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## House of Representatives

PROVIDING FOR CONSIDERATION OF SENATE AMENDMENT TO H.R. 34, TSUNAMI WARNING, EDUCATION, AND RESEARCH ACT OF 2015, AND PROVIDING FOR CONSIDERATION OF H.R. 6392, SYSTEMIC RISK DESIGNATION IMPROVEMENT ACT OF 2016

Mr. BURGESS. Mr. Speaker, by the direction of the Committee on Rules, I call up House Resolution 934 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 934

*Resolved*, That upon adoption of this resolution it shall be in order to take from the Speaker's table the bill (H.R. 34) to authorize and strengthen the tsunami detection, forecast, warning, research, and mitigation program of the National Oceanic and Atmospheric Administration, and for other purposes, with the Senate amendment thereto, and to consider in the House, without intervention of any point of order, a motion offered by the chair of the Committee on Energy and Commerce or his designee that the House concur in the Senate amendment with an amendment consisting of the text of Rules Committee Print 114-67 modified by the amendment printed in part A of the report of the Committee on Rules accompanying this resolution. The Senate amendment and the motion shall be considered as read. The motion shall be debatable for 80 minutes, with 60 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce and 20 minutes equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means. The previous question shall be considered as ordered on the motion to its adoption without intervening motion.

SEC. 2. Upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 6392) to amend the Dodd-Frank Wall Street Reform and Consumer Protection Act to specify when bank holding companies may be subject to certain enhanced supervision, and for other purposes. All points of order against consideration of the bill are waived. The bill shall be considered as read. All points of order against provisions in the bill are waived. The previous

question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Financial Services; (2) the amendment printed in part B of the report of the Committee on Rules accompanying this resolution, if offered by the Member designated in the report, which shall be in order without intervention of any point of order, shall be considered as read, shall be separately debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, and shall not be subject to a demand for a division of the question; and (3) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Texas (Mr. BURGESS) is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Colorado (Mr. POLIS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 934 provides for a rule to consider a critical bill that will help millions of Americans and their families who are suffering from diseases. The rule provides 80 minutes of debate, with 1 hour being provided to the Energy and Commerce Committee, and 20 minutes given to the Committee on Ways and Means. The rule provides for a motion to concur with the Senate amendment to H.R. 34, placing the base text of the 21st Century Cures into the bill. The rule further incorporates the

manager's amendment into the base text of the Cures bill, reflecting the bipartisan and bicameral negotiations which took place to get us to where we are today with the legislation.

Second, the resolution before us today provides for a rule to consider H.R. 6392, the Systemic Risk Designation Improvement Act of 2016, an important bill to remove onerous Federal regulations imposed on small and community banks by the ill-conceived Dodd-Frank Act by replacing current and arbitrary SIFI designation standards with a more effective activity-based standard. The rule provides for 1 hour of debate, equally divided between the majority and minority of the Committee on Financial Services. Further, the rule makes one amendment in order and provides the minority with the standard motion to recommit.

I am pleased that the House is considering both of these pieces of legislation today.

The Energy and Commerce Committee has spent 4 years working to bring our healthcare innovation infrastructure into the 21st century.

Today, there are 10,000 known diseases or conditions, but the bad news is we have cures and treatments for only 500.

There is a gap between innovation and therapy. There are problems with how we regulate our therapies. It is not unheard of to have a company take over 14 years and \$2 billion to bring a new drug to market.

□ 1230

Members held 20 roundtables, discussions, hearings, field hearings, and events around the country to ensure that we involved our patients, their advocates, researchers, innovators, financiers—all who have firsthand experience and who understand the gaps in our current system.

The House amendment to H.R. 34 includes two bipartisan bills that have

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

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been developed over the course of several years by the Committee on Energy and Commerce and its members to meet some of our country's most pressing healthcare needs. The mental health reforms that are based on the Helping Families in Mental Health Crisis Act, authored by Representative TIM MURPHY, passed the House in July by a vote of 422-2. This legislative effort represents the most significant reforms in the mental health system in over a decade.

The 21st Century Cures Act title in the bill is the result of a unified Energy and Commerce Committee effort, championed by Chairman FRED UPTON of Michigan and Representative DIANA DEGETTE of Colorado over the course of multiple Congresses, to bring our laws into a modern era of medicine. The House passed the 21st Century Cures Act in July of 2015 by a vote of 344-77. Our commitment to this transformational bill has not and must not waver until it is across the finish line and signed into law. We owe it to the patients, their families, medical providers, advocates, scientists, and researchers to see this through.

Our country is a global leader in medical innovation, but even in recognizing that, there is progress that we can make. With 10,000 known diseases and with 10,000 known conditions, and with cures and treatments for only 500, we must do more to alleviate that gap which is causing so much human suffering. Advances in science and technology over the past decade have the potential to revolutionize medical innovation; yet the way drugs and devices are approved is back in the horse-and-buggy days. It is largely unchanged.

In recognizing the growing divide between innovation and regulation, the House Committee on Energy and Commerce launched the 21st Century Cures Initiative in the 113th Congress—that was a Congress ago—to examine the state of discovery, development, and delivery of medical therapies in America. The ensuing process by which the Cures legislation was developed should serve as a model for policy development long into the future.

Members of the committee convened hearings, forums, and roundtables in Washington, DC, and in centers and locations around the Nation. These forums brought together the leading scientists, the medical experts, patient and disease group advocates, and researchers and innovators across multiple sectors. The objective of these events was to uncover opportunities and to strengthen and streamline the process by which cures are discovered and made available to patients.

Based on what we have learned, Representatives worked across the aisle—across the dais—on comprehensive legislation that would make the government an ally rather than an obstacle in the cycle of medical innovation. The 21st Century Cures Act touches each step of the process through which new

treatments and cures come to market: the discovery, the development, the delivery.

To accelerate discovery, the House amendment to H.R. 34 includes provisions that facilitate collaboration and increase access to health data. It invests billions of dollars in research through the National Institutes of Health, and it incentivizes the exploration of the most rare and challenging conditions. To modernize the development, among other things, the 21st Century Cures Act establishes a review pathway at the Food and Drug Administration for biomarkers and other drug development tools that can be used to help shorten drug development time while, at the same time, maintaining the safety standard that the public demands and that we have all come to expect from the agency.

The very confused regulation of combination products by the very different centers at the Food and Drug Administration will be improved to cut down on inefficiencies and to reduce the cost of development. The Food and Drug Administration will be required to work with stakeholders and the National Institute of Standards and Technology to establish a regulatory framework for the development, evaluation, and review of drugs that are classified as regenerative medicine and advanced therapies.

A number of provisions seek to empower patients to engage in their health care and to engage in their treatment decisions with their doctors, to contribute health information to scientific research, and to participate in the drug and device approval process. The Food and Drug Administration is required to engage in a range of activities that will establish a framework for the consideration of patient experience data when weighing the benefits of a new treatment. Individuals will have the opportunity to share health data with the global research community through platforms, such as the Precision Medicine Initiative and a new National Neurological Diseases Surveillance System. Multiple measures ensure patients will have better access to secure, up-to-date information through their electronic health records, and they ensure that this health information technology will continue to be developed with patient needs and patient safety and privacy as a priority.

I am grateful to have had the opportunity to work directly on several provisions in the bill. This includes the creation of a national surveillance system for neurologic diseases and conditions which may then be used to help us further understand these devastating diseases. Thousands of Americans are affected—multiple sclerosis, Parkinson's, Alzheimer's, other neurologic diseases—but there is very little accurate information that exists today to assist those who research, treat, and provide care for individuals who suffer from these diseases.

I have also worked on a provision that will improve patient access to pharmaceutical companies' compassionate use policies for drugs that treat serious or life-threatening conditions. To increase the efficiency and foster robust data collection analysis, the Food and Drug Administration will be required to evaluate the use of real-world evidence and summary-level review where an application is submitted for a new indication for an already approved drug. To help insurers and formulary committees make informed coverage decisions, a provision in the 21st Century Cures Act clarifies how medical product manufacturers can communicate economic information about therapies and technologies.

I am particularly happy that the House amendment to H.R. 34 includes multiple provisions that will make meaningful progress toward achieving an interoperable health system. Increasingly, electronic health system interoperability is critical to achieving the promises of the 21st Century Cures and to scaling up the benefits of health reform more broadly. While we have seen the widespread adoption of electronic health records, our Nation continues to maintain a fragmented system, which makes it difficult to ensure the continuity of evidence-based care for patients.

The 21st Century Cures Act would finally set us on a path towards achieving a nationwide interoperable health system that puts the needs of patients and that puts the needs of providers first. Federal advisory committees are streamlined and directed to prioritize interoperability. Preference is directed to utilizing the existing standards of implementation rather than of recreating them.

In addition to increasing the transparency and accountability for providers and patients, enforcement mechanisms will arm the Office of Inspector General with the authority necessary to punish bad actors for improperly impeding the flow of information. Data blocking will stop. The provisions in this bill will expedite the interoperability of electronic health record systems to make good on the \$30 billion taxpayer investment in order to benefit patients, doctors, and researchers.

As I have referenced, developing the 21st Century Cures Act was a process that brought everyone to the table. No one is getting everything that he wanted. I would note my disappointment that this bill does not include an important clarification to the Physician Payments Sunshine Act that was part of the House-passed version of this bill and was supported by over 200 supporting organizations.

Certified continuing medical education, peer-reviewed medical textbooks, and journal reprints play a vital role in improving patient outcomes. They play a role in facilitating medical innovation, keeping our Nation's medical professionals up to date with the rapid pace of scientific discoveries.

These materials and activities should not be confused with improper payments from pharmaceutical manufacturers to physicians. These materials were always intended to be excluded from the reporting requirements in the physician sunshine law, but, unfortunately, the Centers for Medicare & Medicaid Services' interpretation of the exemption has been inconsistent and unreliable. The narrowly constructed language in the 21st Century Cures Act was carefully drafted to maintain the transparency originally intended in the sunshine law while it ensured robust access to medical education.

Mr. Speaker, I think it goes without saying that we all want our doctors to be smart, that we want them to be informed, and that we want them to be up to date. Certainly, that is a priority that I will continue to pursue going forward.

Groundbreaking discoveries rely on a robust and reliable investment in basic research. The House amendment to H.R. 34 provides the National Institutes of Health with almost \$5 billion in funding, including almost \$2 billion for the Cancer Moonshot and \$1.5 billion for the BRAIN Initiative. It also includes \$500 million for the Food and Drug Administration and \$1 billion in grants to four States in order to address the growing and burgeoning opioid crisis that continues to claim so many lives across our country. This approach provides dedicated funding through 2026 while it ensures spending is subject to review and oversight in the annual appropriations process. In addition to fully offsetting all of the authorized funds, H.R. 34 will actually reduce the deficit by almost \$6 billion over the next 10 years.

Federal regulation, Federal policy, and Federal investment have been outpaced by science, medicine, and technology. The bipartisan 21st Century Cures Act will make needed changes to bring our laws into a modern era of medicine and to keep the Nation at the forefront of healthcare innovation. The 21st Century Cures Act not only delivers hope to millions of patients who are living with untreatable diseases, but it also helps modernize and helps streamline the regulation in America's healthcare system.

I encourage all of my colleagues to vote "yes" on the rule and "yes" on the two underlying bills. The 21st Century Cures Act will not only deliver hope to millions of people who are living with untreatable disease, but it will also help modernize and streamline America's healthcare system.

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

Mr. POLIS. Mr. Speaker, I yield myself such time as I may consume.

I thank the gentleman for yielding me the customary time, but I have to say that I think that this somewhat breaks with the custom of this body not to delay floor proceedings during the reorganization of the Democratic

Caucus. I know that, when the Democrats were in the majority, we routinely gave deference to the Republican Conference's plan for retreats and for caucus reorganizations. We have before us several contested races. Of course, the Nation's business comes first, which is why we are here making the case on these bills.

I would like to add that I hope that this is not the tone we are going to be setting for the next Congress. I think it is very important that, despite our differences on policies, both conferences are respectful of the responsibilities that Members have not only within the institution of Congress but within their respective conferences and caucuses. On our side, we will be brief because we do have additional responsibilities, as I mentioned.

Mr. Speaker, I yield 2½ minutes to the gentlewoman from Oregon (Ms. BONAMICI).

Ms. BONAMICI. I thank the gentleman for yielding.

Mr. Speaker, I rise in opposition to the rule on H.R. 34, which is now the vehicle for the 21st Century Cures Act.

Although I understand the detailed rules of our Chamber, I am deeply disappointed that the underlying bill, the Tsunami Warning, Education, and Research Act, was completely stripped out and replaced with unrelated language. The Tsunami Warning, Education, and Research Act is bipartisan. It was passed by a voice vote on January 7 of 2015, and a similar version has passed the Senate. We have worked out our differences, and this legislation is ready to be signed into law, and it is vital for our West Coast communities.

My constituents on the Oregon coast know that it is a matter of when, not if, our community will face a Cascadia subduction zone earthquake and tsunami. Most of the city of Seaside, including all of its public schools, is located in the tsunami inundation zone. It is some of my youngest constituents—the students of Seaside—who have been the most vocal about keeping their communities safe. Recently, I met with the students there at the high school. They have spoken all over the State about the dangers they face from tsunami. Their presentation was very strong. They made a case for moving their schools out of the tsunami zone.

□ 1245

It helped the community pass a bond measure earlier this month to move the schools. That is a positive step for Seaside, but there is so much more to be done.

I have an app on my phone. Almost every day, there is an earthquake off the coast of Alaska or Hawaii. Two days ago there were two earthquakes off the coast of Oregon. When there is a near-shore tsunami, the warning time is about 15 minutes. That is all.

The Tsunami Warning, Education, and Research Act would help communities up and down the entire coast by strengthening the warning system, pro-

viding more assistance to local communities like Seaside to prepare for that disaster, coordinating government agencies to make sure they're sharing information and working together, and supporting community outreach and education programs.

This is not just about Oregonians. Millions of people in Alaska, Hawaii, Washington State, California also face significant risk. We are overdue for the really big one.

Now, I understand that the Cures Act may save lives, but I am very disappointed that the provisions of the tsunami bill, which is also lifesaving policy, was not retained in the underlying bill.

Mr. Speaker, again, I urge my colleagues to oppose this rule so we can immediately consider swift passage of the Tsunami Warning, Education, and Research Act. Our West Coast communities are counting on us to keep them safe.

Mr. BURGESS. Mr. Speaker, I yield 3 minutes to the gentleman from Pennsylvania (Mr. MURPHY), the author of the mental health portion of this bill.

Mr. MURPHY of Pennsylvania. Mr. Speaker, this bill includes in it elements of H.R. 2646, the Helping Families in Mental Health Crisis Act, which is the most revolutionary change to mental health since the Community Mental Health Act of 1963.

It includes fundamental changes in how we think about, talk about, and treat serious mental illness. It establishes an assistant secretary for mental health and substance use to disseminate evidence-based practices, ensure grants meet objective outcome measures, conduct ongoing oversight of grantees, and collaborates with other Federal departments on mental health.

It creates an interagency coordinating committee to evaluate Federal programs related to mental illness and provide recommendations to better coordinate those programs. It authorizes a national mental health and substance use policy laboratory to promote evidence-based models of care and further develop, expand, replicate, or scale those programs. It provides funding for treatment and recovery for homeless individuals with mental health and substance use disorder services.

It authorizes for the first time in law the National Suicide Prevention Lifeline program and the Minority Fellowship Program. It awards grants to develop, maintain, and enhance online psychiatric bed registries.

It funds programs for telehealth so that people in rural communities and primary care physicians can have ready access to mental health services so sorely needed for their patients. It reauthorizes the Garrett Lee Smith Suicide Prevention program, increases funding for assisted outpatient treatment and, for the first time, provides Federal grants for assertive community treatment.

It increases access to medical residencies and fellowships in psychiatry and addiction medicine in underserved, community-based settings for nurse practitioners, physician assistants, health service psychologists, and social workers. It removes barriers for providing volunteering at community health centers.

It updates the National Child Traumatic Stress Initiative, which supports a national network of child trauma centers, including university, hospital, and community-based centers.

It requires the Secretary of HHS to clarify how healthcare providers can communicate with the caregiver of an adult with a mental health or substance use disorder. It clarifies the coverage of eating disorder benefits, including residential treatment under existing mental parity requirements.

It allows Federal grants to local law enforcement to be used for crisis intervention teams to roll back the tragedies of violence that occur when a mentally ill person encounters a policeman. It provides funding to develop school-based mental health crisis intervention teams. And this list goes on.

I am pleased that this has all been merged into one bill here so that we can move forward on this. This truly will provide many lifesaving measures and bring mental health treatment out of the shadows.

I encourage my colleagues to support this bill as we move forward and provide help because where there is help, there is hope.

Mr. POLIS. Mr. Speaker, I just want to note that this rule contains two completely different bills. The first is the 21st Century Cures Act, which would help address many of the health crises that we face. The other bill is H.R. 6392, the Systemic Risk Designation Improvement Act, that would weaken many of the protections that were put in place in the Dodd-Frank Wall Street reform bill. So there are two very different bills here under one rule, a very closed process which the Democrats will be opposing.

Mr. Speaker, I yield 3 minutes to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Mr. Speaker, it is a pleasure to follow my friend from Pennsylvania, acknowledging his hard work in the mental health sphere. I do think that this is setting the platform for the most significant initiative in the next half century. There are some good things in this bill, but I hope it is just the beginning. I know the gentleman has a number of other initiatives that he is working on in a bipartisan way, and I am hopeful that this Bill serves as a springboard.

On a personal note, the Garrett Smith Suicide Prevention Act, was created by our former colleague, Senator Gordon Smith from Oregon, who took a personal tragedy in his family and moved forward with important legislation that other families may be spared by that effort.

There are a number of things here that matter in another context. In terms of what happens dealing with the opioid crisis that we have now, America has been too slow to respond. I am hopeful that these resources will help us move in the right direction. Again, I must, I suppose, note with a certain amount of irony that there are other alternatives available to deal with the epidemic of opioid overdose deaths.

I would note that it is interesting that States that actually utilize medical marijuana prescribe fewer pills. There is an opportunity here for us to do something that is less expensive, less addictive, and not deadly. But the provisions in this bill, I think, are a step in the right direction.

It also is important to note the investments in neuroscience. We have created a Neuroscience Caucus in Congress because this is an area that has stubbornly resisted being able to have the progress that we have seen in other areas, like cancer and cardiac health, and building on an initiative that the administration has, developed the BRAIN Initiative, which is modest but potentially very significant to accelerate the understanding of the human brain, leading to new ways to treat and cure neurological disorders.

Everybody in this Chamber knows a variety of people who suffer—everything from Alzheimer's, multiple sclerosis, addiction problem—and being able to double down those investments in a more systematic way will pay dividends that are incalculable.

Already, mental and behavioral disorders are among the leading causes of disability around the world. The impact is greater than heart disease and cancer combined. As I mentioned, where we have actually made some progress.

Last but not least, there is a technical fix that matters in my community and others around the country, which is bringing fairness to hospitals. When Congress changed the hospital payment rules last November, there were hospitals like Oregon Health & Science University that were caught unfairly in the middle of payment changes. We did not provide any exceptions for hospital outpatient departments that were under development at that time.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. POLIS. Mr. Speaker, I yield an additional 1 minute to the gentleman from Oregon.

Mr. BLUMENAUER. Mr. Speaker, this means that hospitals like Oregon Health & Science University, who made significant investments in building off-site departments under one set of Medicare rules, suddenly faced a new set of rules that were changed by Congress midstream. I am pleased that this will prevent pulling the rug out from underneath them.

So, in sum, Mr. Speaker, this technical fix, which is important, support for the BRAIN Initiative, the impor-

tant work in mental health, and dealing with the opioid crisis are reasons that I think this bill is worthy of support, although I share the concerns of the gentlewoman from Oregon (Ms. BONAMICI), whose underlying, bipartisan, very important bill somehow is a casualty of this legislation. That is unfortunate.

I hope the rule is defeated so we can fix that and get on with business.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Oklahoma (Mr. COLE).

Mr. COLE. Mr. Speaker, I rise for the purpose of supporting the rule and the underlying legislation.

I want to begin by congratulating Chairman UPTON and the members of the Energy and Commerce Committee on both sides of the aisle for crafting what is genuinely a bipartisan piece of legislation in a very divisive era and working it for years and bringing it to a successful conclusion. They have given all of us an opportunity to vote for something really, really important to every single American.

Now, a lot of focus will be put on the money aspect of this bill. Certainly, \$6-plus billion is a nice chunk of change and will be very, very gratefully received. But in that same multiple-year period, in 5 years, if we didn't increase appropriations by a dime, we would spend \$160 billion dollars at NIH. And over a 10-year period, if we didn't increase annual appropriations by a dime, we would spend \$320 billion.

So the real genius of the bill is not the money. It is actually the three things that have been mentioned by multiple speakers before me. First is the regulatory reform that, at the FDA and at the NIH, will literally save billions of dollars and thousands of lives over the next decade.

Second is the opioid initiative. We all know the crisis. It touches all of our districts. To direct money there and then to build on that through the appropriations process is extraordinarily important, and I congratulate the Energy and Commerce Committee for taking a lead here.

Finally, the mental health legislation that is wound up in this that the gentleman from Pennsylvania (Mr. MURPHY) provided is just absolutely spectacular in terms of its long-term importance.

We can all disagree about this or that or some technicality in the rule. The reality is this is important legislation. If it doesn't pass now, it won't pass and we will be missing an opportunity.

So I want to urge my friends on both sides of the aisle—I don't expect my friends to vote for the rule. They shouldn't. They never do. I wouldn't if I were in the minority. But I hope they will vote for the underlying legislation because that legislation is worthy of passage. It is a bipartisan compromise, and it will improve the life of every single American.

Mr. POLIS. Mr. Speaker, there is a lot of bipartisan support for the 21st

Century Cures Act. I commend Chairman UPTON, Ranking Member PAL-LONE, Ranking Member DEGETTE, Ranking Member GENE GREEN, and so many others who worked hard on this legislation that will save lives by improving the access that Americans have to potentially lifesaving drugs and devices, helping to keep people healthy and independent and out of the hospital.

I plan to support this legislation. I think we also all know that it is a starting point. We have additional work to do to make prescription drugs more affordable, to make the approval process more streamlined for both prescription drugs and medical devices, regenerative medicines safe, and, of course, funding levels for research.

Mr. Speaker, I would like to inquire if there are any speakers remaining on the other side?

Mr. BURGESS. Mr. Speaker, I have two additional speakers and myself to close.

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. PITTS), the chairman of the Subcommittee on Health that played a vital role in getting the 21st Century Cures bill across the finish line.

Mr. PITTS. Mr. Speaker, I rise in strong support of the rule for the 21st Century Cures Act, a momentous innovation package which will help advance the discovery, development, and delivery of new treatments and cures for patients and will foster private-sector innovation here in the United States.

Additionally, the package includes provisions of H.R. 2646, the Helping Families in Mental Health Crisis Act, as well as provisions to increase choice, access, and quality health care for Americans.

Arriving here today has been a long journey full of lots of steps and twists and turns along the way. I especially want to thank legislative counsel for their tireless efforts in helping translate our legislative aims into legislative language. Together with our health team staff, they worked nights and weekends and were consummate professionals throughout the process.

Additionally, I want to thank the healthcare staff of the Congressional Budget Office for all of their help in recent months. In addition to their role in estimating the budgetary effects of numerous policies in the bill, they were instrumental in helping us shape a number of proposals the committee considered.

I would be remiss if I did not thank again the outstanding team on Energy and Commerce and most especially the health team led by Chief Health Counsel Paul Edattell, supported by Josh Trent, John Stone, Carly McWilliams, J.P. Paluskiewicz, Adrianna Simonelli, Adam Buckalew, Sophie Trainor, and Jay Gulshen; and Heidi Stirrup and

Monica Valenti on my staff, without whose expertise, wisdom, and counsel this legislative work would not be possible.

□ 1300

This landmark medical innovation package includes provisions designed to help almost every American family, whether it is leading to the discovery, development, and delivery of new treatments and cures, or advancing the President's Precision Medicine Initiative or the Vice President's Cancer Moonshot, or the BRAIN Initiative to advance Alzheimer's research. This package is an innovation game changer and will truly bring our health innovation into the 21st century. I urge support for this bipartisan effort.

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. WALBERG).

Mr. WALBERG. Mr. Speaker, I stand in support of the rule and the underlying bill. Why? Well, the 21st Century Cures Act is a transformational piece of legislation that will allow us to discover and develop new lifesaving cures and treatments for some of the worst diseases.

This act will offer hope to millions of patients and families, including Gale, a constituent of mine from Newport, who has been affected and afflicted with pancreatic cancer. Or Brandon, a boy from Rives Junction, who has been on a clinical trial for 8 years as he battles Duchenne muscular dystrophy.

In addition to streamlining the FDA approval process and boosting NIH funding, the Cures Act includes significant provisions to update our mental health system and help States fight opioid addiction.

I congratulate my good friend and colleague Chairman FRED UPTON for his vision in tackling this challenge and for his tireless efforts to get this bill to the floor. The Cures Act is innovative; it is bipartisan; it is fully paid for and life changing for my constituents in Michigan and many others around this great country.

I ask my colleagues to vote in support of the rule and the underlying bill.

Mr. POLIS. Is the gentleman prepared to close?

Mr. BURGESS. I am prepared to close.

Mr. POLIS. Mr. Speaker, I yield myself such time as I may consume.

Again, I do want to point out, in breaking with custom, there were many other Democrats who wanted to discuss this bill; but, as we speak, the Democratic Caucus is having elections for the vice chair position. While we were on the floor, we had elections for the whip position and the assistant leader position, both of which I was unable to participate in because, of course, I had to conduct the business of the Nation.

But, again, I would hope that both parties are respectful of the scheduling

requirements that are incumbent upon being a member of one of the two major parties of this body. In the past, we have always been able to work in when Republican Conference has a retreat or a reorganization meeting. I think that is important to this body because, while, of course, as Americans and Representatives we have responsibilities to the institution of Congress, as elected officials of the Democratic or Republican Party, we do have a responsibility to select our leaders and establish our rules.

I don't think that the amount of time that either party spends doing that is unreasonable, but I think that it is very important that both parties and leadership of this body, the Speaker and the majority leader, are respectful of that while, of course, understanding we have important people's business to conduct. There were, of course, many other options. This House could have come to order and gotten this work done at 8 in the morning or they could do it later in the afternoon. There are a number of different ways we could have worked around the previously scheduled reorganization of the Democratic Caucus.

Frankly, I am disappointed not just for myself having been unable to participate in those party functions, but also on behalf of other members of the Democratic Caucus who were unable to come and speak on these very important issues because of playing active roles in running for or supporting or speaking on behalf of various candidates for party positions, which is occurring as I speak.

This bill has two completely unrelated bills that are in it. Again, the 21st Century Cures Act has strong bipartisan support. I add my voice to those who have praised this legislation, and hopefully it will challenge the next Congress to continue to move forward with facilitating the approval process.

I have often heard the approval process, for instance, for a new drug for inception to market can often be in excess of \$1 billion or \$2 billion. We hear a number of different figures tossed around. I think sometimes it is in the high hundreds of millions. Sometimes it is as high as 1.5 or 2 billion. Regardless, that is one of the reasons that there is an upward pressure on prices for proprietary prescription drugs. It is also one of the reasons that lifesaving prescription drugs are often unavailable here even while they are on the market in Europe and other areas. Of course, without compromising safety—and Democrats and Republicans agree on that—there needs to be a way that we can facilitate, particularly in the realm of personalized medicine, bringing new lifesaving products to market in an affordable way.

An excellent model for that that has saved hundreds of thousands of lives was put in place during the first administration of the first George Bush, which provided an expedited route for HIV drugs. Thanks to that route that

was used for many of the HIV drugs, some of which are still in use today, hundreds of thousands of people affected by HIV, including many LGBT Americans, are still alive today because of that effort. I am also confident, because of today's effort with the 21st Century Cures Act, it will save the lives of many more Americans. Again, it is a starting point. We have room to go.

The other bill would, for some reason—it is not something I hear from constituents, but apparently it is something Republicans want to do—exempt some of the very biggest banks from some of the requirements under Dodd-Frank regarding ensuring their stability and preventing them from failing. It is my understanding it only affects a few dozen banks, the very largest banks, banks that are worth tens or hundreds of billions of dollars. I am sure they like it. It probably reduces their ability to have to comply.

But there is a reason those requirements were put in place for those very big banks. We are worried that the failure of any one or certainly multiple banks could create a systemic risk and lead to future bailouts. So I strongly believe that this bill before us today on the banking regulations, if it were to become the law, it would increase the likelihood of future bailouts, which surprises me because many of us have been traditionally opposed to those very kinds of bailouts.

It is my understanding there is one remaining speaker on the other side, so I reserve the balance of my time to allow that speaker to speak.

Mr. BURGESS. Mr. Speaker, I thank the gentleman for the accommodation. I am pleased to yield 2 minutes to the gentleman from Oregon (Mr. WALDEN).

Mr. WALDEN. Mr. Speaker, I want to thank my colleagues on both sides of the aisle and especially for the courtesy to spend a minute or two talking about not only this rule, but also the legislation that will be coming to the floor soon. I want to thank especially Chairman FRED UPTON, who has put his whole heart and soul into the 21st Century Cures Act, joined by DIANA DEGETTE, certainly Dr. BURGESS, Congressman MURPHY, and others who have really played a key role in trying to find cures to diseases that don't exist today, find treatments for those in order to bring better health to all Americans, both physical health and, certainly in the case of Dr. Murphy, mental health as well.

This really means a lot. This will make a difference in real people's lives back home in our communities. I have heard from those people, like Carol Fulkerson in Bend, who has MS. She is ecstatic about this. She said it is a great step toward making it possible to find a cure to MS. Can you imagine what that means in a person's life?

There are critical reforms and improvements on mental health and substance abuse programs, as we have heard. These changes will help people

all across America, and certainly in Oregon. A Medford resident, Justin, overcame his own battle with addiction through a dual diagnosis treatment program that dealt with the underlying issues fueling addiction instead of just sort of a Band-Aid approach to his symptoms. These are the kinds of ideas coming from our folks back home that are now incorporated in legislation.

I heard from a clinical lab owner in rural Oregon, Judy Kennedy, who voiced her support for the provisions in Cures that provide precise diagnostic testing services to rural and other underserved communities across the country. We are going to do so much to improve the health, both mental and physical, in the lives of people we represent when this legislation becomes law.

Mr. Speaker, I am just delighted to support this bill. I think it is an enormous step forward in so many ways, and I commend Chairman UPTON and all those who have been involved in this in its writing. I urge passage of the rule so we can get on to this legislation.

Mr. POLIS. Is the gentleman prepared to close?

Mr. BURGESS. Once again.

Mr. POLIS. Mr. Speaker, I yield myself the balance of my time.

So, again, I think there is some good and some bad in this. The 21st Century Cures Act is very important, and I hope that this body sees it as a starting point, not an ending point. There are some important reforms in there that will save lives and also help remove some of the upward pressure on prescription drug prices, something we hear about very often from constituents.

There is another bill in there which most Democrats will be voting against with regard to making it potentially more likely that larger banks can fail us or need bailouts, and that is not something that most of us have an appetite for. Of course, the closed nature of the bill is not consistent with the expressed desire of the Speaker to have an open process. The Committee on Rules yesterday shut down a number of excellent ideas and amendments that were offered, and they are not allowed to be debated here on the floor.

Of course the timing of this bill, particularly for a bipartisan bill, to bring it up in a way, in a manner and a time that conflicts with the previously noticed meeting that happens to include all of the members of one of the two political parties is not the best way to foster the type of bipartisan cooperation that is important to get things done around here.

So Democrats will not be supporting the rule. Many of us will, thanks to the work of Chairman UPTON, Ranking Member PALLONE, Ranking Member DEGETTE, Ranking Member GENE GREEN, and others, be proud to hopefully send to the President's desk the 21st Century Cures Act as an excellent starting point in helping to save lives.

I urge a "no" vote on the rule.

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

Mr. BURGESS. I yield myself the balance of my time.

Mr. Speaker, today's rule provides for the consideration of two important bills: a bill that will transform and advance the discovery, the development, the delivery of treatments and cures; and a bill that will help our small and community banks, institutions that, in turn, can further assist small and local businesses and help our communities grow.

I want to thank all of the Members who did put a lot of effort into the final package on the Cures bill, as well as the staff on both sides of the aisle, all members of the Committee on Energy and Commerce, and the House as a whole, who were asked to bring their ideas to the table, and we worked to include as many of those as we could.

I would also like to express my thanks to the great attorneys at the Legislative Counsel who sometimes worked around the clock to get this bill ready for both the committee and floor activity. I want to thank Chairman UPTON, Representative DEGETTE, as well as Chairman PITTS and Ranking Member PALLONE and Ranking Member GENE GREEN for their leadership throughout.

It has already been mentioned, but I also want to thank the staff, both in our personal offices and at the committee staff, who have worked so hard on this over the past 4 years. This was truly all hands on deck. There is not one staffer on the Subcommittee on Health of the Committee on Energy and Commerce who does not have their fingerprints all over this bill.

Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. POLIS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, this 15-minute vote on adopting House Resolution 934 will be followed by a 5-minute vote on suspending the rules and passing H.R. 5047.

The vote was taken by electronic device, and there were—yeas 230, nays 180, not voting 24, as follows:

[Roll No. 590]

YEAS—230

Abraham	Bishop (UT)	Buchanan
Aderholt	Black	Buck
Allen	Blackburn	Bucshon
Amash	Blum	Burgess
Amodei	Bost	Byrne
Babin	Boustany	Calvert
Barr	Brady (TX)	Carter (GA)
Barton	Brat	Carter (TX)
Benishek	Bridenstine	Chabot
Bilirakis	Brooks (AL)	Chaffetz
Bishop (MI)	Brooks (IN)	Coffman

Cole	Issa	Reed	Kind	Neal	Scott, David	Boyle, Brendan	Foster	LoBiondo
Collins (GA)	Jenkins (KS)	Reichert	Kuster	Nolan	Serrano	F.	Fox	Loeb
Collins (NY)	Jenkins (WV)	Ribble	Langevin	Norcross	Sewell (AL)	Brady (PA)	Frankel (FL)	Loftis
Comer	Johnson (OH)	Rice (SC)	Larsen (WA)	O'Rourke	Sherman	Brady (TX)	Franks (AZ)	Long
Comstock	Johnson, Sam	Rigell	Larson (CT)	Pallone	Sires	Brat	Frelinghuysen	Loudermilk
Conaway	Jordan	Roby	Lawrence	Pascarella	Slaughter	Bridenstine	Fudge	Love
Cook	Joyce	Roe (TN)	Lee	Payne	Smith (WA)	Gabbard	Gabbard	Lowenthal
Costello (PA)	Katko	Rogers (AL)	Levin	Pelosi	Speier	Brooks (IN)	Gallego	Lowey
Cramer	Kelly (MS)	Rogers (KY)	Lewis	Perlmutter	Swalwell (CA)	Brownley (CA)	Garamendi	Lucas
Crawford	Kelly (PA)	Rohrabacher	Lieu, Ted	Peters	Takano	Buchanan	Garrett	Luetkemeyer
Culberson	King (IA)	Rokita	Lipinski	Peterson	Thompson (CA)	Buck	Gibbs	Lujan Grisham
Curbelo (FL)	King (NY)	Rooney (FL)	Loeb	Pingree	Thompson (MS)	Bucshon	Gibson	(NM)
Davidson	Kinzing (IL)	Ros-Lehtinen	Lofgren	Pocan	Titus	Burgess	Gohmert	Lujan, Ben Ray
Davis, Rodney	Kline	Roskam	Lowenthal	Polis	Tonko	Bustos	Goodlatte	(NM)
Denham	Knight	Ross	Lowey	Price (NC)	Torres	Butterfield	Gosar	Lummis
Dent	Labrador	Rothfus	Lujan Grisham	Quigley	Tsongas	Byrne	Gowdy	Lynch
DeSantis	LaHood	Rouzer	(NM)	Rangel	Van Hollen	Calvert	Graham	MacArthur
DesJarlais	LaMalfa	Royce	Lujan, Ben Ray	Rice (NY)	Vargas	Capps	Granger	Maloney,
Diaz-Balart	Lamborn	Russell	(NM)	Richmond	Veasey	Capuano	Graves (GA)	Carolyn
Dold	Lance	Salmon	Lynch	Roybal-Allard	Ruiz	Cárdenas	Graves (LA)	Maloney, Sean
Donovan	Latta	Sanford	Maloney,	Ruiz	Velazquez	Carney	Graves (MO)	Marchant
Duffy	LoBiondo	Scalise	Carolyn	Ruppersberger	Walz	Carson (IN)	Grayson	Marino
Duncan (SC)	Long	Schweikert	Maloney, Sean	Rush	Wasserman	Carter (GA)	Green, Al	Massie
Duncan (TN)	Loudermilk	Scott, Austin	Matsui	Ryan (OH)	Schultz	Carter (TX)	Green, Gene	Matsui
Emmer (MN)	Lucas	Sensenbrenner	McCollum	Sánchez, Linda	Waters, Maxine	Castro (FL)	Griffith	McCarthy
Farenthold	Luetkemeyer	Sessions	McGovern	T.	Watson Coleman	Castro (TX)	Grijalva	McClintock
Fitzpatrick	Lummis	Shimkus	McNeerney	Sanchez, Loretta	Welch	Chabot	Grothman	McCollum
Fleischmann	MacArthur	Simpson	Meeks	Sarbanes	Wilson (FL)	Chaffetz	Guinta	McGovern
Fleming	Marchant	Sinema	Meng	Schakowsky	Yarmuth	Chu, Judy	Guthrie	McHenry
Flores	Marino	Smith (MO)	Moulton	Schiff		Cicilline	Gutiérrez	McKinley
Forbes	Massie	Smith (NE)	Nadler	Schrader		Clark (MA)	Hanabusa	McMorris
Fortenberry	McCarthy	Smith (NJ)	Napolitano	Scott (VA)		Hanna	Rodgers	McNeerney
Fox	McClintock	Smith (TX)				Clarke (NY)	Hardy	McSally
Franks (AZ)	McHenry	Stefanik				Clay	Harper	Meadows
Frelinghuysen	McKinley	Stewart	Barletta	Hensarling	Moore	Cleaver	Harris	Meehan
Garrett	McMorris	Stivers	Brown (FL)	Hurt (VA)	Murphy (FL)	Clyburn	Hartzler	Meeks
Gibbs	Rodgers	Stutzman	Clawson (FL)	Jolly	Nugent	Coffman	Hastings	Meng
Gibson	McSally	Thompson (PA)	Crenshaw	Jones	Poe (TX)	Cohen	Heck (NV)	Messer
Gohmert	Meadows	Thornberry	Ellmers (NC)	Kirkpatrick	Renacci	Cole	Heck (WA)	Mica
Goodlatte	Meehan	Tiberi	Farr	Love	Shuster	Collins (GA)	Hensarling	Miller (FL)
Gosar	Messer	Tipton	Fincher	McCauley	Westmoreland	Collins (NY)	Herrera Beutler	Miller (MI)
Gowdy	Mica	Trott	Hahn	McDermott	Williams	Comer	Hice, Jody B.	Moolenaar
Granger	Miller (FL)	Turner				Comstock	Higgins	Mooney (WV)
Graves (GA)	Miller (MI)	Upton				Conaway	Hill	Moore
Graves (LA)	Moolenaar	Valadao				Connolly	Himes	Moulton
Graves (MO)	Mooney (WV)	Wagner				Conyers	Hinojosa	Mullin
Griffith	Mullin	Walberg				Cook	Holding	Mulvaney
Grothman	Mulvaney	Walden				Cooper	Honda	Murphy (FL)
Guinta	Murphy (PA)	Walker				Costa	Hoyer	Murphy (PA)
Guthrie	Neugebauer	Walorski				Costello (PA)	Hudson	Nadler
Hanna	Newhouse	Walters, Mimi				Courtney	Huelskamp	Napolitano
Hardy	Noem	Weber (TX)				Cramer	Huffman	Neal
Harper	Nunes	Webster (FL)				Crawford	Huizenga (MI)	Neugebauer
Harris	Olson	Wenstrup				Crowley	Hultgren	Newhouse
Hartzler	Palazzo	Westerman				Cuellar	Hunter	Noem
Heck (NV)	Palmer	Wilson (SC)				Culberson	Hurd (TX)	Norcross
Herrera Beutler	Paulsen	Wittman				Cummings	Israel	Nunes
Hice, Jody B.	Pearce	Womack				Curbelo (FL)	Issa	O'Rourke
Hill	Perry	Woodall				Davidson	Jackson Lee	Olson
Holding	Pittenger	Yoder				Davis (CA)	Jeffries	Palazzo
Hudson	Pitts	Yoho				Davis, Danny	Jenkins (KS)	Pallone
Huelskamp	Poliquin	Young (AK)				Davis, Rodney	Jenkins (WV)	Palmer
Huizenga (MI)	Pompeo	Young (IA)				DeFazio	Johnson (GA)	Pascarella
Hultgren	Posey	Young (IN)				DeGette	Johnson (OH)	Paulsen
Hunter	Price, Tom	Zeldin				Delaney	Johnson, E. B.	Payne
Hurd (TX)	Ratcliffe	Zinke				DeLauro	Johnson, Sam	Pearce

NAYS—180

Adams	Clyburn	Frankel (FL)
Aguilar	Cohen	Fudge
Ashford	Connolly	Gabbard
Bass	Conyers	Gallego
Beatty	Cooper	Garamendi
Becerra	Costa	Graham
Bera	Courtney	Grayson
Beyer	Crowley	Green, Al
Bishop (GA)	Cuellar	Green, Gene
Blumenauer	Cummings	Grijalva
Bonamici	Davis (CA)	Gutiérrez
Boyle, Brendan	Davis, Danny	Hanabusa
F.	DeFazio	Hastings
Brady (PA)	DeGette	Heck (WA)
Brownley (CA)	Delaney	Higgins
Bustos	DeLauro	Himes
Butterfield	DelBene	Hinojosa
Capps	DeSaulnier	Honda
Capuano	Deutch	Hoyer
Cárdenas	Dingell	Huffman
Carney	Doggett	Israel
Carson (IN)	Doyle, Michael	Jackson Lee
Cartwright	F.	Jeffries
Castor (FL)	Duckworth	Johnson (GA)
Castro (TX)	Edwards	Johnson, E. B.
Chu, Judy	Ellison	Kaptur
Cicilline	Engel	Keating
Clark (MA)	Eshoo	Kelly (IL)
Clarke (NY)	Esty	Kennedy
Clay	Evans	Kildee
Cleaver	Foster	Kilmer

NOT VOTING—24

Brown (FL)	Hensarling
Clawson (FL)	Hurt (VA)
Crenshaw	Jolly
Ellmers (NC)	Jones
Farr	Kirkpatrick
Fincher	Love
Hahn	McCauley
	McDermott

□ 1333

Mr. HONDA changed his vote from "yea" to "nay."

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PROTECTING VETERANS' EDUCATIONAL CHOICE ACT OF 2016

The SPEAKER pro tempore (Mr. HULTGREN). The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5047) to direct the Secretary of Veterans Affairs and the Secretary of Labor to provide information to veterans and members of the Armed Forces about articulation agreements between institutions of higher learning, and for other purposes, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Florida (Mr. MILLER) that the House suspend the rules and pass the bill.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 411, nays 3, not voting 20, as follows:

[Roll No. 591]

YEAS—411

Abraham	Barr	Bishop (MI)
Adams	Barton	Bishop (UT)
Aderholt	Beatty	Black
Aguilar	Becerra	Blackburn
Allen	Benishek	Blum
Amash	Bera	Blumenauer
Amodei	Beyer	Bonamici
Ashford	Bilirakis	Bost
Babin	Bishop (GA)	Boustany