

give rebates back so you can purchase, and we are going to have brand preference so that you will encourage this brand over this generic or, frankly, this generic over this brand. And that is okay. We understand that.

This rebate is supposed to actually go into the savings part, but there is no transparency here. We don't know where it is going. And you are not getting the savings back over here where the rebates could.

And then we get to, really, the one that is interesting, and the pharmaceutical companies, through the pharmacy, and then back to patient care. This is where it gets interesting with the PBMs and their interesting relationships with the independent community pharmacies.

Predatory pricing, such as we are addressing in the MAC transparency list, where the numbers change, they are not sure. We get into the DIR fees. We get into all this stuff that has now become, instead of, for the PBM, the P in patient, the P actually should be—and I am not going to write on this beautiful chart, but I might as well just put “profit” because, as I have already discussed earlier tonight, the audits aren't about patient safety.

As Representative CARTER said, this is not about giving independent pharmacies or community pharmacies a leg up.

□ 2115

They don't want to be guaranteed a profit. They just want to be guaranteed to be able to open their doors and not be intimidated, coerced, or backed down by threats from PBMs that are much larger than them that basically say: we will put you out of business.

Madam Speaker, that is what they do.

They are supposed to have random audits. One of my pharmacists started laughing when we talked about random audits. They had the same audit about a year earlier. In other words, they are on a cycle. They just come back around the same time. These aren't random. They are not there for safety. They are there for profit.

It is frustrating. I have never seen anything else like this. It is the most amazing thing I have ever seen in which a business model that we have actually condoned—especially with the taxpayer money side—says that you can extort from pharmacies whatever you want. We will take back fees. We will put you on a metrics like Humana did. We will put you on a metrics that will give you the possibility of making more, but then inherently rig it against the small pharmacies. That is a problem.

They can't answer the question. If they had, they would have said it a long time ago. They just hope I go away and quit talking about this. But there are Members every time we talk, some couldn't come tonight, and every time we come down here and we shine light on this very dark subject, more

Members come along and say: that doesn't sound right.

I know you have had those conversations, Representative CARTER. I have had those conversations. There are Members all over this Chamber that have experienced this in their own lives.

So I come to you tonight just saying, look, we put this here, and we look at the interaction. I am going to say, this is the most important part right here. It is about the patient. It is about the patient. We want to fix this. Let's look at how our money is spent. We want to fix this. Let's look at being able to come back weeks, months later. Let's talk about what the problems are here, but never forget the patient. It shouldn't be hard for them. Pharmacy benefit manager, the first letter is P. Let's just change it from profit to patient. Let's change it from being a facilitator to help pharmacies and help employers to market drugs to help the patient. Studies after studies show that it doesn't work.

Madam Speaker, we could talk for hours, but this is something we are going to continue to fight on. I appreciate the time we have had tonight, and this is not the end of this fight.

Madam Speaker, I yield back the balance of my time.

#### ZIKA FUNDING

The SPEAKER pro tempore (Mrs. MIMI WALTERS of California). Under the Speaker's announced policy of January 6, 2015, the Chair recognizes the gentleman from California (Mr. GARAMENDI) for 30 minutes.

Mr. GARAMENDI. Madam Speaker, I thank the gentlewoman from California for the opportunity to speak this evening. We have just been listening to a very lengthy discussion on the part of the healthcare issues in the United States, and, undoubtedly, the family or the small community pharmacist is a piece of the solution to the problems. But I want to spend the next 10 minutes or so, maybe a little longer, talking about a problem that currently affects some 19,000 Americans and a problem that is growing every day.

This is the new four-letter word that we fear. We are accustomed to a lot of four-letter words, but this one begins with a Z. This is the Zika crisis. This is a very, very real problem for some 1,600 pregnant women in the United States. This is a problem that men and women that intend to have a family, women that intend to bear children, get pregnant in the days and months ahead have a gut feeling of fear—a deep, deep fear—and husbands, spouses, and lovers similarly.

This is the Zika crisis. We have heard a lot about it during the Olympics. It hasn't passed off the radar screen except here in Congress. I know it is on the minds of Californians, over 500 in California, and nearly 15,500 Americans in Puerto Rico. They have that fear. They have Zika.

So all across this Nation, this new four-letter word is not used as a cuss word. It is a word of fear, and it is a word of trouble. Apparently, in the Halls of your Capitol, in the Halls of the United States Congress, it is ignored. Several months ago, we did pass a piece of legislation that was supposed to deal with this. But understand this: The Centers for Disease Control is about to run out of money at the end of this month and will have to stop research on Zika, on the virus, on vaccines, and on how it is spread.

We know that the mosquito is a piece of this, and we know it is prime mosquito time across much of the United States. Let me show you a map—a lot of blue on that map. That doesn't mean Democrat. That means Zika. Where you see the bright blue, that is where the Zika mosquito—the aedes—is found, and this is where we presently have cases.

South Florida, the only time in American history that there has been a travel alert for health reasons within the Continental United States is now found in south Florida. Why? Because now we have mosquitos that are spreading the virus.

In other parts of the Nation, we know that this mosquito is present, and we know it is going to happen, if not this year then next year. This is not something that is going to go away in the next few months as winter approaches. It will come back next year, and it will come back with a greater vengeance, just as the West Nile virus that spread across the United States is now found in most every State. But that is not an illness that leads to the tragedy of children being born with severe injuries that will affect them the rest of their lives, which may be a very short life.

This is a problem. This is a problem that your United States Congress is ignoring. There is a bill bouncing around, and it is loaded with a bunch of riders that are: What are you talking about? Riders that prevent women's health clinics from providing assistance to women. It is the women, after all, that bear the great burden of this. They are the ones that are going to be pregnant. They are the ones that will be carrying the children. But those women's health clinics cannot allow access to the money. What in the world is that all about? What foolishness. What meanness.

By the way, none of the money can be used for contraception. Give me a break. What do you mean? That is the legislation that is being proposed here in the United States Congress. Even the Pope has suggested that because of this crisis in Brazil that the steadfast opposition of the Vatican to contraception may need to be pushed aside. But not here in the House of Representatives. Come on. Let's get real. Let's understand the nature of this crisis.

The Zika virus is not transmitted only by mosquitos. We are discovering that the transmission can come in

many, many different ways—many different ways. So what are we doing about it? Nothing. We are spending time talking about impeaching the IRS Commissioner. Come on. In the history of this Nation, only one person other than a President has been impeached, and that was back in the 1870s, a Secretary of War. An IRS Commissioner is not even a Cabinet member. We are spending our time on that.

We are where, 20 days, a little less, from the end of the fiscal year when we have to fund government? We are less than what, 17 days away from the ability of the Centers for Disease Control to continue to research and to address this issue? Look at the map, Americans. Every State. And Puerto Rico is not on this map, and they are Americans. There are over 15,000 cases there and more than 1,000 women who are pregnant and many, many more who will become pregnant. So what is your United States Congress doing? Dithering would be an insufficient word to address this crisis.

This is a public health crisis. This is a crisis that the solution presented to us a few months ago was to take money out of the Ebola program. Did we forget about Ebola? Did it go away? No, it did not. That money was being spent on monitoring the travelers from those areas of Africa where Ebola still exists. So that money is gone. So I suppose, in the next months or year ahead, we will go back into the Ebola problem once again.

Money was taken from the public health programs in counties throughout the United States. The proposal that moved out of this House of Representatives swept from the counties and the States money that the public health departments in those areas needed to deal with public health emergencies, one of which was Zika. And there are other public health emergencies that are always before us. I mentioned the West Nile virus. California has a whooping cough problem that is ongoing, and that is a public health crisis. Children die of that.

So what is the solution? Not what we normally do when we have a crisis, which is to go to the Federal Treasury and say: America has a problem. Americans will solve that problem or address that problem and try to deal with the effect of it by appropriating money so that we can address it.

When the terrible floods occurred recently in Louisiana, did we raid other agencies to deal with it? No. We go to FEMA, and we go to the emergency funding, as we did with Katrina, as we did with Sandy, and as we do with the fires, hurricanes, and tornadoes. But not with Zika. Somehow Zika is different.

If you are a grandmother or a grandfather and your granddaughter is about to get married, what is on your mind? The wedding to be sure. But you are also thinking about that pregnancy that might be following, and you are thinking: will my daughter or my

granddaughter acquire the Zika virus? What will it mean?

Apparently, that thought is not found in my fellow colleagues here on the floor of the House of Representatives, even though they have children, even though they have daughters and granddaughters, even though within their families there will be pregnancies. We have got to think about this. Maybe there are 16,000 affected in the United States today. But this virus is not going away. This virus is going to be with us years ahead, and the effects of it are going to be felt in the next generations. It is already here in the United States.

□ 2130

We have had babies born with serious defects as a result of Zika. It is already with us. And there will be more. There will be many, many more.

This public health crisis must be met by the full power of the Federal Government, just as we meet other crises. It is our responsibility. 535 of us and the President.

The President has asked for \$1.9 billion to deal with this health crisis. The response by my colleagues on the Republican side of the House of Representatives, a little over \$6 million, most of which is stolen from other public health programs. Disgraceful. Dereliction of responsibility.

The Senate is talking about a \$1.1 billion program. Good. Without riders, without the kind of foolish riders that are being presented here. Good. Let's get on with it. We will take the Senate bill. Give us a clean Senate bill so that there is money available for the Centers for Disease Control to continue its research, so that there is money available for the public health programs in south Florida, in Texas, in Puerto Rico, California, and in other States to carry on the fight against the mosquitoes and to deal with the other methods of transmission, to warn the public, to prepare the public. We can do it.

Anybody that knows how much money the Federal Government spends every year knows that \$1 billion to address a fundamental public health crisis is available. It is readily available. We ought to get on with it. And shame on us if we don't.

I yield back the balance of my time.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. DESJARLAIS (at the request of Mr. McCARTHY) for September 12 and today on account of doctor ordered travel limitations for arthroscopic surgery.

Mr. PAYNE (at the request of Ms. PELOSI) for today on account of medical appointment.

#### ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill

of the House of the following title, which was thereupon signed by the Speaker:

H.R. 3969. An act to designate the Department of Veterans Affairs community-based outpatient clinic in Laughlin, Nevada, as the "Master Chief Petty Officer Jesse Dean VA Clinic".

#### SENATE ENROLLED BILL SIGNED

The Speaker announced his signature to an enrolled bill of the Senate of the following title:

S. 1579. An act to enhance and integrate Native American tourism, empower Native American communities, increase coordination and collaboration between Federal tourism assets, and expand heritage and cultural tourism opportunities in the United States.

#### ADJOURNMENT

Mr. GARAMENDI, Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 32 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, September 14, 2016, at 10 a.m. for morning-hour debate.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

6796. A letter from the Assistant Secretary for Legislation, Department of Health and Human Services, transmitting a report on the Developmental Disabilities Programs for Fiscal Years 2011-2012, pursuant to 42 U.S.C. 15005; Public Law 106-402, Sec. 105; (114 Stat. 1690); to the Committee on Energy and Commerce.

6797. A letter from the Assistant Secretary for Legislation, Department of Health and Human Services, transmitting a report entitled "National Plan to Address Alzheimer's Disease: 2016 Update", pursuant to 42 U.S.C. 11225(g); Public Law 111-375, Sec. 2(g); (124 Stat. 4102); to the Committee on Energy and Commerce.

6798. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Promulgation of Implementation Plans; Texas; Revisions to the General Definitions for Texas New Source Review and the Minor NSR Qualified Facilities Program [EPA-R06-OAR-2010-0861; FRL-9950-32-Region 6] received September 9, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

6799. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval and Disapproval; North Carolina: New Source Review for Fine Particulate Matter (PM2.5) [EPA-R04-OAR-2015-0501; FRL-9952-31-Region 4] received September 9, 2016, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

6800. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; GA Infrastructure Requirements for the 2010 1-hour NO<sub>2</sub> NAAQS [EPA-R04-OAR-2015-0250;