Mr. CLAY.

DISCHARGE PETITIONS

Under clause 2 of rule XV, the following discharge petition was filed:

Petition 8, March 12, 2014, by Mr. BRADLEY S. SCHNEIDER on House Resolution 490, was signed by the following Members: Bradley S. Schneider, Steny H. Hoyer, James E. Clyburn, Sam Farr, Sanford D. Bishop, Jr., Joseph Crowley, Terri A. Sewell, Eddie Bernice Johnson, Adam B. Schiff, Sander M. Levin, Sheila Jackson Lee, Nydia M. Velázquez, Rubén Hinojosa, Zoe Lofgren, Janice D. Schakowsky, Marcy Kaptur, Dan-

iel T. Kildee, John Conyers, Jr., Richard M. Nolan, Steven A. Horsford, Joe Courtney, Mark Pocan, Linda T. Sánchez, Paul Tonko, Janice Hahn, Jim McDermott, Marc A. Veasey, Ann Kirkpatrick, Xavier Becerra, David Scott, Lois Capps, George Miller, José E. Serrano, Alcee L. Hastings, Denny Heck, Derek Kilmer, Suzan K. DelBene, Alan S. Lowenthal, Robin L. Kelly, Gregory W. Meeks, Doris O. Matsui, Susan A. Davis, Henry C. "Hank" Johnson, Jr., Sean Patrick Maloney, Carolyn B. Maloney, Joyce Beatty, Louise McIntosh Slaughter, Niki Tsongas, Tammy Duckworth, Timothy H. Bishop, Hakeem S. Jeffries, Eric Swalwell, Julia Brownley, Michelle Lujan Grisham, Dina Titus, John B. Larson, Donna F. Edwards, Betty McCollum, John Garamendi, Gene Green, Mark Takano, Mike Thompson, Lucille Roybal-Allard, Jared Huffman, Katherine M. Clark, Keith Ellison, Barbara Lee, Marcia L. Fudge, Cheri Bustos, Robert C. "Bobby" Scott, Judy Chu, Elijah E. Cummings, Donald M. Payne, Jr., Brian Higgins, Tony Cardenas, Yvette D. Clarke, Luis V. Gutiérrez, James P. Moran, Michael F. Doyle, Juan Vargas, Steve Cohen, David N. Cicilline, Al Green, Mike Quigley, Theodore E. Deutch, Jim Cooper, John F. Tierney, Frank Pallone, Jr., Bennie G. Thompson, Joaquin Castro, William L. Enyart, Loretta Sanchez, Corrine Brown, Suzanne Bonamici, Ann M. Kuster, James P. McGovern, Robert A. Brady, Peter A. DeFazio, Colleen W. Hanabusa, Danny K. Davis, Elizabeth H. Esty, Ben Ray Lujan, Jerry McNerney, William L. Owens, Joseph P. Kennedy III, Albio Sires, Michael H. Michaud, Rush Holt, Bill Foster, Gloria Negrete McLeod, Raúl M. Grijalva, Patrick Murphy, Chris Van Hollen, G. K. Butterfield, John C. Carney, Jr., David Loebsack, Bill Pascrell, Jr., Brad Sherman, Gerald E. Connolly, Anna G. Eshoo, Ed Pastor, Kyrsten Sinema, Stephen F. Lynch, Allyson Y. Schwartz, Ami Bera, James A. Himes, Henry A. Waxman, Nita M. Lowey, John A. Yarmuth, Rick Larsen, Daniel B. Maffei, Timothy J. Walz, John Lewis, Bruce L. Braley, Jared Polis, John P. Sarbanes, Scott H. Peters, William R. Keating, Karen Bass, Frederica S. Wilson, Michael E. Capuano, Carolyn McCarthy, Nick J. Rahall II, Wm. Lacy Clay, Eliot L. Engel, John K. Delaney, Bobby L. Rush, Ron Barber, Jackie Speier, Diana DeGette, Adam Smith, Maxine Waters, Chaka Fattah, James R. Langevin, Gary C. Peters, Ron Kind, Kathy Castor, Carol Shea-Porter, Matt Cartwright, Lloyd Doggett, Daniel Lipinski, Beto O'Rourke, Cedric L. Richmond, Rosa L. DeLauro, Grace Meng, Michael M. Honda, Earl Blumenauer, Alan Grayson, André Carson, Grace F. Napolitano, Joe Garcia, Filemon Vela, Henry Cuellar, Lois Frankel, Chellie Pingree, Debbie Wasserman Schultz, Nancy Pelosi, Peter Welch, Ed Perlmutter, C. A. Dutch Ruppersberger, Jerrold Nadler, Emanuel Cleaver, Tulsi Gabbard, David E. Price, Raul Ruiz, Tim Ryan, Jim Costa, Richard E. Neal, Gwen Moore, Steve Israel, and Charles B. Rangel.

DISCHARGE PETITIONS—
ADDITIONS OR DELETIONS

The following Members added their names to the following discharge petition:

Petition 7 by Mr. BISHOP of New York, on the bill (H.R. 1010): Carolyn McCarthy, John Barrow, and Ed Pastor.



United States
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Congressional Record

PROCEEDINGS AND DEBATES OF THE 113th CONGRESS, SECOND SESSION

Vol. 160

WASHINGTON, FRIDAY, MARCH 14, 2014

No. 43

Senate

The Senate met at 10:31 and 14 seconds a.m., and was called to order by the Honorable ANGUS S. KING, a Senator from the State of Maine.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. LEAHY).

The bill clerk read the following letter.

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, March 14, 2014.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable ANGUS S. KING, a Senator from the State of Maine, to perform the duties of the Chair.

PATRICK J. LEAHY,
President pro tempore.

Mr. KING thereupon assumed the chair as Acting President pro tempore.

ADJOURNMENT UNTIL TUESDAY,
MARCH 18, 2014, AT 10:30 A.M.

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate stands adjourned until Tuesday, March 18, 2014, at 10:30 a.m.

Thereupon, the Senate, at 10:31 and 42 seconds a.m., adjourned until Tuesday, March 18, 2014, at 10:30 a.m.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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S1671

EXTENSIONS OF REMARKS

MCKINNLEY BARTELS

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. PERLMUTTER. Mr. Speaker, I rise today to recognize and applaud McKinnley Bartels for receiving the Arvada Wheat Ridge Service Ambassadors for Youth award. McKinnley Bartels is an 8th grader at Everitt Middle School and received this award because her determination and hard work have allowed her to overcome adversities.

The dedication demonstrated by McKinnley Bartels is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations to McKinnley Bartels for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt she will exhibit the same dedication and character in all of her future accomplishments.

RECOGNIZING THE WINTER GARDEN, TAVARES AND GULF RAILROAD DEPOT

HON. DANIEL WEBSTER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. WEBSTER of Florida. Mr. Speaker, I am pleased to recognize Winter Garden, Tavares and Gulf Railroad Depot on the occasion of its 100th anniversary.

The railroad station, built in 1913, was purchased in 1973 for one dollar by the Central Florida chapter of the National Railway Historical Society. Located in the historic Tavares and Gulf Railroad depot, the Central Florida Railroad Museum opened in 1983. Through partnership with the Winter Garden Heritage Foundation, extensive private collections of local, state and national memorabilia have been made accessible to the public.

I commend the Winter Garden, Tavares and Gulf Railroad Depot for their preservation of the rich history of Central Florida's railways.

HONORING GIRL SCOUTS OF THE U.S.A ON THE ANNIVERSARY OF THEIR FOUNDING

HON. JIM McDERMOTT

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. McDERMOTT. Mr. Speaker, I rise today to commemorate Girl Scout Day, the anniversary of founding of Girl Scouts of the United

States of America (GSUSA). On March 12th, 102 years ago, Juliette Gordon Low held the first Girl Scout meeting with the vision of empowering women through service, education, and community. The Girl Scouts have continued to build on their decorated legacy by instilling their values into the young women who will grow up to be the leaders and thinkers of future generations.

For over a century, the GSUSA has successfully spread the principles of egalitarianism through its leading role in the women's movement. The GSUSA has been at the forefront of many social justice movements as a result of its longstanding commitment to diversity and inclusion. Recently, they joined with other leaders to call attention to unfair double standards and stereotypes of women in leadership roles by launching the "Ban Bossy" campaign. I applaud the GSUSA for highlighting the workplace in this regard, and for demanding equality in all areas of society.

The 18-member organization that Juliette Gordon Low started in 1912 has seen participation of over 60 million women, including 2.3 million current active members. I thank the GSUSA for all its active involvement in Washington's 7th district and communities throughout America. I am proud to take part in Girl Scout Day, and I wish the GSUSA continued success for years to come.

HONORING THE LIFE OF MR. SHIRLEY QUICK

HON. BRIAN HIGGINS

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. HIGGINS. Mr. Speaker, I rise today to honor the life of Shirley Kenneth Quick, who regrettably passed away on March 9, 2014.

A lifelong resident of Western New York, Mr. Quick was the husband of the late Catherine Mack, and was a beloved father to his son Kevin, daughter Karen, and their respective spouses Carol and Bill. A grandfather of six, Mr. Quick is also survived by a brother and a sister.

Through my association with others who knew him well, the word I consistently hear in description of him is "gentleman." A loving and devoted husband and father, good mechanically with his hands and patient and kind with his words, Mr. Quick was a stalwart resident of neighborhoods in the Black Rock/Riverside neighborhoods of Buffalo and, in his later years, in the town of Hamburg.

Though I did not have the fortune of knowing Mr. Quick well, I am very well acquainted with his son and daughter in law, Kevin and Carol Quick of the town of Tonawanda. Kevin and Carol were devoted children to Mr. Quick and this loss must surely hit them, and their entire family, very hard. I am honored, Mr. Speaker, to have this opportunity to celebrate Mr. Quick's life with you and with our colleagues in the House, and to wish the Quick

family Godspeed as they begin this new chapter in their respective lives, confident in the understanding and knowledge of the love and support of their late patriarch. May he rest in peace.

A TRIBUTE TO CHERYL DAVIS—
28TH CONGRESSIONAL DISTRICT
WOMAN OF THE YEAR

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Cheryl Davis of La Crescenta.

Ms. Davis was raised in San Jose and moved to Southern California to attend the University of California, Los Angeles, where she earned her Bachelor of Science in Biochemistry. Currently, Ms. Davis is a Law Firm Administrator at Bradley & Gmelich in Glendale.

Ms. Davis is very active in her community. She served as President of the Crescenta Valley Town Council for four years, and now serves as the Corresponding Secretary. Ms. Davis is the current coordinator for the Montrose-Glendale Christmas Parade, Treasurer for Prom Plus and the CV Fireworks Association, and Secretary for the Glendale Educational Foundation—Summer School. In addition, Ms. Davis is a member of CV DOGS, the volunteer group responsible for establishing the first Los Angeles County operated dog park at Crescenta Valley Park. Ms. Davis is also an avid volunteer at the Fire House Youth Center.

Ms. Davis and her husband Mark have one daughter, Katie, who is a student at Crescenta Valley High School.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Cheryl Davis.

NICOLE AHRENS

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. PERLMUTTER. Mr. Speaker, I rise today to recognize and applaud Nicole Ahrens for receiving the Arvada Wheat Ridge Service Ambassadors for Youth award. Nicole Ahrens is an 8th grader at Drake Middle School and received this award because her determination and hard work have allowed her to overcome adversities.

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

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

The dedication demonstrated by Nicole Ahrens is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations to Nicole Ahrens for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt she will exhibit the same dedication and character in all of her future accomplishments.

HONORING THE BONHAM POST OFFICE ON ITS 100TH ANNIVERSARY

HON. RALPH M. HALL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. HALL. Mr. Speaker, I rise today in honor of the Bonham Post Office, an historic building that has been an integral part of the Bonham community.

The Bonham Post Office, which celebrates its 100th year in March 2014, is a historical building of which the residents of Bonham are proud. Although the interior of the building has been altered to accommodate changing times, the beautiful exterior of the building with granite, large columns and stone remain today. At the time the Bonham Post Office was built, top-of-the-line materials were used to make it what many thought was the best looking building in the state of Texas. Prior to the building's opening as a working post office, it is estimated one thousand people visited the new building, which exemplifies the significance of the grand opening in 1914. The building is a reminder of the proud history of Bonham and Fannin County.

Mr. Speaker, it is my privilege to congratulate the Bonham Post Office on 100 years of achievement. I ask my colleagues to join me in celebrating this important milestone.

HONORING BELL FLAVORS & FRAGRANCES FOR BEING THE TOP EXPORTER IN ILLINOIS' TENTH DISTRICT

HON. BRADLEY S. SCHNEIDER

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHNEIDER. Mr. Speaker, I am pleased to rise today to honor Bell Flavors & Fragrances in Northbrook, Illinois (part of the suburban Chicago district I represent) for being the top exporter in the Congressional district.

After more than 100 years of providing innovative and unique flavor services, Bell Flavors & Fragrances today is a global leader in the field and an example of true success in the 21st Century global marketplace. A family-owned company, Bell Flavors & Fragrances has achieved tremendous success in the food, hygiene, fragrance and many more industries.

Bell Flavors & Fragrances constantly reimagines and reinvents its approach and products, ensuring its ability to enter new markets and find success all around the globe.

During a recent tour of the Bell Flavors & Fragrances facility, I was struck by the passion and dedication to excellence of all the managers and employees I met and truly impressed by the outstanding commitment to research and development.

Despite its global footprint, Bell Flavors & Fragrances remains a truly American success story, embedded in the community, employing hundreds and working to enrich the area it calls home.

Family-owned and operated companies like Bell Flavors & Fragrances, rooted deeply in the community, are the foundation of the Tenth District's strength. I am proud that innovative, growing companies like Bell Flavors & Fragrances call the Tenth District home.

HONORING BYRON MEADOR

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Byron Meador. Byron is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 135, and earning the most prestigious award of Eagle Scout.

Byron has been very active with his troop, participating in many scout activities. Over the many years Byron has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Byron has contributed to his community through his Eagle Scout project. Byron constructed a set of stairs to the outdoor classroom at Hawthorne Elementary School in Kearney, Missouri.

Mr. Speaker, I proudly ask you to join me in commending Byron Meador for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

A TRIBUTE TO BARBARA FERRIS—28TH CONGRESSIONAL DISTRICT WOMAN OF THE YEAR

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Barbara Ferris of Los Feliz.

Ms. Ferris is the Managing Director of Symphony In The Glen (SIG), which she co-founded in 1994 with Arthur B. Rubinstein, a renowned film and television composer. Since the organization's founding, Ms. Ferris has fostered cooperative relationships with city agencies, managed the organization's finances, spearheaded fundraising efforts, and reviewed the day-to-day operations that

helped shape the vibrant, thematic programming that SIG audiences have come to expect. Ms. Ferris also developed SIG's pre-concert child/parent activities to introduce children to basic musical concepts such as how to play notes, how to conduct an orchestra, and how to recognize different instruments in the orchestra.

Through her work organizing free concerts with Symphony In The Glen, Ms. Ferris has been instrumental in fulfilling the organization's mission of cultivating new generations of classical music enthusiasts. Concerts were held at the Old Zoo at Griffith Park, on the lawn of the Griffith Observatory, and at the Los Angeles Zoo. This year Symphony In The Glen also coordinated the fourth annual "EEK! at The Greek," a community Halloween celebration held in collaboration with the Greek Theatre and Nederlander Concerts.

In addition to her work at SIG, Ms. Ferris is also an avid participant in civic life. She has long been involved with the Los Feliz Neighborhood Council and served a four-year term as Vice President of Administration. In 2011, Ms. Ferris was elected to the Board of the Los Feliz Improvement Association, which is the oldest residents' association in Los Angeles.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Barbara Ferris.

ROMAINE AKAKPO

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. PERLMUTTER. Mr. Speaker, I rise today to recognize and applaud Romaine Akakpo for receiving the Arvada Wheat Ridge Service Ambassadors for Youth award. Romaine Akakpo is a 12th grader at Standley Lake High School and received this award because her determination and hard work have allowed her to overcome adversities.

The dedication demonstrated by Romaine Akakpo is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations to Romaine Akakpo for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt she will exhibit the same dedication and character in all of her future accomplishments.

IN RECOGNITION OF REVERENDS CLIVE AND RUTH KNIGHTS ON THE OCCASION OF ATTAINING AMERICAN CITIZENSHIP

HON. JEFF MILLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. MILLER of Florida. Mr. Speaker, I rise today to recognize two of our country's newest citizens, Reverends Clive and Ruth Knights. For over ten years, Clive and Ruth have been an integral part of the Northwest Florida community, and I am pleased to congratulate them on their attaining U.S. Citizenship.

Clive and Ruth were both born and raised in the United Kingdom. Reverend Clive Knights was educated at Edgware School, followed by North London and Salford Universities. He then received ministerial training from St. Alban's Diocese at Stevenage and Madingly Hall, Cambridge University, commencing his Anglican ministry on St. Matthew's Day, September 21, 1987. Reverend Ruth Knights, the daughter of a reverend, received her higher education at Southlands Teacher Training College and Birmingham University, where she majored in Divinity and Theology. Following graduation, Ruth taught Religious Studies in high school and became head of a religious studies department.

In 2003, the Lord called Reverends Clive and Ruth Knights to come to the United States. The Knights settled in Northwest Florida, where Reverend Clive Knights became Senior Pastor at Chumuckla Community Church. Reverend Ruth Knights also helped serve the community's religious needs when she joined the staff at Gulf Breeze United Methodist Church, where she currently serves as an Associate Pastor. After nearly a decade at Chumuckla Community Church, Reverend Clive Knights moved to Bagdad United Methodist Church, where he is the Senior Pastor.

As former President Theodore Roosevelt said, "Free institutions rest upon the character of citizenship." Reverends Clive and Ruth Knights exemplify the high character, leadership, and faith that have been the hallmarks of so many great American citizens. On behalf of the entire United States Congress, my wife Vicki and I congratulate Clive and Ruth and welcome them as fellow citizens of this great Nation.

PERSONAL EXPLANATION

HON. ZOE LOFGREN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Ms. LOFGREN. Mr. Speaker, I would like to state that on March 4, 2014, I would have voted in favor of H. Res. 488, supporting the people of Venezuela as they protest peacefully for democracy, a reduction in violent crime and calling for an end to recent violence. I am pleased that this resolution expressing support for basic human rights passed the House decisively.

IN RECOGNITION OF BOBBY O'GUREK, RECIPIENT OF THE PANTHER VALLEY IRISH AMERICANS ASSOCIATION SHAMROCK AWARD

HON. MATT CARTWRIGHT

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. CARTWRIGHT. Mr. Speaker, I rise today in honor of Bobby O'Gurek, who on March 17, 2014 will receive the Shamrock Award from the Panther Valley Irish Americans Association. Bobby was born on St. Patrick's Day in 1982, to Robert and Patricia O'Gurek. He has lived with cerebral palsy since birth, and become an indispensable part of his community.

He graduated from Panther Valley High School in 1999, where he was named the "Most Persistent Student." Bobby went on to Lehigh County Community College, where he earned his associate's degree as a Computer Specialist with a concentration in Web Development. After college, Bobby began designing websites for S & O Computers, LLC. In 2010, he established his own web design business. To date, Bobby's company has designed and maintained 19 websites for local government offices and small businesses.

Since he was a teenager, Bobby has volunteered his time to keep his community safe as a member of the volunteer Diligence Fire Company No. 1 in Summit Hill, Pennsylvania. After joining in 1994, he is now a senior member, auditor and trustee of the Fire Company, and he contributes his technological expertise to designing and maintaining the Fire Company's web page.

Although cerebral palsy prevents him from walking and speaking on his own, Bobby is involved with many outreach programs to spread awareness about disabilities. In 1998, he started speaking via the assistance of technology at the Pittsburgh Employment conference, hosted for speech pathologists and individuals with all kinds of disabilities who use augmentative communication technologies. Bobby was selected in 2007 to receive the Edwin and Ester Prentke AAC Distinguished Lecture Award in Boston, an award presented annually to a community activist who uses a communication device. He was asked to give a speech at a Massachusetts conference entitled "My Life with Assistive Technology and Community Interactions." Bobby is also a participant of "Through Their Eyes" conference at East Stroudsburg University, where he has addressed students majoring Speech Pathology. He is also an ambassador for Prentke Romich Company, increasing knowledge across Pennsylvania about the assistive technology that helps him communicate.

Bobby O'Gurek's work throughout his life has made his community a safer and brighter place. His perseverance in overcoming cerebral palsy to get his education and start his own business, his willingness to devote his time and technological skills to serve the Panther Valley, and his refusal to let his disability prevent him from achieving his goals are nothing short of inspirational. I congratulate Bobby O'Gurek on his years of service to his community and wish him many more.

DEMANDING JUSTICE FOR GAO ZHISHENG

HON. FRANK R. WOLF

OF VIRGINIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. WOLF. Mr. Speaker, I submit a piece published in the Wall Street Journal on February 27 highlighting the latest disappearance into the Chinese security system of the prominent human rights defender Gao Zhisheng. It is deeply alarming that Mr. Gao has been in and out of the Chinese prisons, disappeared, and tortured for almost a decade now. As the op-ed piece by Jared Genser, Gao's pro bono legal counsel, notes, ". . . no one has seen or heard from him since January 2013." Following his most recent disappearance, Gao's

courageous wife, who has testified before the Tom Lantos Human Rights Commission, filed a complaint to the United Nations, urging it to conduct an investigation into his whereabouts.

I have "adopted" Gao through the Defending Freedoms Project, an initiative of the Lantos Commission, launched in conjunction with the U.S. Commission on International Religious Freedom and Amnesty International. I am committed to continuing work towards the day when he can breathe the fresh air of freedom. I echo the sentiments of Mr. Genser, who concluded in the Journal piece, "It is time to reunite Gao Zhisheng with his family. He and his loved ones have suffered long enough."

DEMANDING JUSTICE FOR GAO ZHISHENG

(By Jared Genser)

Gao Zhisheng, one of China's most prominent and courageous human-rights lawyers and prisoners of conscience, has again disappeared into the bowels of the Chinese state's security system. For more than a year, his family has desperately tried to access him in Shaya prison in Xinjiang, a remote province in western China. But all these efforts have been rebuffed and no one has seen or heard from him since January 2013. In response to Mr. Gao's most recent disappearance, his wife on Thursday in Geneva filed a complaint to the United Nations, urging it to conduct an investigation into his whereabouts.

A self-taught advocate and legal rights defender, Mr. Gao was once recognized among the country's top 10 lawyers by China's Ministry of Justice. Yet his advocacy for the country's most vulnerable, including factory workers, coal miners, victims of land seizures, and persecuted Christians and Falun Gong practitioners, led the authorities to target Mr. Gao and his family with threats and intimidation starting in 2005. He has been in and out of prisons and subject to disappearances and torture for nearly a decade.

Officials closed his law firm, disbarred him and placed his wife, Geng He, and their young children under 24-hour surveillance. Police stationed inside the family's home repeatedly harassed them. In school, the children were taunted and put under constant watch by the police—even when using the restroom. Because of this unbearable treatment, Geng He and her children fled China and have since been granted asylum in the United States.

Mr. Gao's family is safe now, but he remains in danger. In 2006, he made a coerced confession to "inciting subversion" and was given a suspended three-year prison term. In 2007, Chinese officials tortured him by shocking him with electric batons, holding lit cigarettes up to his eyes, and piercing his genitals with toothpicks. On other occasions, they put him in restraints and beat him repeatedly with handguns. In 2009 and 2010, police disappeared Mr. Gao and tortured him further.

In December 2011, just before the expiration of his suspended sentence and after 20 months of having been held in unknown locations, the Xinhua news agency announced that Mr. Gao would be imprisoned for the remainder of his original sentence. Since then, family members have been allowed to visit him only twice for half an hour on each occasion. Although scheduled for release on Aug. 22, he has now disappeared once again, leaving his family with renewed and urgent questions about his health and safety.

Mr. Gao's imprisonment, torture and disappearances have brought tremendous suffering to him and his family. In testifying recently before the U.S. House Committee on Foreign Affairs, Mr. Gao's daughter Grace

reflected on her family's insurmountable pain and loneliness. "I believe that when we speak out for my father . . . we protect our own freedom and values," she said.

Despite Mr. Gao's latest disappearance, it is hoped he is managing to endure. But hope must be accompanied by action and it is more urgent than ever that China not be allowed to disappear Gao Zhisheng again with impunity.

On Thursday, his wife lodged a complaint with the U.N. Working Group on Enforced and Involuntary Disappearances, a body of the Human Rights Council. The submission notes that Mr. Gao's family is "distracted because they have no idea whether he is even alive." It goes on to emphasize the Chinese government is violating its own laws allowing for regular family visits, written correspondence, and access to counsel.

Ms. Geng hopes the Working Group will urge the Chinese government to conduct an investigation into Mr. Gao's disappearance. Although the process itself can take many months, the Working Group has a good history of receiving specific replies from the Chinese government to its concerns. In addition, merely by highlighting Mr. Gao's disappearance publicly and triggering a U.N. inquiry, his family has put intense pressure on the Chinese government to respond. While this alone is a helpful step forward, much more needs to be done.

The international community, including the United States and United Nations, must demand proof from the Chinese government that Mr. Gao is alive and insist that his family be granted monthly access to him as is required by Chinese law. The world must urge Mr. Gao's immediate and unconditional release.

At a minimum, foreign leaders should press Beijing to release Mr. Gao on time instead of finding renewed excuses to extend his detention, as it has done in other cases. Washington must also exert pressure on the Chinese government to confirm that Mr. Gao will be provided a Chinese passport and the ability to travel to America upon his release.

It is time to reunite Gao Zhisheng with his family. He and his loved ones have suffered long enough.

A TRIBUTE TO ALICE STEERE
COULOMBE—28TH CONGRES-
SIONAL DISTRICT WOMAN OF
THE YEAR

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Alice Coulombe of Pasadena.

Born and raised in Ann Arbor, Michigan, Ms. Coulombe received her Bachelor's degree in Humanities and her Master's degree in Education from Stanford University. At Stanford, she met Joe Coulombe, and they got married when both were still students at the university.

In 1958, the Coulombes founded Pronto Markets, a chain of grocery stores in Southern California. In 1967, Joe, the original Trader Joe, added a South Seas motif to the stores and changed the name to Trader Joe's. Dur-

ing this time, the Coulombes moved to San Marino, where they raised their three children, Joe, Charlotte and Madeleine, and eventually moved to Pasadena in 1983.

A community volunteer for over forty years, Ms. Coulombe is a passionate advocate for the arts and arts education. She was a founding member and former Chair of the Pasadena Arts Commission, a member of the City of Pasadena's Centennial Committee, and a docent at the Huntington Library, Art Collections and Botanical Gardens for thirty-five years, where she helped design its school tours of the Japanese Garden. As a volunteer at the Music Center of Los Angeles for three decades, Ms. Coulombe served as Chair of Music Center Presentations and Coordinator of Volunteer Activities.

Ms. Coulombe's special love is opera, and to that end, she was founding president of the Music Center Opera League, as well as one of the founders of the Los Angeles Opera Company, where she currently serves on its board. For the past nine years, she has served on the Colburn School Board of Directors as a member of their Governance Committee and as Chair of the Board Relations Committee. Additionally, she is President of Metropolitan Associates, a local non-profit that raises funds to support the arts for children. For her selfless service to supporting the arts, Ms. Coulombe received the YWCA Pasadena-Foothill Valley's Woman of Distinction Award and has been honored by the Los Angeles Master Chorale.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Alice Steere Coulombe.

SABRINA HILL

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. PERLMUTTER. Mr. Speaker, I rise today to recognize and applaud Sabrina Hill for receiving the Arvada Wheat Ridge Service Ambassadors for Youth award. Sabrina Hill is an 8th grader at Everitt Middle School and received this award because her determination and hard work have allowed her to overcome adversities.

The dedication demonstrated by Sabrina Hill is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations to Sabrina Hill for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt she will exhibit the same dedication and character in all of her future accomplishments.

CELEBRATING THE 125TH ANNI-
VERSARY OF THE MARKET
STREET MISSION

HON. RODNEY P. FRELINGHUYSEN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. FRELINGHUYSEN. Mr. Speaker, I rise today to honor the Market Street Mission located in Morris County, New Jersey, as it celebrates its 125th Anniversary.

The Market Street Mission ministers to those who suffer in the battle against alcoholism, drug abuse, and homelessness in the northern New Jersey area. The Mission provides its ministries through physical, emotional, and spiritual support that will guide those who suffer toward responsible and productive lives.

Established in 1889 by the Reverend Dr. F.W. Owen and his wife, Mrs. Louisa Graves Owen, the Market Street Mission began as a residential program for alcoholic husbands in the Morristown area. With support from the South Street Presbyterian Church, the Mission provided meals, lodging, clothing, and temporary employment for homeless men. Throughout its first decade, the Mission started support meetings and programs for the homeless and drug addicted.

In 1926, a series of explosions at the Picatinny Arsenal left many families homeless and without food or clothes. The Mission was able to help these displaced families by providing them with shelter and other basic necessities.

During the Great Depression, the Market Street Mission ended its affiliation with the Presbyterian Church and added the "Industrial Department," a self-supporting thrift store that provided jobs during difficult economic times.

Today, residents of the Mission continue to work at the Industrial Department as part of the successful "New Reality of Recovery" program, as well as attend chapel and classes. The Market Street Mission has added an Emergency Assistance program that provides meals and lodging for disadvantaged men, women, and children. In addition to its growing development throughout the years, the Mission continues to focus on alcohol and drug treatment programs, incorporating new treatments each year.

The Market Street Mission is proud to celebrate its history and looks forward to its continuous growth in the future.

Mr. Speaker, I urge you and my colleagues to join me in congratulating the Market Street Mission and their dedicated employees as they celebrate 125 years of serving the northern New Jersey community.

THE NEED FOR REFOCUSING
AMERICAN HUMANITARIAN AID
IN SYRIA

HON. ALCEE L. HASTINGS

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. HASTINGS of Florida. Mr. Speaker, I rise today to mark the third anniversary of the ongoing conflict in Syria. As the war stretches into its fourth year and the regional humanitarian crisis shows little signs of improvement,

the United States must do more to ensure that its aid is utilized to the greatest effect possible.

According to the Syrian Observatory for Human Rights, more than 140,000 people, including 7,000 children, have been killed. Nearly 2.5 million refugees have fled to neighboring countries, including 1.2 million children. Within Syria, nearly seven million people have been displaced from their homes and 19 million are in need of emergency food support. It is projected that by the end of this year, 75 percent of the Syrian population will need humanitarian assistance.

The civilian population inside Syria faces systematic starvation, shelling of residential neighborhoods, government use of chemical weapons, and threats from improvised barrel-bombs filled with explosives and dropped by military helicopters into residential areas.

In the dozens of refugee camps now surrounding Syria, food remains scarce, access to sanitation and clean water is limited, and diseases like polio—on the verge of eradication worldwide—have resurfaced.

The United States has rightly pledged and contributed a combined \$1.7 billion in humanitarian assistance since the start of the crisis. These funds are critical for the Syrian people caught in the middle of the conflict. Their survival, and indeed the future stability of the region, hangs in the balance. As a leader in the international community, we must ensure that these funds are used efficiently and distributed in a manner that reaches as many people as possible.

I recently heard a story about a school in the Aleppo Province that continued to hold classes despite the war raging around it. When the school's funding inevitably ran out—and with international aid not immediately available—extremists in the area also fighting the Assad regime came forward with the resources that the school needed. In return, they demanded that the school dispose of its moderate textbooks for more politically-charged texts, and required the teaching of the Koran.

Accepting assistance from extremist groups in exchange for loyalty is a decision faced by Syrians on a daily basis. For most civilians, the radical views expressed by the extremists are not in line with their own moderate views. Many are simply trying to carry on with their lives.

Organizations like the United States Agency for International Development (USAID) have had considerable success in distributing school materials, food, medical supplies, and vaccines. However, Syria is a war zone, and these large-scale operations are often not equipped to distribute materials and aid at the local level—like the school in Aleppo—where they are needed most.

But, imagine if these organizations could know which schools had exhausted their resources, which hospitals were in immediate danger of running out of supplies, and which neighborhoods were being most affected by the lack of incoming food relief. Making this process more efficient is no small task, but it is possible. If we are to avoid greater catastrophe in Syria, it is also necessary.

Since the beginning of the Syrian conflict, I have urged Congress and the President's administration to increase cooperation with Syrian non-government organizations (NGOs) to get aid where it needs to go. Increased engagement with Syrian and Syrian-run groups

is essential to expanding assistance inside Syria and making every dollar of foreign aid count. Syrian aid groups are now working in nearly every sector of the humanitarian response, delivering flour to bakeries, medical supplies to field clinics, and helping to protect refugees.

Already, USAID and other NGOs in the region rely on information and distribution networks of local aid groups to deliver supplies to areas most in need. Empowering these Syrian groups will make our impact on the region even greater. These groups have the most at stake and work at great personal expense and risk.

The Department of State and USAID should work together to establish training, capacity building, and aid delivery partnerships with Syrian relief organizations in order to expand their operations. With proper oversight and strict training on the international standards governing the delivery of aid, the United States can enable hundreds of Syrian civilians to take greater control of their country's future while assisting those inside Syria who are not reachable by other means.

Mr. Speaker, the United States has shown leadership in providing aid for the humanitarian crisis in Syria, but we must do more with the international community and Syrian refugee host nations to improve our aid delivery systems while pressuring the Assad regime and its supporters. As the war drags on with no end in sight, time is in fact running out.

COMPREHENSIVE IMMIGRATION REFORM/UI EXTENSION

HON. BARBARA LEE

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Ms. LEE of California. Mr. Speaker, as a member of the Congressional Women's Working Group on Immigration Reform I rise to support the women in my district and around the country who are fasting for a vote on reform legislation.

Mr. Speaker, our system has been broken for far too long and now is the time to fix it.

Every day hardworking women all over America are living in fear that they will be separated from their family. They have been systematically left out of the programs that their tax dollars help support.

That is why I am proud to have joined Congresswoman MICHELLE LUJAN GRISHAM to introduce the HEAL Act that would guarantee access to safety net programs like Medicaid and the Children's Health Insurance Program.

Mr. Speaker, instead of bringing up bills to create jobs and grow the economy, Republicans continue to play political games—bringing up GOP message bills to nowhere.

It is time to pass comprehensive immigration reform. It is time to pass an extension of Unemployment Insurance.

We have the votes. Let's do it now.

IN RECOGNITION OF RICHARD F. CROSSIN, RECIPIENT OF 2014 THE GREATER WILKES-BARRE FRIENDLY SONS OF ST. PATRICK MAN OF THE YEAR AWARD

HON. MATT CARTWRIGHT

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. CARTWRIGHT. Mr. Speaker, today I rise in acknowledgment of Richard "Rich" F. Crossin, who on March 14, 2014 will receive the Friendly Sons of St. Patrick Man of the Year award. Each year the Friendly Sons recognizes a person who has distinguished themselves in the community through hard work and charitable efforts, and Rich Crossin is an exemplary selection.

Mr. Crossin is the son of Ann and the late Joseph Crossin and a resident of Kingston, Pennsylvania. He graduated from Bishop O'Reilly High School, and continued his education at York College, where he received his Bachelor of Science in Business Administration in 1978.

Rich has spent much of his career at Bonner Chevrolet, Inc., which was started by his grandfather, John R. Bonner, in 1932. Rich now serves as President of the family business and works alongside his brothers Joe, Tom and Paul. In the past 35 years, Bonner Chevrolet has grown to be one of the largest new and used automobile inventories in the area, under Rich's leadership.

Along with being a leader in the business community, Rich has also been a pillar of his local service community. He served as president of the West Side Jaycees and has also worked with Big Brothers Big Sisters for several years, helping the group mentor many disadvantaged youth.

Rich and his wife Virginia have three children—Andrew, Julia, and Elizabeth—all of whom currently attend high school. Andrew, a senior at Holy Redeemer High School, is a member of the golf team which competed and won the State Championship title. Rich's daughters Julia and Elizabeth both attend Wyoming Valley High School, and were longtime dancers with the Emerald Isle Step Dancers and had the opportunity to dance in the St. Patrick's Day Parade in New York City.

Northeastern Pennsylvania is stronger as a community because of citizens like Rich Crossin, and I am proud to recognize his life's contributions.

A TRIBUTE TO NADINE TRUJILLO—28TH CONGRESSIONAL DISTRICT WOMAN OF THE YEAR

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Nadine Trujillo of Silver Lake.

Ms. Trujillo has lived in Los Angeles since 1956. In 1993, Ms. Trujillo launched her own business and opened a Mexican restaurant. She is the proud owner and operator of the Alegria on Sunset, where she also serves as its Executive Chef, and can still be found cooking for the daily lunch crowd in addition to fulfilling her CEO duties.

Ms. Trujillo first got involved in her community by providing local schools, charitable organizations and churches with discounted menus for teachers as well as donations to school events. She has continued to give back by volunteering her time and sharing her knowledge of catering and event planning. She has organized Hollywood Sunset Free Clinic's annual fundraisers and continues to support HSFC by providing pozole to over two hundred "Pilgrims" in the annual observance of the traditional Mexican Christmas Posada.

In 2010, Ms. Trujillo joined the Silver Lake Neighborhood Council after she completed Level One Community Emergency Response Team (CERT) training. She has served as Co-Chair of the Public Safety Committee and today serves as an at large board member. Ms. Trujillo organized the first annual "September is National Preparedness Month" Expo. Ms. Trujillo and her two daughters are residents of Silver Lake.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Nadine Trujillo.

SAYRA ARANA

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. PERLMUTTER. Mr. Speaker, I rise today to recognize and applaud Sayra Arana for receiving the Arvada Wheat Ridge Service Ambassadors for Youth award. Sayra Arana is a 12th grader at Jefferson High School and received this award because her determination and hard work have allowed her to overcome adversities.

The dedication demonstrated by Sayra Arana is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations to Sayra Arana for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt she will exhibit the same dedication and character in all of her future accomplishments.

HONORING THEO ROGERS

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Theo Rogers. Theo is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 125, and earning the most prestigious award of Eagle Scout.

Theo has been very active with his troop, participating in many scout activities. Over the many years Theo has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Theo has contributed to his community through his Eagle Scout project. Theo built fire pits for a church camp in Far West, Missouri.

Mr. Speaker, I proudly ask you to join me in commending Theo Rogers for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

PERSONAL EXPLANATION

HON. NYDIA M. VELÁZQUEZ

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Ms. VELÁZQUEZ. Mr. Speaker, on March 12, 2014 I was unavoidably detained for roll call votes 120–124. Had I been present, this is how I would have voted: on rollcall vote 120: Conyers of Michigan Amendment, I would have voted "yes"; on rollcall vote 121: Nadler of New York Amendment, I would have voted "yes"; on rollcall vote 122: Jackson Lee of Texas Amendment, I would have voted "yes"; on rollcall vote 123: Democratic Motion to Recommit, I would have voted "yes"; on rollcall vote 124: Final Passage of H.R. 4138, Executive Needs to Faithfully Observe and Respect Congressional Enactments of the Law Act of 2014, I would have voted "no."

PERSONAL EXPLANATION

HON. BRADLEY S. SCHNEIDER

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHNEIDER. Mr. Speaker, from March 4 through 6, 2014, I was absent from the House due to a sudden, unfortunate family matter and missed rollcall Votes 93 through 114. Had I been present, I would have voted "yea" on rollcall votes 95, 96, 97, 98, 102, 103, 104, 105, 108, 110, 111, 112, and 114. I would have voted "nay" on rollcall votes 93, 94, 99, 100, 101, 106, 107, 109, and 113.

ON THE BIRTH OF MARY PARKER
DEPASS

HON. JOE WILSON

OF SOUTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. WILSON of South Carolina. Mr. Speaker, I am happy to congratulate Emily and William Brunson DePass, III, on the birth of their new baby girl. Mary Parker DePass was born at 2:46 p.m. on March 8, 2014 weighing 7 pounds, 6 ounces and measuring 20 and 1/2 inches long.

Mary joins a wonderful family who is devoted to her well-being and bright future. Grandparents Mrs. and Mrs. William B. (Rusty) DePass, Jr., Mrs. Jane Arnold Barnhill, and Mr. Edward D. Barnhill, Jr., are thrilled

with the new addition. I would also like to congratulate Mary's three great-grandmothers, Mrs. Marshall J. Parker, Mrs. Ira Lee Arnold, and Mrs. Edward D. Barnhill, along with the late Mrs. Kathryn Macaulay DePass, who are all extraordinary role models for their dear great-granddaughter.

A TRIBUTE TO SONIA TATULIAN—
28TH CONGRESSIONAL DISTRICT
WOMAN OF THE YEAR

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Sonia Tatulian of Tujunga.

Born in Armenia, Ms. Tatulian and her family immigrated to the United States in 1974 when she was a teenager. While attending Hollywood High School, she went to work in a Beverly Hills bridal shop doing a variety of jobs, including pressing, altering, and selling wedding gowns. This began her career in the retail industry, which would go on to span two decades.

In 1989, Ms. Tatulian bought her home in Tujunga, and soon after she obtained her real estate license and began a part-time flower business. After changing careers for a position with Wells Fargo, Ms. Tatulian realized she wanted to help businesses and become more involved in her community. She was able to fulfill this aspiration once she started her new position as Manager at the Sunland Bank of America. Ms. Tatulian then became a member of the Sunland-Tujunga Chamber of Commerce, Sunland-Tujunga Rotary Club and the Sunland-Tujunga Lions Club. She served as President of the Sunland-Tujunga Chamber of Commerce and increased membership from 63 to 175 members, all while being the Treasurer of the Rotary and Lions Clubs.

Ms. Tatulian also founded the non-profit organization, the Sunland-Tujunga-Shadow Hills Community Fund, which is the parent company of Voice of the Village, a local newspaper. The Fund took over the organization of the annual Fourth of July Fireworks event, with the proceeds and matching grants going to Verdugo Hills High School programs. Proceeds from the newspaper support the high school's journalism class. Recently, Ms. Tatulian founded the "Welcome to the Foothills" company, a free service where she visits new home owners, welcomes them and provides them with important information about the community. In addition, she volunteers with the Verdugo Hills Family YMCA.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Sonia Tatulian.

NAYELI LYNCH-BOLANOS

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. PERLMUTTER. Mr. Speaker, I rise today to recognize and applaud Nayeli Lynch-Bolanos for receiving the Arvada Wheat Ridge Service Ambassadors for Youth award. Nayeli Lynch-Bolanos is a 7th grader at Wayne Carle Middle School and received this award because her determination and hard work have allowed her to overcome adversities.

The dedication demonstrated by Nayeli Lynch-Bolanos is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations to Nayeli Lynch-Bolanos for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt she will exhibit the same dedication and character in all of her future accomplishments.

RECOGNIZING RUSSELL A. MITTERMEIER, CARL SAFINA, AND PATRICIA C. WRIGHT

HON. TIMOTHY H. BISHOP

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. BISHOP of New York. Mr. Speaker, it is with great pride that I rise to congratulate Stony Brook University and its faculty for an unprecedented achievement. Three of the six finalists for the prestigious Indianapolis Prize, the world's leading award for animal conservation, are members of Stony Brook's faculty.

This is the first time that one university has had three finalists for the award given by the Indianapolis Zoo for "extraordinary contributions to conservation efforts." All three professors, Russell A. Mittermeier, Carl Safina, and Patricia C. Wright, hold Ph.D.s and have made major contributions to science. Their selection as finalists for this coveted award reflects the excellence and dedication of Stony Brook's faculty and brings honor to all of Long Island.

Dr. Mittermeier is president of Conservation International and has worked to preserve primates and turtles in South America, Madagascar and other places. He has used the concept of biodiversity "hotspots" to focus conservation efforts and raise \$1 billion for endangered habitats. He has an adjunct research appointment in the Department of Anatomical Sciences.

Dr. Safina co-founded Blue Ocean Institute to raise awareness of threats to the world's oceans and inspire solutions to these dangers. He is a research professor in Stony Brook's School of Marine and Atmospheric Sciences. Episodes of his show "Saving the Ocean with Carl Safina" aired nationwide on PBS in 2012.

Dr. Wright discovered a new species of lemur, the golden bamboo lemur, while working in Madagascar in 1986. She also rediscovered another species which had been considered extinct. Her efforts helped establish

the Ranomafana National Park in Madagascar which she believes has saved three species of lemur from extinction. She is a professor of anthropology at Stony Brook.

It is not surprising that these three eminent conservation pioneers have been tapped for international recognition. Their ongoing efforts have helped save our planet and its species from degradation. They are committed and passionate about their research. It is through the efforts of people like these who are able to inspire others to see the importance of conservation that our oceans, our endangered species and biodiversity of our plant will be preserved.

Indeed, these three professors and their tremendous achievements are most worthy of our recognition and of the Indianapolis Prize. They are representative of the pursuit of excellence and world-class research capabilities that define Stony Brook's reputation as a global leader in innovation and scientific breakthroughs. With this achievement, the professors take their place with Stony Brook University as the pride of Long Island and an example for aspiring scientists to follow.

Mr. Speaker, on behalf of New York's first congressional district, I would like to thank Professors Mittermeier, Safina, and Wright for the vital work they are doing. The fact that they are all members of Stony Brook faculty is yet another measure of the quality of this fine university.

HONORING SID REYES

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Sid Reyes. Sid is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 135, and earning the most prestigious award of Eagle Scout.

Sid has been very active with his troop, participating in many scout activities. Over the many years Sid has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Sid has contributed to his community through his Eagle Scout project. Sid completed necessary maintenance on the outdoor classroom at Hawthorne Elementary School in Kearney, Missouri.

Mr. Speaker, I proudly ask you to join me in commending Sid Reyes for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

RECOGNIZING NEVADA 150

HON. JOSEPH J. HECK

OF NEVADA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. HECK of Nevada. Mr. Speaker, I come to the floor today to mark the beginning of Nevada's journey to becoming the 36th State admitted to the Union.

Many know the story of the Nevada constitution being sent to Washington via the newly-invented telegraph machine to expedite our admission to the Union in late October of 1864. But a lesser known—though not less important—event in our state's history will celebrate its 150th anniversary next week.

On March 21, 2014—next Friday—it will have been one hundred and fifty years since this body voted to allow the People of the Territory of Nevada to form a Constitution and State Government for the purpose of admission into the Union.

Nevada's constitutional convention began on the fourth of July, 1864.

Among the first words of our constitution were the absolute prohibition of slavery, freedom of religious worship, and one issue very near to the work of Nevada's current Congressional delegation, the ownership status of the land.

The convention adjourned July 28 having laid the foundation for Nevada's admission to the Union and our future governance.

Voters of the territory approved the Constitution the first week of September, paving the way for Abraham Lincoln to admit Nevada as the 36th State on October 31, 1864.

But all of these events were set in motion by a bill approved in this very Chamber, Mr. Speaker. Without this critical first step, the journey to statehood would not have been possible.

I'm proud to call the Battle Born State home and join with Nevadans from Elko to Laughlin in celebrating the sesquicentennial of March 21, 1864.

CONGRATULATING THE CORNING AREA CHAMBER OF COMMERCE

HON. TOM REED

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. REED. Mr. Speaker, I rise to recognize and congratulate the Corning Area Chamber of Commerce on its 100th anniversary. Over the past 100 years, the Corning Area Chamber of Commerce has successfully provided small businesses and local entrepreneurs with the resources, expertise and advice needed to succeed.

The Corning community is stronger and more vibrant because of the Chamber. The Chamber has proven to be an invaluable resource in promoting business in our community through a powerful, united voice—a voice that successfully advances opportunities for growth time and time again. Due to the Chamber's unrelenting work in promoting and assisting commerce, local businesses continue to provide well-paying jobs and high-quality products and services to our region.

In addition to helping established businesses, the Chamber has a strong history of providing grants to organizations that assist local entrepreneurs in starting new businesses in Corning. The Chamber continues to give Corning citizens the tools necessary to succeed.

Once again I wish to congratulate the Corning Area Chamber of Commerce on 100 successful years of service and wish them another hundred prosperous years in the beautiful city we call home.

A TRIBUTE TO SHELLI-ANNE
COUCH—28TH CONGRESSIONAL
DISTRICT WOMAN OF THE YEAR

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Shelli-Anne Couch of Atwater Village.

As President of Friends of Atwater Elementary, Ms. Couch has led the turnaround of this Title I public elementary school, bringing new life to the volunteer support group which serves nearly 400 families in the Atwater Village area. She found innovative ways to generate new revenue streams, raised over \$100,000 in support of enrichment, educational and capital improvement programs for Atwater Avenue Elementary School, and created strategic partnerships with local, national and international businesses, non-profit organizations and individuals. Ms. Couch has founded and produced many events and programs that support the elementary school, including the First Annual Day of the Dead Festival with celebrity chef Curtis Stone which drew close to one thousand attendees and raised a substantial amount of money for the school.

Ms. Couch also formed a partnership with executives from Paul Mitchell Hair Products and Enrich LA to sponsor the school's first outdoor classroom program, which provides free tuition for students to learn how to make healthy life choices by gardening, eating seasonal produce, and composting. She also led the effort for school uniforms and created a "Care Closet" for families in need. In addition, she forged partnerships between the school and local organizations such as the Northland Village Church, which provides free weekly tutoring called "Homework Helpers," and the local Lions Club, which provides scholarships and free eye tests to students.

Prior to her dedicated volunteer work in Atwater Village, Ms. Couch was an international business and media executive with over twenty-five years of experience transforming how companies and people build their commerce, content and community, guiding clients like Universal Studios, Diane Von Furstenberg, and the Australian Consulate. She co-founded Billion Dollar Babes, the world's first global designer fashion sales event. Her agency's showrooms in Los Angeles, New York and London pioneered celebrity dressing and editorial placement. An award-winning journalist, Ms. Couch, who moved from her native Australia to Los Angeles in 1997, has been featured in magazines and newspapers such as *Vogue*, *The New York Times*, *The LA Times*, and *People*, and on the television show, *Good Morning America*.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Shelli-Anne Couch.

NICOLE PAPPADAKIS

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. PERLMUTTER. Mr. Speaker, I rise today to recognize and applaud Nicole Pappadakis for receiving the Arvada Wheat Ridge Service Ambassadors for Youth award. Nicole Pappadakis is an 8th grader at Moore Middle School and received this award because her determination and hard work have allowed her to overcome adversities.

The dedication demonstrated by Nicole Pappadakis is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations to Nicole Pappadakis for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt she will exhibit the same dedication and character in all of her future accomplishments.

PERSONAL EXPLANATION

HON. ALLYSON Y. SCHWARTZ

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Ms. SCHWARTZ. Mr. Speaker, on rollcall No. 116, I was unable to attend. Had I been present, I would have voted "yes."

PERSONAL EXPLANATION

HON. DONNA F. EDWARDS

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Ms. EDWARDS. Mr. Speaker, due to attending a previously scheduled meeting at the White House with President Obama, I was absent from votes in the House on Wednesday afternoon (March 12) and missed rollcall votes 1201-124. Had I been present, I would have voted: "yea" on rollcall No. 120 (Conyers amendment); "yea" on rollcall No. 121 (Nadler amendment); "yea" on rollcall No. 122 (Jackson-Lee amendment); "yea" on rollcall No. 123 (Motion to Recommit H.R. 4138 with Instructions); and "nay" on rollcall No. 124 (final passage of H.R. 4138, the ENFORCE the Law Act).

TRIBUTE TO JAMES C. DOWDLE

HON. FRED UPTON

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. UPTON. Mr. Speaker, on February 17th, we lost an extraordinary American with the passing of James C. Dowdle, who was 79. I rise today to do something a bit out of character. As many folks know, I am a proud University of Michigan Wolverine. Jim, on the

other hand, was a Notre Dame grad. In the Midwest, the Wolverines and Fighting Irish mix, at least in athletics, about as well as the Hatfields and McCoys. In fact, Jim was a physically gifted athlete who played basketball for the Irish. It takes a special individual for me to put aside a rivalry that runs that deep. Jim Dowdle was that unique.

I got to know Jim on a professional level. He was hired by Tribune Company in Chicago in the early 1980s to head its broadcast operations until his retirement in 1999. Tribune Company remains the largest media company headquartered in the Midwest. Of particular interest to me, Jim engineered the Tribune's purchase of the Chicago Cubs from the Wrigley family. As a lifelong, diehard Cubs fan, Jim and I agonized over the team's progress many an afternoon at Wrigley Field. Jim also persuaded legendary Hall of Fame broadcaster Harry Caray to be the Cubs' play-by-play announcer on Tribune's WGN-TV. That powerful combination spread WGN's telecasts throughout the land as cable systems and home satellites grew WGN into a national superstation. What makes the story even more remarkable is that Jim was a proud Irish-American son of Chicago's Southside, that sliver of greater Chicagoland where your allegiance is to the White Sox and whatever team is playing the Cubs. Jim used to say, "Thank God my father is buried in Calvary Cemetery. If he knew I bought the Cubs, I'm not sure he would talk to me." Over the years, Jim gambled on the future of television—investing in little-known cable channels such as the Food Network and others, adding to Tribune's broadcast station holdings, the value of which is now in the billions.

Jim Dowdle's family and civic legacy is just as remarkable. He married his beloved Sally Sayers in 1956 shortly after graduating from Notre Dame. To all, they are known as Honey and Doods. He was the father of five and grandfather of eighteen. At his funeral Mass, nine handsome grandsons, all at least six foot two, dressed in suits and Kelly green ties, served as pallbearers. At the altar, two Catholic monsignors, twelve priests and his godson (a deacon) celebrated his Mass before as many as 1,500 mourners—a powerful, visible testament to a life well led.

Long before I got to know him, Jim had conquered alcohol addiction. For decades, he counseled countless others, often complete strangers. When the word spread that Jim was nearing death, the family received numerous calls and messages from people who wanted them to know how Jim Dowdle had impacted them—saving careers, marriages, and lives. Without those unsolicited testimonials, no one would have known.

A former Marine lieutenant, years later, Jim received the Marine Corps' Semper Fidelis Award. He also received the broadcast industry's highest honor, the National Association of Broadcasters' Distinguished Service Award, as well as the National Academy of Television Arts and Sciences' Trustee Award and induction into the Broadcasting and Cable Hall of Fame. A devout Catholic, Jim was a director of Mundelein Seminary's Board of Advisors and Big Shoulders Fund. He served as a former board chairman of Junior Achievement of Chicago, director of Loyola University's Health Systems, director of Robert R. McCormick Foundation, director of Hazelden Chicago, and trustee of Chicago's Museum of

Science and Industry. I mention these. There are more.

Throughout his remarkable life, Jim Dowdle never lost the common touch. He stayed humble. He volunteered. He served. He gave. He never forgot what is truly important in life. I think the Marine's motto aptly describes the great man: "Semper Fidelis!" Always Faithful! It was my great privilege to know him and my honor to pay tribute. God bless Jim Dowdle.

RECOGNIZING LORIN LEWIS AS THE 2014 OKALOOSA COUNTY, FLORIDA EDUCATIONAL SUPPORT PERSON OF THE YEAR

HON. JEFF MILLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. MILLER of Florida. Mr. Speaker, I rise to recognize Mrs. Lorin Lewis as the 2014 Okaloosa County Educational Support Person of the Year. For over six years, Mrs. Lewis has served the students and community of Okaloosa County, and I am pleased to honor her achievements.

A product of the Okaloosa County School District, Mrs. Lewis was born and raised in Crestview, Florida. Upon graduating from Crestview High School in 2005, she began studying at Northwest Florida State College. The following year, she began her professional career in the Okaloosa County School District as a classroom assistant at a Department of Juvenile Justice facility. It was in this capacity that Mrs. Lewis developed a passion for working with at-risk youth. The patience and compassion she exerted enabled her to inspire and positively impact the lives of some of the most vulnerable, despite the rigors of the challenging environment.

Her love for bettering the lives of students continued to grow, and in 2011, she joined the faculty at Pryor Middle School as the Discipline Secretary. She became the Bookkeeper in 2012, where she continues her supporting role at the school. In addition to her strong faith, Mrs. Lewis credits her success and achievements to the support provided by her colleagues. It is her dedication and commitment to excellence, however, that has proven her to be an invaluable asset to the Okaloosa County School District and has earned her the title of Educational Support Person of the Year.

Mr. Speaker, I am proud to recognize Lorin Lewis and her great achievements. My wife Vicki joins me in congratulating Mrs. Lewis and her husband, Bryan, and we wish them all the best for continued success.

A TRIBUTE TO MARTHA BURNS—28TH CONGRESSIONAL DISTRICT WOMAN OF THE YEAR

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is

an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Martha Burns of La Cañada Flintridge.

Ms. Burns was born and raised in Minnesota. She obtained her degree in Mathematics from Colorado College, where she joined Kappa Alpha Theta, a sorority she continues to be active. After graduation, she worked as a Financial Analyst at General Mills in Minneapolis. Seven years later, she moved back to Colorado Springs, where she met and married Tom Burns while both were working for Burroughs Corp. In 1979, a job transfer moved the family to Glendale, and in 1981 they purchased a home in La Cañada Flintridge. Ms. Burns wasted no time in joining the La Cañada Flintridge Newcomers Club and the La Cañada Junior Women's Club.

As a young mother, Ms. Burns served as President and Treasurer of the La Cañada Elementary School Parent Teacher Association (PTA). She has also served in various positions with La Cañada High School's PTA and Cañada Council of PTA. Ms. Burns has also volunteered as a Leader and Den Mother for Campfire Girls and Cub Scouts, a Team Mom for American Youth Soccer Organization (AYSO), and as a "Classroom Mother."

Well-known in the area for her accounting and computing skills, Ms. Burns has volunteered her services to numerous service groups and businesses. She was the first woman to lead the softball arm of the La Cañada Jr. Baseball/Softball Association, for which she also served as Treasurer. She is an active member Assistance League of Flintridge (ALF) and previously served as Chairperson of the Summer School Program, Summer School Treasurer, Computer Chair, and Treasurer of ALF's Auxiliary. She was also the Treasurer of the Board of Directors of the La Cañada Flintridge Educational Foundation, the La Cañada Flintridge Chamber of Commerce, and the La Cañada-AM Kiwanis Club. Ms. Burns modernized the bookkeeping system for La Cañada Congregational and St. George's Episcopal Churches and their preschools. She has also developed database and accounting systems for the Community Center of La Cañada Flintridge and its preschool. An avid animal lover, Ms. Burns has volunteered as a bookkeeper for the Recycled Pets Rescue Organization and as Treasurer for the Pasadena Animal League, an auxiliary of the Pasadena Humane Society. Ms. Burns also received a La Cañada Council of PTA Service Award and a La Cañada Flintridge Coordinating Council Les Tupper Community Service Award.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Martha Burns.

ROSELINE MUGARUKA

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. PERLMUTTER. Mr. Speaker, I rise today to recognize and applaud Roseline Mugaruka for receiving the Arvada Wheat Ridge Service Ambassadors for Youth award. Roseline Mugaruka is a 12th grader at

Standley Lake High School and received this award because her determination and hard work have allowed her to overcome adversities.

The dedication demonstrated by Roseline Mugaruka is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations to Roseline Mugaruka for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt she will exhibit the same dedication and character in all of her future accomplishments.

IN RECOGNITION OF CHARLES J. GRIMES, RECIPIENT OF THE 2014 GREATER PITTSSTON AREA FRIENDLY SONS OF ST. PATRICK SWINGLE AWARD

HON. MATT CARTWRIGHT

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. CARTWRIGHT. Mr. Speaker, today I rise in acknowledgment of Charles J. Grimes, who on March 17, 2014, will receive the Swingle Award from the Greater Pittston Area Friendly Sons of St. Patrick. Charles J. Grimes was born in Plymouth, Pennsylvania on November 9, 1946 to Joseph and Helen Grimes. He attended St. Vincent's Catholic School and Plymouth High School. After school, Charlie began his career in 1970 as a Driver and Sales Representative with Freedman Express. He later went on to work for Conway Freight for 15 years.

Charlie has dedicated himself to membership and leadership roles in multiple charitable organizations. He currently serves as a sustaining Fourth Degree member of the President John F. Kennedy Council 372 Knights of Columbus, and previously served as the Grand Knight. He is also a member and past President of the Friendly Sons of St. Patrick. Charlie also volunteers with Meals on Wheels of Greater Pittston and the Salvation Army.

Charlie now resides in Jenkins Township with his wife, Rose Ferentino Grimes. He and his wife have six children and thirteen grandchildren, of which they are extremely proud.

It is a great honor to congratulate Charles J. Grimes on this award to commemorate his dedication to charity and community service. Charlie is a tribute to the Pittston area, and I thank him for his many valuable contributions to the public good.

HONORING THE JUDGE ADVOCATE GENERAL OF THE UNITED STATES AIR FORCE, LIEUTENANT GENERAL RICHARD C. HARDING

HON. MICHAEL R. TURNER

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. TURNER. Mr. Speaker, I rise today to pay tribute to Lieutenant General Richard C.

Harding, who is retiring after thirty-four years of accomplished and distinguished military service. Throughout his career as a senior officer, General Harding has provided invaluable testimony and advice to this body and in particular to the Armed Services Committee. Specifically, General Harding has provided his expert military advice on a wide range of defense and national security issues and especially on the workings of the military justice system in relation to the sexual assault crisis in which the military finds itself. I think I speak for all of my colleagues on the Armed Services Committee when I say that his depth of knowledge, outstanding leadership and professionalism, and deep respect and consideration for all of our men and women in uniform will be greatly missed.

The son of an Air Force officer and grandson of a Naval officer, General Harding entered the Air Force with a direct commission in 1980 after receiving his Bachelor of Science degree and Juris Doctor degree from the University of Arkansas. Over the course of his career, General Harding served six tours as a staff judge advocate at the unified command, major command, numbered air force and wing levels. He also served in a variety of staff positions at Headquarters Air Force and as the Deputy Chief Counsel for U.S. Transportation Command. Before serving as The Judge Advocate General (TJAG) General Harding was the Commander of the Air Force Legal Operations Agency.

During his tenure as TJAG, General Harding led the Air Force Judge Advocate General's Corps during one of the most turbulent periods in military law and most challenging budget crises in history. He innovatively orchestrated the creation and implementation of the Federal Government's first-ever Special Victims' Counsel Program, ensuring legal representation for victims of sexual assault. This Program was subsequently adopted by the Secretary of Defense and implemented across the Department of Defense.

Additionally, General Harding's focused processing initiatives revitalized the military justice system by drastically reducing court-martial processing times. He also resurrected the publication of the Air Force's standards of professional conduct by leading the drafting, coordinating, and publishing of the first-ever, Air Force Instruction 1-1, Air Force Standards, and he keenly consolidated the Judge Advocate and Inspector General inspection processes by creating a single two-tiered evaluation system to standardize and improve the delivery of legal services. Finally, General Harding astutely guided the Air Force through one of the most challenging budget crises in history by providing sage legal support for multiple manpower and personnel reductions, headquarters reorganizations, and field operating agency consolidations.

Through my role as Member of the Armed Services Committee I have had the pleasure of working directly with General Harding during this time. He has faithfully executed his oath of office and constitutional duties as the top uniformed military lawyer for the United States Air Force and provided this committee and congress with honest, direct, and sound advice. He will leave a lasting legacy on our Armed Forces.

For thirty-four years General Harding has performed his job professionally, honestly, and with great dedication. We will miss his leader-

ship and vision, and wish him all the best as he retires from active duty service to our nation.

HONORING THE LIFE AND LEGACY
OF ERNEST J. REYES

HON. TONY CÁRDENAS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. CÁRDENAS. Mr. Speaker, I rise today to honor the life and legacy of our friend Ernest J. Reyes who passed away recently at the age of 73. Though Mr. Reyes is sorely missed by friends and family, I know his legacy will endure. He had an illustrious career and was a passionate, hard-working advocate.

Mr. Reyes, a native of Madera, CA, was dedicated to the California real estate community. He was a licensed broker since 1972, served on the San Diego Real Estate Board, and founded Network Realty, a real estate brokerage firm. He also tapped into his knowledge of the real estate market to help families thrive and realize the American dream of homeownership. He co-founded the National Association of Hispanic Real Estate Professionals. Under his leadership, NAHREP has become "The Voice for Hispanic Real Estate" and proud champions of homeownership for the Hispanic community." Mr. Reyes was also Chairman of the San Diego Home Loan Counseling Center, a non-profit serving low and moderate-income families through economic literacy education.

Additionally, Mr. Reyes was an exceptional public servant. He was a member of the Hollister Elementary School District Board and served as Secretary. And in 1976, the California Senate Rules Committee appointed Mr. Reyes to serve on the Employment Services Board. He was also appointed by the U.S. Small Business Administration's Administrator Karen G. Mills to Chair the Regulatory Fairness Board, Region IX. And notably, Mr. Reyes served on the staff of the Honorable Leon E. Panetta while he was in Congress.

I extend my sincerest condolences to his wife of 50 years, Patricia Pedregon Reyes, along with his children, Denise Johnson and Daren Reyes, and his three grandchildren. Mr. Reyes was an inspiration and I know his loss will be felt by many, including the 29th Congressional District.

AMOS RUTHERFORD

HON. MARK MEADOWS

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. MEADOWS. Mr. Speaker, I rise today to congratulate Mr. Amos Rutherford on his 100th birthday, which he celebrates today, March 14th, 2014.

Mr. Rutherford is an exemplary citizen and lifelong resident of Caldwell County. Born in Morganton in 1914, Mr. Rutherford joined the military in 1942. As a medical aidman in World War II, Mr. Rutherford was awarded a Good Conduct Medal, American Theatre Service Medal, and a Victory Medal. These awards reflect Mr. Rutherford's character and the incredible size of his heart.

Returning to Morganton in 1946, Mr. Rutherford worked for Mullis Motor Company, and then spent 30 years at the Esso Exxon station in Lenior. I am proud to honor Mr. Rutherford today, as he has shown time and again an unwavering commitment to our district.

Mr. Speaker, on behalf of the entire 11th District of North Carolina, I congratulate Mr. Rutherford on his milestone 100th birthday and thank him for his service to Western North Carolina and to our nation.

A TRIBUTE TO ALEXANDRA
HELFRICH—28TH CONGRES-
SIONAL DISTRICT WOMAN OF
THE YEAR

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Alexandra Helfrich of Burbank.

When her eldest daughter began elementary school, Ms. Helfrich learned that the school did not have any arts programs. She began to fundraise and sought out grant opportunities to bring arts education back into the classroom. Ms. Helfrich worked with other parents, the PTA and Booster organizations to provide opportunities so every Burbank Unified School District (BUSD) student could experience music, visual art, theater, dance, and media arts. Through these collaborations, art programs became available at schools during the school day and after school as well.

Ms. Helfrich has served as a member of the Board of Directors for the Burbank Arts For All Foundation since 2007 and served as its co-chair from 2010 to 2013. The Burbank Arts For All Foundation works to ensure every student in Burbank public schools receives a quality arts education as a part of their core curriculum. To support the foundation's mission, Ms. Helfrich continues to serve on its Executive Committee. Ms. Helfrich's volunteer efforts have provided opportunities as well as increased access for children to become creative learners.

Ms. Helfrich has also served the Burbank Unified School District as a parent representative to the District Safety Committee, where she helped update the Special Education Parent Handbook. She is currently serving on the District Local Control Accountability Plan Committee. In addition, Ms. Helfrich, who is a committed school fundraiser, has consistently served on Booster Club Boards since 2007.

Ms. Helfrich is married to Mark Helfrich, a feature film editor and director, and they have two teenage daughters.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Alexandra Helfrich.

SERGIO MARTINEZ

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. PERLMUTTER. Mr. Speaker, I rise today to recognize and applaud Sergio Martinez for receiving the Arvada Wheat Ridge Service Ambassadors for Youth award. Sergio Martinez is an 8th grader at Wheat Ridge 5-8 and received this award because his determination and hard work have allowed him to overcome adversities.

The dedication demonstrated by Sergio Martinez is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations to Sergio Martinez for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt he will exhibit the same dedication and character in all of his future accomplishments.

TRIBUTE TO JORGE PAVEZ

HON. KEN CALVERT

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. CALVERT. Mr. Speaker, I rise today to honor and pay tribute to a dear friend of mine, Jorge Pavez. Jorge passed away on Saturday, March 8, 2014. Riverside County has been fortunate to have community members whose personal stories have contributed immensely to the rich history of Southern California. Jorge Pavez was one of these individuals. He was truly the definition of the American Dream fulfilled and served as an incredible inspiration to those around him. A resident of Corona for over 40 years, Jorge was a pillar of the community and will be deeply missed.

The story of Jorge's incredible life began in 1963 when he boarded a plane in his home nation of Chile, with a one way ticket to Miami. He wasn't sure what the United States of America would hold for him, but was ready to tackle any challenge that came his way. With only \$150 in his pocket upon arrival, success proved distant. He struggled without any knowledge of the English language and just a small bed at the local YMCA that ran him \$5 a night. After a series of unfortunate events, Jorge decided to head west to California by driving a Buick convertible there for its owner.

Jorge, who was still learning English and developing his skills, was not discouraged by the tough job market, and eventually landed a job as a parking attendant in Santa Monica. He was soon transferred to another parking lot, and the move proved to be a testament to fate, when he met his future wife, Joyce, who worked in management there. She became responsible for helping him learn English when she gave him a book to assist in the process. With the love and support of Joyce, proven hard work at the parking lot, and a new knowledge of the English language, a neighborhood insurance agent took notice of Jorge's natural work ethic and decided to give him a chance

with a job. Insurance was not an industry Jorge had come to know while growing up in South America, so while he was initially skeptical, he ultimately proved to be a natural at selling policies after a few short weeks of getting accustomed to the nature of the business.

Following a tragic event in the community where an insurance policy had a real impact, Jorge became a believer in the industry and developed a passion for the craft. This would ultimately be the beginning of a long and successful career. After starting his own agency, CPI Financial & Insurance Services, in two locations and acquiring another agency all within a matter of 10 years, Jorge became one of the preeminent insurance agents in the Inland Empire.

Through all of his success, Jorge remained committed to helping others fulfill their "American Dream." By promoting employment opportunities within his insurance companies, he has been able to help others looking for a chance to achieve their own form of success. From moving to the country virtually penniless, to being responsible for creating economic growth for many in the Inland Empire, Jorge proved that it is possible to accomplish your goals with a lot of hard work and dedication. On March 14, 2014, Jorge would have celebrated his 50th Anniversary in the United States of America.

On March 20, 2014, a memorial honoring Jorge's extraordinary life will be held. He is survived by his loving wife and children. Jorge will always be remembered for his incredible work ethic, generosity, contributions to the community and love of family. His dedication is a testament to a life lived well and a legacy that will continue. I extend my condolences to Jorge's family and friends; although Jorge may be gone, the light and goodness he brought to the world remain and will never be forgotten.

HONORING ELIZABETH BIESTER

HON. MICHAEL G. FITZPATRICK

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. FITZPATRICK. Mr. Speaker, Elizabeth Biester is a Bucks County woman who has made a difference in the global and local community with years of leadership, social advocacy, and volunteerism. She is being honored with the March 2014 Bucks County Women's History Month Award. As a volunteer, she has made an indelible imprint on our community and beyond.

Elizabeth Biester has advocated on behalf of the children of the world who were abandoned, orphaned, or experienced discrimination through her work with the Pearl S. Buck Foundation/Pearl S. Buck International and Welcome House.

The local organizations in which she has also tirelessly contributed include: American Red Cross, Network of Victim Assistance, Teachers for Tomorrow, League of Women Voters, YWCA of Bucks County and the Bucks County Symphony.

We recognize a dedicated woman of integrity and generous spirit who brings heart felt compassion to her endeavors. As we also acknowledge the impact she has had on many lives, we are grateful to Elizabeth Biester for setting an example of service and social advocacy for others to follow.

HONORING JORDAN
FOTHERINGHAM

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Jordan Fotheringham. Jordan is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 135, and earning the most prestigious award of Eagle Scout.

Jordan has been very active with his troop, participating in many scout activities. Over the many years Jordan has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Jordan has contributed to his community through his Eagle Scout project. Jordan constructed a picnic shelter at Mac Porter Park in Kearney, Missouri.

Mr. Speaker, I proudly ask you to join me in commending Jordan Fotheringham for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

IN RECOGNITION OF DR. SHAWN
CASEY, RECIPIENT OF THE 2014
FRIENDLY SONS OF ST. PATRICK
MAN OF THE YEAR AWARD

HON. MATT CARTWRIGHT

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. CARTWRIGHT. Mr. Speaker, today I rise to honor Dr. Shawn Casey, who will receive the 2014 Friendly Sons of St. Patrick Man of the Year Award on Monday, March 17, 2014. Dr. Casey was born in Pittston to Suzanne Walker Malloy and the late George T. Casey of Pittston. He graduated from Wyoming Area High School and Wilkes University, and studied Dentistry at the University of Pittsburgh. After graduation, Dr. Casey returned to the Pittston Area in 1994 to establish his dental practice.

In 2005, Dr. Casey founded Casey Dental, which now employs multiple dentists and specialists to provide comprehensive dental care in one location. Dr. Casey's office also accommodates Special Needs Dentistry for individuals with developmental disabilities, which he dedicated to his aunt, Mary Casey. Recently, Casey Dental expanded into Convention Hall in Pittston Township, where the brand new facility is equipped with 39 dentists and technicians to meet the growing need of patients in Northeastern Pennsylvania.

Shawn is a board member of the Pennsylvania Academy of General Dentistry, a member of the American Dental Association, Academy of General Dentistry, and Gnothos Orthodontic. He is also an active member of local charities, church organizations, school districts, and public service organizations. In particular, Shawn takes great pride in his Irish heritage and has been an active member with the Friendly Sons of St. Patrick for over 20 years. He won the Swingle Award for community service in 2003, and previously served as

the President of the organization. He will also soon accept the organization's 2014 Man of the Year award.

Shawn now resides in Jenkins Township with his wife of 21 years, Michele, and their three children, George, Shawna, and Samantha. Since joining in 1992, Shawn now enjoys yearly banquets and introducing his son, George, to the Friendly Sons to carry on the Casey Tradition.

I proudly offer my congratulations to Dr. Casey for receiving this award from the Friendly Sons of St. Patrick. I applaud his commitment to providing dental care to Pennsylvanians, including those with special needs, and his lifetime of service to the Pittston area.

**A TRIBUTE TO BLAIRE LENNANE—
28TH CONGRESSIONAL DISTRICT
WOMAN OF THE YEAR**

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Blaire Lennane of Elysian Valley.

Since 2011, Ms. Lennane has been an unstoppable force in the Elysian Valley community. Especially dedicated to serving the area's youth, she is the Founding President of Partners of Dorris (POD). POD is a non-profit organization committed to supporting public education programs affected by budget cuts and the advancement of students at Dorris Place Elementary School. POD supports the school's teachers and contributes to the beautification and safety of Elysian Valley through outreach and volunteerism. A consummate organizer, Ms. Lennane has formed partnerships with local businesses, non-profit organizations, community groups, and corporations to generate funds and in-kind donations for the school. She spearheaded the complete makeover and re-opening of the school library, partnered with Home Depot to accomplish the leveling, re-building, and planting of the school garden and worked with Office Depot to provide supplies for the entire school.

Ms. Lennane's greatest achievement through POD is the Instrumental Music Program, where she partnered with the non-profit group Education Through Music-Los Angeles, to bring musical instrument instruction (violin, cello, ukulele, and recorder) to the school, as well as organized afterschool ensemble practice.

Ms. Lennane has founded and organized many events which have become beloved annual traditions highly anticipated by the community. Such events include the Training Day Fitness Fair & Walkathon, the Fine Arts Expo, and the Save the Music Program Fall Festival. Ms. Lennane is also active with the Elysian Valley Arts Collective, the Los Angeles City Parks Advisory Board for the Elysian Valley Recreation Center, and the Los Angeles Unified School District's Parent Community Advisory Committee. She sits on several commit-

tees for Dorris Place Elementary School. Ms. Lennane and her husband, Chad Gordon, have one daughter, Gala Lennane-Gordon.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Blaire Lennane.

PERSONAL EXPLANATION

HON. CHRIS VAN HOLLEN

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. VAN HOLLEN. Mr. Speaker, on the afternoon of March 13, 2014, I was attending a meeting at the White House to discuss a sensitive constituent issue and was absent for rollcall vote 126. Had I been present for rollcall vote 126, on passage of H. Res. 515, I would have voted "no."

**OUR UNCONSCIONABLE NATIONAL
DEBT**

HON. MIKE COFFMAN

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. COFFMAN. Mr. Speaker, on January 20, 2009, the day President Obama took office, the national debt was \$10,626,877,048,913.08.

Today, it is \$17,491,372,091,598.45. We've added \$6,864,495,042,685.37 to our debt in 5 years. This is over \$6.8 trillion in debt our nation, our economy, and our children could have avoided with a balanced budget amendment.

**CONGRATULATING CAMBRIA COUN-
TY ON ITS 210TH ANNIVERSARY**

HON. KEITH J. ROTHFUS

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. ROTHFUS. Mr. Speaker, I rise today to congratulate the residents of Cambria County, Pennsylvania, who celebrate the 210th anniversary of the County's founding on March 26, 2014. Cambria County is nestled in the Laurel Highlands of Western Pennsylvania and is home to many great hard working Americans.

On March 26, 1804, the Pennsylvania Assembly formed a new county from portions of Huntingdon, Somerset, and Bedford Counties. They named it Cambria, an old name for Wales. To determine the location of the county seat, Cambria County held a census. Because Ebensburg had the largest population of 150 to Johnstown's 60, it became the new county seat. Over two centuries later, Ebensburg remains the county seat.

Today, more than 140,000 Pennsylvanians call Cambria County home. It contains more than sixty-three municipalities including thirty-two boroughs, thirty townships, and the city of Johnstown. The county is home to leading hospitals, educational institutions, defense contractors, manufacturers, coal mines, and other businesses.

From Northern Cambria to Nanty Glo to Portage, Cambria County is blessed with

beautiful vistas. Visitors travel from all over to see the breathtaking view from the Johnstown Inclined Plane and the natural beauty of Prince Gallitzin State Forest and Laurel Ridge State Park.

Cambria County is also fortunate to have plentiful natural resources. Our hardworking men and women drove the steel industry that built our Nation and developed its abundant coal and natural gas. Today, many Cambria County residents continue to work in the steel and energy industries.

The county was the location of the Johnstown Flood, one of the worst natural disasters in our Nation's history. In the midst of great challenges, the people of Cambria have overcome and pressed on to build the vibrant community that we celebrate today.

Mr. Speaker, and fellow Members, please join me in congratulating Cambria County on the 210th anniversary of its founding.

**HONORING THE DIRECTOR OF THE
AIR FORCE SEXUAL ASSAULT
PREVENTION AND RESPONSE OF-
FICE, MAJOR GENERAL MAGGIE
H. WOODWARD**

HON. MICHAEL R. TURNER

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. TURNER. Mr. Speaker, today I rise to honor Major General Maggie H. Woodward, who is retiring after 31 years of faithful and distinguished service to her nation. Throughout her career, and especially as a senior officer, General Woodward has provided invaluable testimony, advice, and service to this body. Specifically and most recently, General Woodward provided updates and insight in relation to sexual assault in the military and on her progress in leading the fight against this scourge as Director of the new Air Force Sexual Assault Prevention and Response Office.

Inspired by her grandfather, one of the United States' first military pilots, General Woodward sought to fly aircraft in defense of her nation. She entered the Air Force in 1983 as an ROTC graduate of Arizona State University. Over the course of her distinguished career, she commanded at the squadron, group, wing, and numbered Air Force levels, including Air Forces Africa in Germany and the 89th Airlift Wing at Andrews Air Force base, home of Air Force One.

General Woodward flew and commanded in Operations Just Cause, Northern and Southern Watch, Allied Force, Enduring Freedom and Iraqi Freedom. Additionally, General Woodward served as Coalition Forces Air Component Commander during Operation Odyssey Dawn—the first female Component Commander in our nation's history. Her most lasting impact will be the momentum she provided in turning back the tide of sexual assault in our military; her compassion for victims, relentless pursuit of perpetrators, and dedication to reinforcing a climate of dignity and respect within the Air Force has set a new standard for military leaders everywhere. She retires as a command pilot with more than 3,800 flying hours in multiple aircraft, and the respect of both military members and civilians alike.

For 31 years General Woodward has performed her job professionally, honestly, and

passionately. We will miss her leadership, courage, and dedication, and wish her all the best as she retires from active duty service to our great nation.

A TRIBUTE TO DRIAN JUAREZ—
28TH CONGRESSIONAL DISTRICT
WOMAN OF THE YEAR

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Drian Juarez of Hollywood.

Born in Juarez, Mexico and raised by her grandmother, a five-year-old Ms. Juarez joined her mother in the United States after her grandmother's passing.

Ms. Juarez's artistic talents were noticed early on by many of her teachers. She entered a Los Angeles Times art contest, won, and was awarded with art lessons throughout middle school. With these art lessons, Ms. Juarez was able to build a portfolio and gain entry into the Los Angeles County High School for the Arts. Upon graduation, she was accepted to Otis College of Art and Design, where she attained a Bachelor's Degree in Fine Art.

In 2005, Ms. Juarez was shot in the face at a Halloween event and lost sight in her right eye. After this tragic incident, Ms. Juarez decided to make a change in her life. For the first time, she connected with Los Angeles transgender support groups and increased her involvement in local events and activism. She became a member of the West Hollywood Transgender Task Force, which is now known as the West Hollywood Transgender Advisory Board, and also became a member of the Transgender Service Provider Network. In 2009, Ms. Juarez was invited to become a member of the Transgender Law Center's Transgender Leadership Council and the Transgender Economic Development Initiative.

For the past 6 years, Ms. Juarez has served as Program Manager of the Transgender Economic Empowerment Project (TEEP) at the Legal Services Department of the L.A. Gay & Lesbian Center. She has demonstrated remarkable entrepreneurial skills and passion for empowering clients who are struggling with immigration, employment, and race issues due to their gender identity.

TEEP, in conjunction with Trans-Unity Pride, held its first job fair in 2008. Since then, TEEP has collaborated with the West Hollywood Chamber of Commerce on a yearly job fair. As part of this job fair, Ms. Juarez has provided Gender and Sexual Diversity in the Workplace trainings to human resources professionals and employers. Ms. Juarez has presented over 400 transgender cultural competency trainings to thousands of people, including at conferences sponsored by the Transgender Service Provider Network and the HIV Drug & Alcohol Task Force, LA Youth at Work, the City of L.A. Career Fair, Women's Resource & Job Fair, Trans Action/Friends Community

Center, among others. In addition to all of her accomplishments, Ms. Juarez designed a plaque with an inscribed poem for the City of West Hollywood, which was dedicated in 2009 during the Transgender Day of Remembrance, a day to memorialize those who were killed due to anti-transgender hatred and prejudice.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Drian Juarez.

PERSONAL EXPLANATION

HON. ALLYSON Y. SCHWARTZ

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Ms. SCHWARTZ. Mr. Speaker, on rollcall No. 117, I was unable to attend. Had I been present, I would have voted "yes."

HONORING THE 2014 ACADEMY
NOMINEES OF THE 11TH CON-
GRESSIONAL DISTRICT OF NEW
JERSEY

HON. RODNEY P. FRELINGHUYSEN

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. FRELINGHUYSEN. Mr. Speaker, every year, more high school seniors from the 11th Congressional District trade in varsity jackets for navy pea coats, Air Force flight suits, and Army brass buckles than most other districts in the country. But this is nothing new—our area has repeatedly sent an above average portion of its sons and daughters to the nation's military academies for decades.

This fact should not come as a surprise. The educational excellence of area schools is well known and has long been a magnet for families looking for the best environment in which to raise their children. Our graduates are skilled not only in mathematics, science, and social studies, but also have solid backgrounds in sports, debate teams, and other extracurricular activities. This diverse upbringing makes military academy recruiters sit up and take note—indeed, many recruiters know our towns and schools by name.

Since the 1830's, Members of Congress have enjoyed meeting, talking with, and nominating these superb young people to our military academies. But how did this process evolve? In 1843, when West Point was the sole academy, Congress ratified the nominating process and became directly involved in the makeup of our military's leadership. This was not an act of an imperial Congress bent on controlling every aspect of Government. Rather, the procedure still used today was, and is, a further check and balance in our democracy. It was originally designed to weaken and divide political coloration in the officer corps, provide geographical balance to our armed services, and to make the officer corps more resilient to unfettered nepotism and handicapped European armies.

In 1854, Representative Gerritt Smith of New York added a new component to the academy nomination process—the academy review board. This was the first time a Member of Congress appointed prominent citizens

from his district to screen applicants and assist with the serious duty of nominating candidates for academy admission. Today, I am honored to continue this wise tradition in my service to the 11th Congressional District.

The Academy Review Board is composed of six local citizens who have shown exemplary service to New Jersey, to their communities, and to the continued excellence of education in our area—many are veterans. Though from diverse backgrounds and professions, they all share a common dedication that the best qualified and motivated graduates attend our academies. And, as true for most volunteer panels, their service goes largely unnoticed.

I would like to take a moment to recognize these men and women and thank them publicly for participating in this important panel. Being on the board requires hard work and an objective mind. Members have the responsibility of interviewing upwards of 50 outstanding high school seniors every year in the academy review process.

The nomination process follows a general timetable. High school seniors mail personal information directly to the Military Academy, the Naval Academy, the Air Force Academy, and the Merchant Marine Academy once they become interested in attending. Information includes academic achievement, college entry test scores, and other activities. At this time, they also inform my office of their desire to be nominated.

The academies then assess the applicants, rank them based on the data supplied, and return the files to my office with their notations. In late November, our Academy Review Board interviews all of the applicants over the course of 2 days. They assess a student's qualifications and analyze character, desire to serve, and other talents that may be hidden on paper.

This year the board interviewed over 40 applicants. The Board's recommendations were then forwarded to the academies by January 31, where recruiters reviewed files and notified applicants and my office of their final decision on admission.

As these highly motivated and talented young men and women go through the academy nominating process, never let us forget the sacrifice they are preparing to make: to defend our country and protect our citizens. This holds especially true at a time when our nation is fighting the war against terrorism. Whether it is in Afghanistan or other hot spots around the world, no doubt we are constantly reminded that wars are fought by the young. And, while our military missions are both important and dangerous, it is reassuring to know that we continue to put America's best and brightest in command.

ACADEMY NOMINEES FOR 2014, 11TH DISTRICT
CONGRESSIONAL DISTRICT

AIR FORCE ACADEMY

Justin M. Blumas, Roseland, West Essex H.S.

Jennifer E. Lam, Boonton, Air Force Academy Prep

Sean M. Lyons, Morristown, Morristown H.S.

Angela E. Martone, Lincoln Park, Trinity Christian H.S.

Michael J. Predojevic, Woodland Park, Passaic Valley H.S.

MERCHANT MARINE ACADEMY

Justin C. Corio, Bloomfield, Bloomfield H.S.

Clay C. Dundas, Sparta, Massachusetts Maritime Academy

Zachery F. Flake, Denville, Morris Knolls H.S.

Seung H. Hwang, Wayne, Wayne Hills H.S.
Scott R. Johnston, Wayne, Wayne Valley H.S.

Tyler G. Macejka, Pompton Plains, Pequannock H.S.

Jennifer L. Pezzuti, Riverdale, Pompton Lakes H.S.

MILITARY ACADEMY

Chris-John H. Bosch, Wayne, Seton Hall Prep

Anthony Costagliola, Wayne, Wayne Hills H.S.

Michael T. Herbert, Whippany, New Mexico Military Institute

Daniel K. Iskander, Madison, Madison H.S.
Parker F. Meytrott, Montville, MAPS

Dylan V. Panicucci, Sparta, Sparta H.S.
John C. Phillips, Sparta, Blair Academy

Andrew S. Vena, Chatham, Chatham H.S.
Nicholas D. Wilde, Madison, Madison H.S.

Austin JC Williams, Verona, Verona H.S.

NAVAL ACADEMY

Joshua C. Corbett, Mendham, Gill St. Bernards

Patrick E. Dugan, Morristown, Oratory Prep

Jacob S. Ferraro, Kinnelon, Kinnelon H.S.
Jack W. Frey, Sparta, Pope John XIII H.S.

Nicholas R. Maletto, North Haledon, Pas-saic County Technical Institute

Michael B. Meisel, Sparta, Sparta H.S.
Nicholas A. Markferding, Florham Park, Seton Hall Prep

Michael E. McGlone, Boonton, Iona College

Dylan P. Pennell, West Orange, West Or-ange H.S.

Patrick K. Stanton, Hopatcong, Hopatcong H.S.

IN RECOGNITION OF JOSEPH J. JOYCE, JR., RECIPIENT OF 2014 THE FRIENDLY SONS OF ST. PATRICK ACHIEVEMENT AWARD

HON. MATT CARTWRIGHT

OF PENNSYLVANIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. CARTWRIGHT. Mr. Speaker, today I rise in acknowledgment of Joseph J. Joyce, who will receive the Achievement Award from the Greater Pittston Friendly Sons of St. Patrick on Monday, March 17, 2014. Joe is a graduate of St. John's High School, Pittston, Pennsylvania, and Luzerne County Community College, Nanticoke, Pennsylvania. He went on to major in Business Education & Accounting at Bloomsburg University.

In 1989, Joe became licensed in Property and Casualty, Life, Accident and Health insurance and joined Joyce Insurance Group. Today, he focuses his efforts on commercial insurance, overseeing the Commercial Lines Division and company-to-agency relations, specializing in governmental and self-funded entities.

Throughout his life, Joe has done charity work with several organizations. He is a member of St. John's Roman Catholic Church, Pittston, PA; the Jolly Boys Association, Avoca, Pennsylvania; the Greater Pittston Chamber of Commerce; the Avoca Lions Club, where he served as Secretary to the Board of Directors; and the Friendly Sons of St. Patrick, Greater Pittston Chapter, where he served as President and Treasurer. Among his many accomplishments, Joe was the 2012 recipient of the Friendly Sons of St. Patrick Swingle

Award, which honors a member for assisting and giving back to his community.

Currently, Joe resides in Hughestown with his wife Anna. They have raised five children: Joseph, John, Brent, Kahli and Aidan. They are also proud grandparents of four grandchildren: Annabel, Joey, Adeline, and Remy Mack Joyce.

I am proud to congratulate Mr. Joyce for receiving this acknowledgment from the Greater Pittston Friendly Sons, and for his many years of service to the Pittston Area.

HONORING PATRICK L. SULLIVAN ON THE OCCASION OF HIS RETIREMENT AS DIRECTOR OF THE CAPTAIN JAMES A. LOVELL FEDERAL HEALTH CARE CENTER

HON. BRADLEY S. SCHNEIDER

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHNEIDER. Mr. Speaker, I am pleased to rise today to honor Director Patrick L. Sullivan on the occasion of his retirement from the Captain James A. Lovell Federal Health Care Center in the suburban Chicago district that I represent.

In 2010, the nation's first integrated Department of Veterans Affairs (VA)—Department of Defense (DoD) federal health care center opened its doors with Pat Sullivan as Director. The Lovell Federal Health Care Center (FHCC) at Naval Station Great Lakes was the culmination of years of vision, planning and hard work. It was and is an example of excellence for all other VA and DoD health care facilities.

I am incredibly proud that Illinois's Tenth District is home to the Lovell FHCC and Naval Station Great Lakes, the Navy's only recruit training command. It's here that the Navy trains more than 40,000 new sailors each year. It's here that the nation's first integrated federal health care center was created. And it was here that Director Sullivan's leadership helped make the vision of an integrated health system a reality, raising the bar of achievement to new heights.

Director Sullivan has done a remarkable job leading an outstanding team of more than 3,000 dedicated professionals. His leadership, drive, determination and forward-thinking approach have been key to Lovell FHCC's success and will be sorely missed.

Serving veterans, active duty personnel, military families and recruits each year, the Lovell FHCC demonstrates an unwavering commitment to preparing warriors and caring for heroes.

Director Sullivan's accomplishments have laid the foundation for the care of many future generations of sailors, families and veterans. I want to personally thank Director Sullivan for everything he has done, and congratulate him at the successful completion of a distinguished career with the Lovell FHCC.

HONORING TYLER THORNE

HON. SAM GRAVES

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. GRAVES of Missouri. Mr. Speaker, I proudly pause to recognize Tyler Thorne. Tyler is a very special young man who has exemplified the finest qualities of citizenship and leadership by taking an active part in the Boy Scouts of America, Troop 135, and earning the most prestigious award of Eagle Scout.

Tyler has been very active with his troop, participating in many scout activities. Over the many years Tyler has been involved with scouting, he has not only earned numerous merit badges, but also the respect of his family, peers, and community. Most notably, Tyler has contributed to his community through his Eagle Scout project.

Mr. Speaker, I proudly ask you to join me in commending Tyler Thorne for his accomplishments with the Boy Scouts of America and for his efforts put forth in achieving the highest distinction of Eagle Scout.

HONORING THE LIFE AND DEDICATED SERVICE OF EVANGELIST STEVE HILL

HON. JEFF MILLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. MILLER of Florida. Mr. Speaker, I rise to recognize the life and dedicated service of Evangelist Steve Hill, who passed away on March 9, 2014, after a courageous battle with melanoma. Pastor Hill served as a mentor and an inspiration to countless individuals. The loss of a devoted husband, father, and unparalleled servant of our Lord and Savior Jesus Christ is felt not only in Northwest Florida but throughout this great Nation and around the world.

Pastor Hill was born to a military family in 1954 in Ankara, Turkey. It was during his teen years, after his family moved to Huntsville, Alabama, where Pastor Hill felt the power of prayer for the first time more than ever. Though, this was only the beginning; Pastor Hill's love for God and helping others only grew.

Leaving behind a difficult past, Pastor Hill attended David Wilkerson's Twin Oaks Bible Academy located in Lindale, Texas. He met the love of his life there, the former Ms. Jeri Larson, and the two were married in 1979. Both began serving Christ through full-time ministry with Outreach Ministries of Alabama and then as youth pastors in Panama City and Tallahassee, Florida. Pastor Hill and his wife then felt the Lord's calling to serve His people abroad. Within seven years, they had managed to spread God's Word throughout South America and Europe, establishing ministries and churches.

In 1995, Pastor Hill touched the Northwest Florida community when he spoke at a revival at Brownsville Assembly of God in Pensacola, Florida. Following his sermon, what would become known as the Brownsville Revival was ignited, attracting millions of people from all over the world. Pastor Hill's ability to encourage and empower those seeking the Lord led

to one of the longest running church revivals throughout our Nation's history. Preaching four nights a week for five years during the revival and leading thousands of individuals to Christ, Pastor Hill was inspired to continue the revival around the world.

In 2003 and 2004, Pastor Hill established Heartland World Ministries Church and Heartland School of Ministry in Irving, Texas, where he served as the senior pastor up until 2012. Despite facing a difficult health battle, his passion and heart for helping others did not cease, and his service to Christ continued, as he ministered through his website, *ProdigalsOnly.com*; his writing; and television broadcasts.

For over three decades, Pastor Hill was deeply committed to spreading the word of the Lord and helping others find salvation. Northwest Florida and the countless individuals whose lives were touched by Steve Hill mourn the loss of an exceptional man of God.

Mr. Speaker, on behalf of the United States Congress, I am privileged to honor the service and contributions of Evangelist Steve Hill to the Northwest Florida community and around the world. My wife Vicki and I offer our prayers to his wife, Jeri; son, Ryan; daughters, Shelby and Kelsey; and the entire Hill family and friends.

HOBBY LOBBY AND CONESTOGA
WOOD SPECIALTIES CASES

HON. ZOE LOFGREN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Ms. LOFGREN. Mr. Speaker, I rise to express my concerns about two cases being argued before the Supreme Court this month, *Sebelius v. Hobby Lobby Stores and Conestoga Wood Specialties v. Sebelius*. I am a strong supporter of our Constitution, which allows for religious liberty, but religious liberty does not include the right to impose your own religious beliefs on others. If Hobby Lobby CEO David Green opposes birth control, he's entitled to his opinion, but he is not entitled to impose his beliefs on others by deliberately refusing contraceptive coverage for his female employees. This coverage makes a difference, especially for women working in entry level positions that too often leave them below the poverty line. Women need to be able to make their own decisions about their reproductive health care without interference from their bosses. It is their right, and it should not be trampled upon.

SAMANTHA FLORES

HON. ED PERLMUTTER

OF COLORADO

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. PERLMUTTER. Mr. Speaker, I rise today to recognize and applaud Samantha Flores for receiving the Arvada Wheat Ridge Service Ambassadors for Youth award. Samantha Flores is a 12th grader at Jefferson High School and received this award because her determination and hard work have allowed her to overcome adversities.

The dedication demonstrated by Samantha Flores is exemplary of the type of achievement that can be attained with hard work and perseverance. It is essential students at all levels strive to make the most of their education and develop a work ethic which will guide them for the rest of their lives.

I extend my deepest congratulations to Samantha Flores for winning the Arvada Wheat Ridge Service Ambassadors for Youth award. I have no doubt she will exhibit the same dedication and character in all of her future accomplishments.

A TRIBUTE TO RUTH WILLIAMS—
28TH CONGRESSIONAL DISTRICT
WOMAN OF THE YEAR

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Ruth Williams of West Hollywood.

Ms. Williams is one of the original founders of the City of West Hollywood. Incorporated in 1984, West Hollywood has been her home for over sixty years. Her history of activism and volunteerism in West Hollywood is astonishing. She has served as a member of the Eastside Redevelopment Project Area Committee since its inception, is a former board member of Good Neighbors, and has organized the annual Fourth of July Picnic and Holiday Food Drive for many years. With a strong commitment to public safety issues, Ms. Williams helped create the original Disaster Volunteer Core Committee, worked tirelessly with the Los Angeles County Sheriff's Department to create neighborhood watch groups, and served on West Hollywood's Public Safety Commission. Ms. Williams also founded Citizens for Seniors and helped draft West Hollywood's first rent control ordinance while serving on the City's Rent Stabilization Commission.

As Director of Advocacy at the National Council of Jewish Women/Los Angeles (NCJW/LA), Ms. Williams has firsthand knowledge of the need for providing social services in the community. She strives to educate the community about current issues such as child abuse, human trafficking, domestic violence, teen bullying, and human rights, as well as advocate for domestic violence shelter funding. Many of the NCJW/LA programs under Ms. Williams' leadership have received statewide and federal recognition.

In addition to Ms. Williams' work in the community and with NCJW/LA, she is also active in the Hollywood National Organization for Women, is a former Chair and life member of the Fairfax High School Alumni Association, current Vice Chair of the Fairfax Business Association, and is involved in various political organizations. Ms. Williams has received numerous awards, including the 2010 Los Angeles County Older American Recognition Day Award, a City of West Hollywood Senior Advi-

sory Board Award, and a city proclamation to recognize March 15, 2013 as "Ruth Williams Day" in honor of her 75th birthday.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Ruth Williams.

A TRIBUTE TO CHRISTY SCHILLING—
28TH CONGRESSIONAL DISTRICT
WOMAN OF THE YEAR

HON. ADAM B. SCHIFF

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, March 14, 2014

Mr. SCHIFF. Mr. Speaker, I rise today in honor of Women's History Month. Each year, we pay special tribute to the contributions and sacrifices made by our nation's women. It is an honor to pay homage to outstanding women who are making a difference in my Congressional District. I would like to recognize a remarkable woman, Christy Schilling of Glendale.

Ms. Schilling grew up in Burbank and Glendale and graduated from Burbank High School in 1990. She went on to attend California State University, Northridge, where she majored in Sociology/Social Welfare. Ms. Schilling is dedicated to improving the quality of life for people living throughout the Los Angeles area. From childhood, Ms. Schilling has been concerned about those less fortunate than herself. She interned with the Haven Hills Domestic Violence Shelter, after completing her degree in 1995, working to improve the lives of battered women and their children. She not only counseled victims of domestic violence, but also counseled pregnant and parenting teens.

In addition to her other volunteer efforts for people, she is a fierce protector of and advocate for animals. As she started volunteering with different animal groups, her passion for animal welfare grew. She realized that by helping pets, she was helping people and the whole community. Ms. Schilling has been an avid animal welfare volunteer for more than 15 years, resulting in her founding of The Animal Protectorates (TAPS), a non-profit animal advocacy organization. Ms. Schilling is devoted to educating people about the importance of spaying and neutering their animals, adopting animals, and reducing euthanasia rates in shelters. TAPS is dedicated to protecting animals in every possible way, supports other organizations aligned with the TAPS mission, and advocates unity among animal welfare organizations. With its committed and enthusiastic team and Board of Directors, TAPS is making a tremendous and positive difference for thousands of animals.

Ms. Schilling is the voice of abused and helpless creatures, and her contributions are reaching far and wide. Her mission to eliminate the sale of puppy mill pets in Glendale culminated in 2012 when the Glendale City Council passed its ordinance eliminating the sale of all puppy mill animals in Glendale. With the passage of this ordinance, Ms. Schilling's attention turned to a similar draft of a puppy mill ordinance in the City of Burbank, and Burbank's City Council passed the ordinance as well.

Throughout the years, Ms. Schilling has been a selfless volunteer. Her volunteer activities have included fundraising for the YMCA

child care programs and capital campaigns, Christmas in April home improvement projects for low income families, and planting seedlings with underprivileged children at Tree People. Her current volunteer activities include working

with a local guild of Children's Hospital Los Angeles, and regularly donating blood at the Glendale American Red Cross. Ms. Schilling and her husband, Craig Schilling, live in Glendale.

I ask all Members to join me in honoring an exceptional woman of California's 28th Congressional District, Christy Schilling.

Daily Digest

Senate

Chamber Action

The Senate met at 10:31:14 a.m. in pro forma session, and adjourned at 10:31:42 a.m. until 10:30 a.m. on Tuesday, March 18, 2014.

Committee Meetings

(Committees not listed did not meet)

No committee meetings were held.

House of Representatives

Chamber Action

Public Bills and Resolutions Introduced: 23 public bills, H.R. 4251–4273; and 3 resolutions, H. Res. 520–522 were introduced. **Pages H2483–85**

Additional Cosponsors: **Pages H2485–86**

Report Filed: A report was filed today as follows: H.R. 2810, to amend title XVIII of the Social Security Act to reform the sustainable growth rate and Medicare payment for physicians' services, and for other purposes, with an amendment (H. Rept. 113–257 Pt. 2). **Page H2483**

Speaker: Read a letter from the Speaker wherein he appointed Representative Ribble to act as Speaker pro tempore for today. **Page H2437**

SGR Repeal and Medicare Provider Payment Modernization Act of 2014: The House passed H.R. 4015, to amend title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate and improve Medicare payments for physicians and other professionals, by a yea-and-nay vote of 238 yeas to 181 nays, Roll No. 135. **Pages H2439–70**

Rejected the Loeb sack motion to recommit the bill to the Committee on Ways and Means with instructions to report the same back to the House forthwith with an amendment, by a yea-and-nay vote of 191 yeas to 226 nays, Roll No. 134. **Page H2468**

Pursuant to the rule, the amendment printed in part B of H. Rept. 113–379 shall be considered as adopted. **Page H2439**

H. Res. 515, the rule providing for consideration of the bills (H.R. 3189) and (H.R. 4015), was agreed to yesterday, March 13th.

Meeting Hour: Agreed that when the House adjourns today, it adjourn to meet at 1 p.m. on Tuesday, March 18th. **Page H2470**

Senate Message: Message received from the Senate today appears on page H2470.

Senate Referrals: S. 1456 and S. 2147 were held at the desk. **Page H2470**

Quorum Calls—Votes: Two yea-and-nay votes developed during the proceedings of today and appear on pages H2469–70 and H2470. There were no quorum calls.

Adjournment: The House met at 9 a.m. and adjourned at 1:11 p.m.

Committee Meetings

APPROPRIATIONS—FY 2015 DEPARTMENT OF AGRICULTURE BUDGET

Committee on Appropriations: Subcommittee on Agriculture, Rural Development, FDA and Related Agencies held a hearing on FY 2015 Department of Agriculture Budget. Testimony was heard from Thomas Vilsack, Secretary, Department of Agriculture; Joseph Glauber, Chief Economist, Department of Agriculture; and Michael Young, Budget Officer, Department of Agriculture.

U.S. CENTRAL COMMAND AND ISAF OVERSIGHT HEARING

Committee on Appropriations: Subcommittee on Defense held a hearing on U.S. Central Command and ISAF Oversight Hearing. Testimony was heard from General Lloyd J. Austin III, Commander, United States Central Command; and General Joseph F. Dunford, Jr., Commander, International Security Assistance Force and United States Forces Afghanistan. This was a closed hearing.

FISCAL YEAR 2015 NATIONAL DEFENSE AUTHORIZATION BUDGET REQUEST FROM THE DEPARTMENT OF THE AIR FORCE

Committee on Armed Services: Full Committee held a hearing on Fiscal Year 2015 National Defense Authorization Budget Request from the Department of the Air Force. Testimony was heard from Deborah Lee James, Secretary of the Air Force; and General Mark A. Welsh III, USAF, Chief of Staff, U.S. Air Force.

MISCELLANEOUS MEASURES

Committee on Financial Services: Full Committee concluded a markup on the following legislation: H.R. 3623, the “Improving Access to Capital for Emerging Growth Companies Act”; H.R. 4164, the “Small Company Disclosure Simplification Act”; H.R. 4167, the “Restoring Proven Financing for American Employers Act”; H.R. 2672, the “CFPB Rural Designation Petition and Correction Act”; H.R. 3584, the “Capital Access for Small Community Financial Institutions Act of 2013”; and Committee Views and Estimates on the President’s FY 2015 Budget Submission. The following bills were ordered re-

ported, as amended: H.R. 3584; H.R. 2672; H.R. 3623; H.R. 4164; and H.R. 4167. The Committee favorably reported its Views and Estimates for FY 2015, as amended.

THE PROMISE OF THE TAIWAN RELATIONS ACT

Committee on Foreign Affairs: Full Committee held a hearing entitled “The Promise of the Taiwan Relations Act”. Testimony was heard from Kin Moy, Deputy Assistant Secretary, Bureau of East Asian and Pacific Affairs, Department of State.

THE ALASKA NATIVE SUBSISTENCE CO- MANAGEMENT DEMONSTRATION ACT OF 2014

Committee on Natural Resources: Subcommittee on Indian and Alaska Native Affairs held a hearing on discussion draft on “The Alaska Native Subsistence Co-Management Demonstration Act of 2014”. Testimony was heard from public witnesses.

Joint Meetings

No joint committee meetings were held.

COMMITTEE MEETINGS FOR TUESDAY, MARCH 18, 2014

(Committee meetings are open unless otherwise indicated)

Senate

No meetings/hearings scheduled.

House

No hearings are scheduled.

Next Meeting of the SENATE

10:30 a.m., Tuesday, March 18

Next Meeting of the HOUSE OF REPRESENTATIVES

1 p.m., Tuesday, March 18

Senate Chamber

Program for Tuesday: Senate will meet in a pro forma session.

House Chamber

Program for Tuesday: The House will meet in pro forma session at 1 p.m.

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