minute and to revise and extend his remarks.)

Mr. COFFMAN. Mr. Speaker, I rise today to congratulate the ThunderRidge High School girls varsity basketball team on their stunning 5A State championship win over Highlands Ranch High School. ThunderRidge came out strong to clinch their fourth State championship in a dominating 47–32 victory.

It was a game of defensive tenacity. The score held strong at 6–4 in the sixth minute of the game, something that Head Coach Matthew Asik ingrained in his team's game plan, saying that, ''If we play good defense, we can always be in a game.''

Senior Jaz'myne Snipes put 16 points on the board and hustled for 8 rebounds in the final game, which earned her the well-deserved title of tournament MVP.

This was a thrilling game between two Highlands Ranch powerhouses. I am so proud of these two teams for representing the Sixth Congressional District of Colorado in the title game. Congratulations to both teams on a stellar season.

NATIONAL LIBRARY WEEK

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

Mr. FOSTER. Mr. Speaker, I rise today to commemorate National Library Week and to celebrate how local libraries continue to be a vital resource in communities across the Nation.

Libraries have evolved beyond buildings of quiet study into engaging community centers where people can gather to collaborate on projects, children can come to participate in educational activities, and job-seekers can use as a resource for help in finding connections with employers.

National Library Week is a perfect opportunity to highlight the services being provided in libraries by librarians and staff focused on creating environments where people can not only find the information they need, but use that information to better themselves and their communities.

Counting both public and private, there are nearly 120,000 libraries across the United States, which together employ more than 350,000 people and provide services to millions of Americans each year. In my district, I have seen this transformation taking place, where access to the latest technologies, like 3–D printers, laser cutters, and video editing centers, can often be found at the local library.

Libraries across the country continue to serve as centers of education, research, and community development, and I extend my thanks to the librarians and their staff.

RECOGNIZING O.C. WELCH

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

Mr. CARTER of Georgia. Mr. Speaker, I rise today to recognize Mr. O.C. Welch for his success in business and his dedication to making the Savannah community a better place to live.

Mr. Welch is the definition of a self-made man, whose hard work and natural business sense launched a career in the car business that grew into a large and prominent enterprise.

Throughout his life, Mr. Welch has been committed to giving back. He is a devout Catholic who supports many projects in the Diocese of Savannah, not the least of which is his alma mater, Benedictine.

In 2012, Mr. Welch used a Super Bowl commercial to offer a reward for information regarding the unsolved murder of a volunteer firefighter. The commercial led to the arrest and conviction of the killer. In the years since, Mr. Welch has not wavered in his crusade against crime in our community.

More recently, Mr. Welch took up the cause of his beloved Bacon Park Golf Course, where he got his first job. After seeing the once pristine course fall into disrepair, he invested millions in restoring its historic Donald Ross design and rightful place in the community.

These are only a few examples of the incredible impact Mr. Welch has had. I rise today to thank him for his continued commitment to our community.

RECOGNIZING DR. ANTHONY ATALA

(Ms. FOXX asked and was given permission to address the House for 1 minute.)

Ms. FOXX. Mr. Speaker, today, I rise to recognize Dr. Anthony Atala, director of the Wake Forest Institute of Regenerative Medicine.

Dr. Atala is the leader of a team of scientists at Wake Forest Baptist Medical Center who have proved the feasibility of using a sophisticated, custom-designed 3–D printer to create living tissue structures to replace injured or diseased tissue in patients.

The team has been able to print ear, bone, and muscle structures that, when implanted in animals, were able to mature into functional tissue and develop a system of blood vessels. Early results indicate that the structures have the right size, strength, and function for use in humans, and the team aims to implant bio-printed muscle, cartilage, and bone in patients in the future.

We are fortunate to have Dr. Atala and his team conducting this pioneering research that may change the face of modern medicine in North Carolina's Fifth District.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess until approximately 4:30 p.m. today.

Accordingly (at 2 o'clock and 11 minutes p.m.), the House stood in recess.

□ 1630

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. SMITH of Nebraska) at 4 o'clock and 30 minutes p.m.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote incurs objection under clause 6 of rule XX.

Record votes on postponed questions will be taken later.

ADDING ZIKA VIRUS TO THE FDA PRIORITY REVIEW VOUCHER PROGRAM ACT

Mrs. BROOKS of Indiana. Mr. Speaker, I move to suspend the rules and pass the bill (S. 2512) to expand the tropical disease product priority review voucher program to encourage treatments for Zika virus.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 2512

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Adding Zika Virus to the FDA Priority Review Voucher Program Act''.

SEC. 2. EXPANDING TROPICAL DISEASE PRODUCT PRIORITY REVIEW VOUCHER PROGRAM TO ENCOURAGE TREATMENTS FOR ZIKA VIRUS DISEASE.

Section 524(a)(3) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360n(a)(3)) is amended—

(1) by redesignating subparagraph (R) as subparagraph (S);

(2) in subparagraph (Q), by striking ''Filoviruses'' and inserting ''Filovirus Diseases''; and

(3) by inserting after subparagraph (Q) the following:

''(R) Zika Virus Disease.''.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Indiana (Mrs. BROOKS) and the gentleman from Texas (Mr. GENE GREEN) each will control 20 minutes.

The Chair recognizes the gentlewoman from Indiana.

GENERAL LEAVE

Mrs. BROOKS of Indiana. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous materials in the RECORD on the bill.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Indiana?

There was no objection.

Mrs. BROOKS of Indiana. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of S. 2512, which would add the Zika

virus to the FDA Priority Review Voucher program.

S. 2512 is companion legislation to H.R. 4400, authored by Representative BUTTERFIELD and myself.

Under the FDA Priority Review Voucher program, once a vaccine or therapy for a disease on the FDA Priority Review Voucher program has been developed, the manufacturer of that product receives a voucher that can be used to fast-track review by the FDA of another product in the development pipeline. At zero cost to the taxpayer, this is a significant incentive for private industry to invest the hundreds of millions of dollars and the many man-hours it takes to produce a vaccine or treatment.

In a world where we can travel across oceans in a matter of hours, an outbreak that begins on a different continent can arrive in the United States in a very short period of time. As Americans travel to and from Central and South America, we are beginning to see more Zika cases here at home.

This doesn't just affect citizens in tropical areas, but in places as far north as Indiana as well. In my district, a nurse educator at Indiana Wesleyan University contracted the disease in January when she traveled to Haiti to teach a seminar in transcultural nursing.

Most people don't experience symptoms if they contract the Zika virus, but women who become pregnant or trying to become pregnant and their babies are at risk. For babies, that can include serious birth defects that may lead to mental and physical disabilities. The threat is multi-generational, and we still don't know a lot about this disease. We can't treat it right now and we can't prevent it right now. That is a huge problem.

The Zika virus is not the only biological threat we face to our public health and national security. Right now, despite the steps taken during and after the Ebola epidemic, we remain largely reactionary in our response to pandemics and biological threats. We need to be more proactive in our response to all pathogens, like the Zika virus, that are a threat to our national security and the health of our citizens.

A more proactive approach would be to incentivize the development of vaccines and treatments through the FDA Priority Review Voucher program, known as PRV, before they reach the advanced stage of contagion.

This past October, a bipartisan Blue Ribbon Panel on Biodefense released a report on America's vulnerabilities to a biological event. The panel found that the underlying problem isn't a specific disease, but our country's inability to mobilize quickly and effectively to identify, contain, treat, and eliminate any kind of biological threat to people in the United States.

Incentivizing the research into a neglected tropical disease like Zika is a necessary, but not final, step. Our work is not done. As we move forward, we need to expand the PRV program to other items on the Department of Homeland Security's Material Threat list. Doing so will put us on offense and better prepare us for the next outbreak, whatever it might be.

Today we have an opportunity to take meaningful action in a fight against this deadly disease. I applaud Speaker RYAN and Leader MCCARTHY for recognizing the severity of the threat and allowing for this bill's timely consideration.

I have welcomed the opportunity to have worked with Representative BUTTERFIELD on this important issue, and Chairman GREEN and others on the Energy and Commerce Committee who recognize that the Zika virus is of significant threat not only to people in other parts of the world, but actually the people in the United States.

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

Mr. GENE GREEN of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise to speak on S. 2512, the Adding Zika Virus to the FDA Priority Review Voucher Program Act.

Representatives G.K. BUTTERFIELD and SUSAN BROOKS led this legislation in the House and members of our Energy and Commerce Committee. I want to thank them for their commitment to mitigating the Zika virus outbreak.

S. 2512 will add Zika virus to the list of qualified tropical diseases under the Tropical Disease Priority Review Voucher program, PRV.

Zika virus is among several recent and emerging global health threats that remind us of the need for effective incentives for research and development of neglected tropical diseases, and for infectious diseases at large. Neglected tropical diseases, or NTDs, represent more than 10 percent of the global disease burden. However, only 4 percent of all new drugs and vaccines approved across the globe in the next decade were for NTDs.

The NTD Priority Review Voucher program was created by Congress in 2007 to be a much-needed incentive for products that diagnose and treat such diseases for which market forces fall short.

The Adding Ebola to the FDA Priority Review Voucher Program, which was signed into law in 2014 and was led by myself and Representative MARSHA BLACKBURN, gave the FDA the authority to add diseases to the program by issuing an order. The agency has already used this authority to add Chagas to the program. While the program is successful, it could be more so.

Currently, there is no requirement for a product to be novel or that it be made available and affordable for the patients whom awarded products are designed to help. It should be amended to strengthen its effectiveness. This can be done by adding a novelty requirement and an access strategy requirement, like what is mandated under the Rare Pediatric Disease Priority Review Voucher program.

This legislation did not go through the House Energy and Commerce Committee, so the opportunity to discuss the NTD PRV program was not taken. I hope to work with my colleagues to incorporate amendments on future legislation that will improve the functioning of the program. Doing so will allow it to incentivize novel programs and ensure they are widely accessible to patients in need.

Improvements to the PRV program would be one important step toward ensuring we have effective strategies to incentivize both research and development for NTDs. Broader changes are urgently needed to ensure the R&D system delivers new vaccines, diagnostics, and treatments to patients presenting and exposed to NTDs and resistant infections.

I look forward to working with my colleagues on additional mechanisms to ensure R&D for these emerging threats is successfully and properly incentivized. Doing so is necessary for the flourishment of biomedical innovation in this space.

I fully agree with the bill sponsors that we need to do all we can to respond to the Zika virus by facilitating the development of and access to medical products as quickly as possible.

The administration has asked Congress for $1.9 billion in emergency funding to enhance our efforts to prepare and respond to the outbreak, both around the world and here at home.

This legislation is arguably a step in the right direction, and I again thank the sponsors for their commitment and leadership. However, this bill far from renders the emergency supplemental funding request unnecessary. Dedicated funds, some of which will go towards medical product development to respond to the Zika virus, are essential to sustaining Health and Human Services' response efforts.

I urge my colleagues to ask swiftly to approve emergency funding for a robust Zika virus outbreak response.

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

Mrs. BROOKS of Indiana. Mr. Speaker, I reserve the balance of my time.

Mr. GENE GREEN of Texas. Mr. Speaker, I yield such time as he may consume to the gentleman from North Carolina (Mr. BUTTERFIELD), the cosponsor of the legislation, but also a member of our Energy and Commerce Committee.

Mr. BUTTERFIELD. Mr. Speaker, I thank Congressman GREEN for yielding time, and thank him for his extraordinary leadership not only on this bill, but on our committee as well. To my colleague SUSAN BROOKS from Indiana, I thank the Congresswoman for all of her work.

Mr. Speaker, I rise today in support of adding the Zika virus to the FDA Tropical Disease Product Priority Review Voucher program. The bill we are considering today is the Senate companion to my bill, H.R. 4400, which I introduced on February 1 of this year.

Yesterday the White House and the CDC announced the dangers of the Zika virus are ''scarier than we initially thought.'' The CDC estimates that there are already hundreds of thousands of cases in the United States and that the number is expected to grow as the summer nears.

The health consequences of the Zika virus infection are staggering. Zika infections in pregnant women can result in serious birth defects, including microcephaly and neurological disorders in newborns. The virus also has serious impacts on adults. This is a global public health emergency. We must act now to combat the spread of this deadly virus.

My bipartisan legislation, cosponsored by 31 of our House colleagues, and the Senate companion cosponsored by 11 Senators, provides a pathway for expediting treatments for Zika.

Supporting research and development in the U.S. to fight this will not only benefit us here at home, but will also help hundreds of millions of people around the world.

Mr. Speaker, I urge my colleagues today to support this legislation and other efforts, including authorizing additional emergency funding to combat this virus.

Mrs. BROOKS of Indiana. Mr. Speaker, I would also like to thank the gentleman from North Carolina (Mr. BUTTERFIELD) for his leadership on this issue and for certainly bringing this to our attention as soon as it was brought to his attention that this needed to be resolved.

I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentlewoman for yielding.

Mr. Speaker, I rise today in support of S. 2512 to add the Zika virus to the list of tropical diseases under the FDA Priority Review Voucher program for tropical diseases.

While evidence of human infection by the Zika virus has been reported for over 60 years, there has been little progress in the development of treatment or vaccines. Existing incentives have been insufficient to encourage development of new and innovative treatments for the virus.

However, with the recent spread of the virus from South America to the Caribbean and North America, the level of infection has reached pandemic levels. Although the Zika virus may be rare in the United States, the increase of airline transportation, immigration, and tourism only creates an environment for the Zika virus to be easily transmitted.

S. 2512 would allow the FDA Priority Review Voucher program to work exactly as intended. It would add the Zika virus to the list of tropical diseases that are available under the voucher program.

This bill would ultimately accomplish two goals. First, it would provide an incentive for drug developers in the form of fast-track approval of therapies to treat the Zika virus.

Second, it would create an avenue where treatments for the virus would get to patients quicker and ultimately end this pandemic outbreak.

This legislation is vital to ensuring the health and safety of our Nation. I encourage my colleagues to support this legislation.

Mr. GENE GREEN of Texas. Mr. Speaker, we have no other speakers.

I yield back the balance of my time.

Mrs. BROOKS of Indiana. Mr. Speaker, I yield myself such time as I may consume.

I would just like to point out that as recently as yesterday, Federal officials have indicated that the mosquito that carries the Zika virus is actually anticipated to be in over 30 States at this point. Originally, it was in 12 States, and now it is believed to be found in 30 States in the United States.

This is an extremely serious problem, one in which I am pleased that this House and this Chamber is paying attention to. I appreciate the gentleman from Georgia and his remarks.

I yield back the balance of my time.

Ms. JACKSON LEE. Mr. Speaker, I rise to speak in support of S. 2512, the Adding Zika Virus to the FDA Priority Review Voucher Program Act.

This bill amends the Federal Food, Drug, and Cosmetic Act to add the Zika virus to the list of tropical diseases under the priority review voucher program, which awards a voucher to the sponsor of a new drug or biological product that is approved to prevent or treat a tropical disease.

A voucher entitles the holder to have a future new drug or biological product application acted upon by the Food and Drug Administration within six months.

My support has been steadfast, since I signed a letter at the virus' onset, urging the FDA to quickly exercise the authority provided by Congress to add the Zika virus to the Neglected Tropical Disease list.

I thank local, state and national health care professionals, public servants and others who have instituted preventative measures to combat the public health and safety threat that the Zika virus poses to our nation and our Western Hemisphere neighbors.

The Zika virus, spread primarily through mosquitos and first detected decades ago in Uganda, has now begun to spread rapidly in South America.

The recent outbreak has been linked with serious neurological disorders and life-threatening birth defects.

As the Member of Congress representing the Eighteenth Congressional District of Texas, centered in Houston, along the mainland United States' Gulf Coast, I know first hand that Texans in particular are among the nation's most at-risk.

On March 10, 2015, I held a summit in Houston for the leading state and local experts in health, environmental control, and mosquito eradicating fields who are challenged with protecting communities from the Zika Virus to strategize and develop an action plan for the City and Harris County, Texas to reduce and control virus transmissions.

Houston and other cities in the Gulf Coast region, during the late spring and summer months, have tropical climates that support the breeding habitats of Zika Virus carrying-mosquitoes.

In early March of this year, the Center for Disease Control and Prevention (CDC) reported 153 laboratory-confirmed cases of the Zika virus infection, among U.S. travelers between December 2015 and March 9, 2016—today, the number of reported cases has grown to 346, many of which are in areas further north than the 12 originally expected vulnerable states.

The first confirmed cases of the Zika virus hit Houston in November of 2015, after the Harris County Public Health & Environmental Services (HCPHES) received confirmation from the CDC that the Zika virus was confirmed in a traveler recently returning from Latin America.

Not long after, in January 15, 2016, the Centers for Disease Control issued a health advisory.

On January 26, 2016, President Obama called for the rapid development of tests, vaccines and treatments to fight the mosquito-transmitted virus and insisted upon the need to develop vaccines and therapeutics.

We have known of the potential enormity of the Zika threat since January 28, 2016, when the World Health Organization (WHO) reported that it was ''spreading explosively'' throughout the Americas and was likely to reach North America soon.

As of January 28, 2016, the American Congress of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) promulgated Practice Advisory guidance regarding the Zika virus and pregnant women.

On February 1, 2016, the WHO announced an international public health emergency due to the recent cluster of neurological disorders and neonatal malformations reported throughout the Americas.

On February 3, 2016, the first local transmission of a Zika virus infection was reported in the Caribbean, meaning that mosquitoes in the area were infected and began spreading the disease to people.

Additionally, the Pan American Health Organization reported 26 countries and territories in the Americas exhibiting local transmission.

On February 4, 2016, the CDC reported a case in Texas, my home state, of Zika's spread by sexual transmission.

The Zika virus is primarily transmitted via three types of mosquitoes—two of which are rampant in the Houston area.

The poor are an especially vulnerable population, living in a hot environment.

The Gulf Coast presents unique vulnerabilities impacting the spread of the Zika virus in Houston that are of the utmost concern, and a key motivation for supporting today's legislation.

My foremost priority is to protect the health and safety of Americans, especially those in Houston.

My city's people and their surrounding neighbors are living daily in extreme poverty—and now have to contend with this devastating disease.

We saw in Brazil that the poorest communities of their nation experienced the worse Zika-plagued outcomes.

Environmental issues, such as discarded tires, furniture, and debris are part of the landscape of the Americans' lives we ought to be

safeguarding—and are creating the perfect breeding conditions for Zika mosquitoes.

Amplifying the impact, the CDC reports that the virus is spread through sexual contact and advises special precautions for pregnant women.

The Zika virus can be spread from a pregnant woman to her fetus and has been linked to a serious birth defect of the brain called microcephaly in the babies of mothers who were exposed to the Zika virus while pregnant.

Exacerbating measures, expectant mothers may not know that Zika virus mosquitoes inhabit the areas in which they live, until they see the terrible birth defects associated with the disease, plaguing the late-term-30-week ultrasound images of their unborn child's sonogram.

Other problems have been detected among fetuses and infants infected with Zika virus before birth, such as absent or poorly developed brain structures, eye defects, hearing deficits, and impaired growth.

About one in five people infected with the Zika virus become symptomatic.

Characteristic clinical findings include acute onset of fever, maculopapular rash, arthralgia, or conjunctivitis.

Today we are witnessing the spread of yet another tropical disease, threatening the health of U.S. citizens, much like Ebola did during the past few years.

The WHO confirmed that as many as four million people could be infected by the end of the year.

There is no treatment or cure for those infected by the Zika virus.

The WHO is concerned about this rapidly spreading disease due to the lack of immunity in newly affected areas, the wide geographical distribution of infected mosquitos, and the absence of any vaccines, treatments, or rapid diagnostic tests.

Given the lack of treatment available for the Zika virus, many supported the critical need for the FDA to use its Congressionally granted authority to add Zika to the list of Neglected Tropical Diseases eligible for the Priority Review Voucher program.

On February 22, 2016, President Obama asked Congress to consider an FY 2016 emergency supplemental appropriations request of approximately $1.9 billion to respond to the Zika virus, both domestically and internationally.

In conjunction with today's bill's efforts, this funding would build upon ongoing preparation efforts and provide resources for the Departments of Health and Human Services and State, as well as the U.S. Agency for International Development (USAID).

The collective goal of these efforts, as I see them, is to provide immediate responsiveness to prepare for and prevent the spread of Zika virus transmission;

Speed research, development, and procurement of vaccines, therapeutics, and diagnostics; and

Enhance the ability of Zika-affected countries to better combat mosquitoes, control transmission, and support affected populations.

The necessity presents itself to fortify our domestic health system, detect and respond to any potential Zika outbreaks at home, and to limit the spread in other countries.

S. 2512 encourages the Federal Government to take a needed step, addressing the changing circumstances and emerging needs of populations exposed to the Zika virus.

The CDC and NIH said that the previously endemic Ebola Virus created a template for Federal and State agencies that are currently attempting to address the Zika virus threat.

If nothing else, the Ebola crisis demonstrated the critical need to develop effective vaccines and treatments before an endemic outbreak begins.

This simple action by the FDA, I hope, will spur the development of an effective vaccine or treatment combating the Zika virus, and as a result save countless American lives.

This bill is a step toward providing the protections that should be guaranteed to every American.

I urge my colleagues to join me in supporting S.2512, the Adding Zika Virus to the FDA Priority Review Voucher Program Act.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Indiana (Mrs. BROOKS) that the House suspend the rules and pass the bill, S. 2512.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

A motion to reconsider was laid on the table.

□ 1645

FINANCIAL INSTITUTION BANKRUPTCY ACT OF 2016

Mr. GOODLATTE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 2947) to amend title 11 of the United States Code in order to facilitate the resolution of an insolvent financial institution in bankruptcy, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 2947

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Financial Institution Bankruptcy Act of 2016''.

SEC. 2. GENERAL PROVISIONS RELATING TO COVERED FINANCIAL CORPORATIONS.

(a) DEFINITION.—Section 101 of title 11, United States Code, is amended by inserting the following after paragraph (9):

''(9A) The term 'covered financial corporation' means any corporation incorporated or organized under any Federal or State law, other than a stockbroker, a commodity broker, or an entity of the kind specified in paragraph (2) or (3) of section 109(b), that is—

''(A) a bank holding company, as defined in section 2(a) of the Bank Holding Company Act of 1956; or

''(B) a corporation that exists for the primary purpose of owning, controlling and financing its subsidiaries, that has total consolidated assets of $50,000,000,000 or greater, and for which, in its most recently completed fiscal year—

''(i) annual gross revenues derived by the corporation and all of its subsidiaries from activities that are financial in nature (as defined in section 4(k) of the Bank Holding Company Act of 1956) and, if applicable, from the ownership or control of one or more insured depository institutions, represents 85 percent or more of the consolidated annual gross revenues of the corporation; or

''(ii) the consolidated assets of the corporation and all of its subsidiaries related to activities that are financial in nature (as defined in section 4(k) of the Bank Holding Company Act of 1956) and, if applicable, related to the ownership or control of one or more insured depository institutions, represents 85 percent or more of the consolidated assets of the corporation.''.

(b) APPLICABILITY OF CHAPTERS.—Section 103 of title 11, United States Code, is amended by adding at the end the following:

''(l) Subchapter V of chapter 11 of this title applies only in a case under chapter 11 concerning a covered financial corporation.''.

(c) WHO MAY BE A DEBTOR.—Section 109 of title 11, United States Code, is amended—

(1) in subsection (b)—

(A) in paragraph (2), by striking ''or'' at the end;

(B) in paragraph (3)(B), by striking the period at the end and inserting ''; or''; and

(C) by adding at the end the following:

''(4) a covered financial corporation.''; and

(2) in subsection (d)—

(A) by striking ''and'' before ''an uninsured State member bank'';

(B) by striking ''or'' before ''a corporation''; and

(C) by inserting '', or a covered financial corporation'' after ''Federal Deposit Insurance Corporation Improvement Act of 1991''.

(d) CONVERSION TO CHAPTER 7.—Section 1112 of title 11, United States Code, is amended by adding at the end the following:

''(g) Notwithstanding section 109(b), the court may convert a case under subchapter V to a case under chapter 7 if—

''(1) a transfer approved under section 1185 has been consummated;

''(2) the court has ordered the appointment of a special trustee under section 1186; and

''(3) the court finds, after notice and a hearing, that conversion is in the best interest of the creditors and the estate.''.

(e)(1) Section 726(a)(1) of title 11, United States Code, is amended by inserting after ''first,'' the following: ''in payment of any unpaid fees, costs, and expenses of a special trustee appointed under section 1186, and then''.

(2) Section 1129(a) of title 11, United States Code, is amended by inserting after paragraph (16) the following:

''(17) In a case under subchapter V, all payable fees, costs, and expenses of the special trustee have been paid or the plan provides for the payment of all such fees, costs, and expenses on the effective date of the plan.

''(18) In a case under subchapter V, confirmation of the plan is not likely to cause serious adverse effects on financial stability in the United States.''.

(f) Section 322(b)(2) of title 11, United States Code, is amended by striking ''The'' and inserting ''In cases under subchapter V, the United States trustee shall recommend to the court, and in all other cases, the''.

SEC. 3. LIQUIDATION, REORGANIZATION, OR RECAPITALIZATION OF A COVERED FINANCIAL CORPORATION.

Chapter 11 of title 11, United States Code, is amended by adding at the end the following:

''SUBCHAPTER V—LIQUIDATION, REORGANIZATION, OR RECAPITALIZATION OF A COVERED FINANCIAL CORPORATION

''§ 1181. Inapplicability of other sections

''Sections 303 and 321(c) do not apply in a case under this subchapter concerning a covered financial corporation. Section 365 does not apply to a transfer under section 1185, 1187, or 1188.

''§ 1182. Definitions for this subchapter

''In this subchapter, the following definitions shall apply:

''(1) The term 'Board' means the Board of Governors of the Federal Reserve System.

''(2) The term 'bridge company' means a newly formed corporation to which property of