

This has resulted in a large increase in the license review and enforcement burden at BIS, which now processes nearly 40,000 licenses per year.

For our controls to be effective, I strongly believe that they need to be laser-focused on the highest priority cases where the national security concerns are most clear. At the moment, the Departments of State, Defense, Energy, or Commerce can individually block the approval or denial of a license by an interagency committee by escalating a decision if they don't agree with it.

This legislation will allow the chair of the operating committee to decide cases where the agencies are divided 2-2, which should mitigate the number of escalations that we see and result in a more streamlined and effective process.

Mr. Speaker, I thank Representative MCCORMICK and Chairman MCCAUL for working with the minority to address our concerns. I encourage my colleagues to join me in supporting this measure, and I reserve the balance of my time.

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

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

Mr. Speaker, to safeguard our national security in an ever-changing global landscape and to ensure that we are putting American workers and families first, our policies must be robust and effective, not counterproductive. If we want our export controls to work, we need to do a few things.

First and foremost, we need to make sure that we are blocking the transactions that pose a clear threat to our national security. This requires focusing on key chokepoints and specific technologies and not having blanket rules that will inundate the Bureau of Industry and Security with a review of items that are not problematic.

Second, we need to ensure that those controls are multilateral, so that the intended party isn't simply able to buy the same goods from other global suppliers or nations. Unilateral actions don't work, and they hurt American workers and families by ceding market share to foreign competitors resulting in job losses here at home.

Third, we need to ensure that the license review process is fast, effective, and that BIS has the resources and tools necessary to effectively implement and enforce controls.

So while I stand in support of Mr. MCCORMICK's bill, I also urge the House to think seriously about increasing funding for BIS. I hope my colleagues will join me in supporting this bill, and I yield back the balance of my time.

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

Mr. Speaker, in closing, I thank Chairman MCCAUL, Ranking Member MEEKS, and my bipartisan colleagues on the Foreign Affairs Committee for supporting this bill before us today.

The committee is made up of a five-member panel with representatives

from the Departments of Commerce, Defense, State, and Energy, with the chair being the Bureau of Industry and Security representative who, per the governing statute, should act impartially when the Operating Committee for Export Policy convenes.

Under current law, OCEP, which is the Operating Committee for Export Policy, may resolve these issues and disputes by a majority vote. However in practice, the chair typically issues a ruling without calling a vote and most often rules in favor of the Department of Commerce, which draws into question their adherence to the directive to be impartial.

It is critical that we deny our adversaries the opportunity to access our American private sector innovation. Our innovation should not be giving a leg up to our enemies in competition.

An increasingly aggressive Chinese Communist Party is posing a growing threat to American values and American interests around the world. In many cases, they are threatening us with our own technology.

For that reason, we must ensure that our national security agencies have a real voice and vote in deciding what technologies can be exported to the People's Republic of China. We want to ensure that the BIS does not produce BS.

Mr. Speaker, I urge support for this bill, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Georgia (Mr. MCCORMICK) that the House suspend the rules and pass the bill, H.R. 6602, as amended.

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

A motion to reconsider was laid on the table.

#### DR. MICHAEL C. BURGESS PREVENTIVE HEALTH SAVINGS ACT

Mr. BURGESS. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 766) to amend the Congressional Budget Act of 1974 respecting the scoring of preventive health savings, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 766

[REPORT NO. 118-426]

To amend the Congressional Budget Act of 1974 respecting the scoring of preventive health savings.

*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 "Dr. Michael C. Burgess Preventive Health Savings Act".*

#### SEC. 2. SCORING OF PREVENTIVE HEALTH SAVINGS.

*Section 202 of the Congressional Budget and Impoundment Control Act of 1974 (2 U.S.C. 602) is amended by adding at the end the following:*

*"(h) SCORING OF PREVENTIVE HEALTH SAVINGS.—*

*"(1) DETERMINATION BY THE DIRECTOR.—Upon a request by the chairman and ranking minority member of the Committee on the Budget of the Senate and chairman and ranking minority member of the committee of primary jurisdiction of the Senate or by the chairman and ranking minority member of the Committee on the Budget of the House of Representatives and the chairman and ranking minority member of the committee of primary jurisdiction of the House of Representatives, the Director shall determine if proposed legislation would result in net reductions in budget outlays in budgetary outyears through the use of preventive health care.*

*"(2) PROJECTIONS.—If the Director determines that proposed legislation would result in net reductions in budget outlays as described in paragraph (1), the Director—*

*"(A) shall include, in any projection prepared by the Director on such proposed legislation, a description and estimate of the reductions in budget outlays in the budgetary outyears and a description of the basis for such conclusions; and*

*"(B) may prepare a budget projection that includes some or all of the budgetary outyears, notwithstanding the time periods for projections described in subsection (e) and sections 308, 402, and 424.*

*"(3) LIMITATION.—Any estimate provided by the Director pursuant to paragraph (1) shall be used as a supplementary estimate and may not be used to determine compliance with the Congressional Budget Act of 1974 or any other budgetary enforcement controls.*

*"(4) DEFINITIONS.—As used in this subsection—*

*"(A) the term 'budgetary outyears' means the 2 consecutive 10-year periods beginning with the first fiscal year that is 10 years after the current fiscal year; and*

*"(B) the term 'preventive health care' means an action that focuses on the health of the public, individuals, and defined populations in order to protect, promote, and maintain health and wellness and prevent disease, disability, and premature death, including through the promotion and use of effective, innovative health care interventions that are demonstrated by credible and publicly available evidence from epidemiological projection models, clinical trials, observational studies in humans, longitudinal studies, and meta-analysis."*

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BURGESS) and the gentlewoman from Minnesota (Ms. OMAR) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

#### GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material into the bill.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 766, the Dr. Michael C. Burgess Preventive Health Savings Act.

This pivotal piece of legislation seeks to establish a mechanism for the Congressional Budget Office to more accurately reflect the long-term, cost-saving potential of preventive healthcare initiatives.

This bipartisan, bicameral effort underscores our commitment to promoting the health and well-being of all

Americans. We encourage the use of data-informed preventive health measures, and we are taking proactive steps toward not only saving lives, but also saving taxpayer dollars in the long run.

Chronic illnesses account for over 70 percent of all our healthcare spending, and they continue to pose a significant burden on our system and our economy.

However, by enacting measures like H.R. 766, we can begin to bend the cost curve and provide a more accurate understanding of the long-term cost savings from preventive healthcare policies.

H.R. 766 specifically allows the Congressional Budget Office, upon the instruction of Congress, to extend its analysis beyond the existing 10-year budget window to two additional 10-year periods. This provision will enable us to conduct a fuller analysis of the potential budgetary savings and the impact of preventive health legislation, ensuring that we make informed decisions based on sound evidence and data.

Moreover, the Dr. Michael C. Burgess Preventive Health Savings Act narrowly defines preventive health to encompass actions that focus on the health of the public, individuals, and defined populations.

By relying on credible and publicly available evidence from various sources, such as epidemiological projection models, clinical trials, and meta-analysis, we can ensure that our policies are both meaningful and impactful.

Lastly, H.R. 766 protects against estimates being used to justify partisan policies that might be used as budget gimmicks by requiring the request for a long-term estimate to be bipartisan and by stipulating such estimates cannot be used to comply with budget rules.

The successes of past legislation, such as the passage of Medicare part D in 2003, under a Republican majority in Congress, serves as a reminder of the profound impact preventive care can have on our healthcare. Despite initial concerns about its costs, Medicare part D has proven to be a wise investment, yielding savings and benefits that far outweigh its initial expenses.

In conclusion, I believe that an ounce of prevention is, indeed, worth a pound of cure, and preventive care in 2003 has yielded more than a pound of cure today. This undeniable truth underscores the case for preventive, personalized medicine and should only serve to encourage us to redouble our efforts and pass this important bill.

Mr. Speaker, I include in the RECORD a letter of support signed by 53 organizations as part of H.R. 766.

MARCH 4, 2024.

Hon. MIKE JOHNSON,  
*Speaker, House of Representatives,*  
*Washington, DC.*

Hon. HAKEEM JEFFRIES,  
*Minority Leader, House of Representatives,*  
*Washington, DC.*

DEAR SPEAKER JOHNSON AND MINORITY LEADER JEFFRIES: We, the 53 undersigned or-

ganizations, would like to express our support for H.R. 766, the "Dr. Michael C. Burgess Preventive Health Savings Act," which removes outdated statutory constraints which currently prevent Congressional Budget Office (CBO) estimates from correctly assessing preventive health initiatives that might achieve long-term health savings in federal programs.

As leaders in health care representing patients, providers, associations, and employers, we all agree on the need for a continued focus on wellness and disease prevention if healthcare costs are to be contained. We share a bipartisan, bicameral view with many in Congress that to move forward with policy solutions to address the growing burden of long-term chronic disease, Congress needs new tools to rise above traditional legislative approaches to health care.

Simply put, we know we can't "cut" our way to a healthier America by shaving dollars from federal programs that provide care to people in need every time Congress finds a new approach. As such, we all agree that the statutory constraints that CBO must currently follow to "score" legislation severely constrains the ability of policymakers to accurately assess legislation that would prevent chronic disease. We believe this legislation represents a significant step toward the goal of including new ideas and tactics to improve care that have proven successful in the private sector, or in health systems abroad that don't have the same regulatory or budgetary constraints.

Chronic disease places a significant burden on our health and economy, but it can be reversed:

We know that chronic diseases are responsible for 7 of 10 deaths among Americans each year, and they account for 90 percent of the \$4.1 trillion our nation spends annually on medical care. These figures will worsen as the population ages.

Much of the illness, suffering, and early death related to chronic diseases is caused by modifiable health risk behaviors such as lack of physical activity, poor nutrition, tobacco use, and alcohol and substance misuse.

Preventing or delaying the onset of new cases and mitigating the progression of chronic disease will improve the health of people in America while lowering healthcare costs and overall spending.

The current scoring process does not give Congress a complete picture of efforts to combat chronic disease:

Research has demonstrated that certain expenditures for preventive health interventions generate savings when considered in the long term, but those cost savings may not be apparent when assessing only the first ten years—those in the "scoring" window.

Long-term benefits from current preventive health expenditures may not be fully reflected, if at all, in cost estimates from CBO.

Lawmakers need sound information, and today's methods and procedures may not work as well as needed in analyzing certain efforts to prevent costly complications of chronic diseases.

CBO has already begun to examine prevention in new ways:

In 2012, CBO published long-term estimates of the effect of a hypothetical tobacco tax on the federal budget.

Also, in 2012, CBO published a study which found greater prescription drug access and adherence can reduce healthcare costs in other areas.

In the 118th Congress, the House of Representatives continues to require CBO to score certain large bills by considering projected impacts on revenue and spending from assumed economic effects the bills.

The Preventive Health Savings Act will permit leaders in Congress to request that

CBO estimate the long-term health savings that are possible from preventive health initiatives:

This legislation provides that the Chairman or Ranking member of either budget or health-related committees can request an analysis of the two 10-year periods beyond the existing 10-year window.

The bill requires CBO to conduct an initial analysis to determine whether the provision would result in substantial savings outside the normal scoring window.

CBO must include a description of those future-year savings in its budget projections but would retain the option of creating a formal projection that includes some or all the budgetary out years.

This bill is necessary to bring greater attention to the longer-term value of wellness and prevention policies specifically.

The bill defines preventive health as an action designed to avoid future healthcare costs that are demonstrated by credible and publicly available epidemiological projection models, incorporating clinical trials or observational studies in humans.

This narrow, responsible approach discourages abuse while encouraging a sensible review of health policies and programs Congress believes will further the public's health.

As the chronic disease epidemic continues to worsen, so does the need for legislation that will properly allow Congress to see the full savings of enacting prevention-focused policy measures.

We applaud your efforts in sponsoring this important legislation and look forward to joining with you in transforming our nation to one that prioritizes efforts to achieve wellness and wellbeing for all.

Sincerely,

Academy of Nutrition and Dietetics, Alliance for Aging Research, American Academy of Family Physicians, American Association of Clinical Endocrinology, American Association of Nurse Practitioners, American College of Gastroenterology, American College of Lifestyle Medicine, American College of Occupational and Environmental Medicine, American College of Preventive Medicine, American Society for Nutrition, Ascension, Association of Diabetes Care & Education Specialists, Avery's Hope.

Biocom California, Blooming Health, Inc., California Chronic Care Coalition, Caregiver Action Network, Chronic Care Policy Alliance, Connected Health Initiative, COPD Foundation, Council For Affordable Health Coverage, Determined Health, Fight Colorectal Cancer, FundPlay Foundation, Geneoscopy, Gerontological Society of America, Global Liver Institute.

Healthcare Leadership Council, HealthyWomen, HIV + Hepatitis Policy Institute, Johnson & Johnson, Marshfield Clinic Health System, MemorialCare Health System, Merck, National Minority Quality Forum, Nevada Chronic Care Collaborative, NourishedRx, NTM Info & Research, Obesity Action Coalition, Obesity Medicine Association.

Partnership to Fight Chronic Disease, Partnership to Fight Infectious Disease, PLAY Sports Coalition, Premier Inc., Sports & Fitness Industry Association, Team Titin, Texas Health Resources, The Obesity Society, Tivity Health, UsAgainstAlzheimer's, Vizient, Wellvana, YMCA of the USA.

Mr. BURGESS. Mr. Speaker, I urge all my fellow colleagues to join me in supporting H.R. 766 and ensuring that we continue to prioritize preventive healthcare initiatives for the betterment of all Americans, and I reserve the balance of my time.

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

Mr. Speaker, I rise in support of H.R. 766. The Dr. Michael C. Burgess Preventive Health Savings Act provides Congress with more information on the budgetary impact of preventive healthcare services.

Investing in prevention, such as early detection screenings, could improve healthcare outcomes while lowering healthcare costs in the long run.

Such lifesaving, evidence-based policies often have significant fiscal benefits for the government. The bill also ensures that the requests for this out-year estimate are bipartisan.

Both the chair and the ranking member of the Budget Committee and the primary committees of jurisdiction must all together request this information.

This request should be about our continued focus on wellness and disease prevention for the American people and not be used to justify any partisan policies.

□ 1630

Finally, the bill ensures that the out-year impact of prevention healthcare policies are only used as a supplemental estimate. It cannot be used for any budgetary enforcement controls. This would simply help Congress make more informed policy decisions and prevent out-year estimates to be used for any budget gimmicks.

I fully support this sensible piece of legislation, bringing us closer to more transparent and holistic budget reporting.

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

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentlewoman from Minnesota (Mrs. FISCHBACH).

Mrs. FISCHBACH. Mr. Speaker, I thank my colleague from Texas for yielding me the time and for bringing this piece of legislation forward.

Mr. Speaker, we know that investing in preventive care benefits an individual's health and pocketbook in the long run. Unfortunately, current statute only allows the Congressional Budget Office to assess a 10-year cost estimate window, despite the fact that assessing the impact of preventive care usually takes much longer than that.

I proudly support the Dr. Michael C. Burgess Preventive Health Savings Act, which allows the CBO to score the long-term cost benefit of preventive care. This is a simple bill, and it will not only benefit the health of Americans, but it will also save taxpayer dollars.

Ms. OMAR. Mr. Speaker, I yield 5 minutes to the gentlewoman from Colorado (Ms. DEGETTE), the coauthor of the legislation.

Ms. DEGETTE. Mr. Speaker, I rise in strong support of the Dr. Michael C. Burgess Preventive Health Savings Act.

A great frustration for those of us who work a lot on healthcare policy is the difficulty in accurately predicting the cost of preventive care. Right now,

as you heard from my coauthor of the bill, Dr. BURGESS, when Congress looks at the cost and benefits of preventive healthcare, we only look at a 10-year window. That is true even when the savings associated with preventive care would accrue 15, 20, 30 years in the future.

That is why Dr. BURGESS and I wrote this bill, so that we could look at preventive care over a longer time frame and actually see the cost savings that it will give us. That will help us refocus our healthcare legislation on prevention rather than waiting until serious diseases occur.

Preventive care averts illnesses, helps catch problems before they get too bad, and also saves lives. It has another benefit. It saves money. Therefore, Congress should be able to consider how preventive healthcare saves taxpayers' dollars when we prepare to vote on legislation.

This bill provides a framework for committees to request an extended estimate for legislation related to preventive healthcare from the Congressional Budget Office. With the framework laid out in this bill, committees can, on a bipartisan basis, request an estimate of the effects of a preventive healthcare bill up to a 30-year window.

This sounds a little technical but, frankly, I believe it will revolutionize how Congress considers preventive healthcare legislation. It is going to make it so Congress will have long-term cost estimates on preventive care legislation from a nonpartisan, trusted source.

As new innovations to keep Americans healthy are developed, we can better consider their long-term effects as we try to make them more available to the American people.

At the same time, as you heard, this bill does not allow any new budgetary gimmicks. Instead, it just gives us the framework to get the information we need.

Part of the genesis of this bill was when Dr. BURGESS and I and others were working on the Affordable Care Act. I really wanted to put in the mandated benefits the inclusion of smoking cessation.

Now, everybody in this room and in the gallery knows, helping Americans stop smoking cigarettes is one of the most obvious areas where preventive care can just save lives but also save money. We all know the terrible results of smoking: higher risks of lung cancer, diabetes, stroke, heart disease, COPD, and more. Treating these conditions is expensive, but it is also deadly for people.

CBO was working on this 10-year window when it made an estimate on my ideas, and they said: Congresswoman, we think the idea of smoking cessation is a great idea, but, unfortunately, the smoking cessation programs like the patch and Nicorette and things like that are just too expensive, and so we can't afford to pay for them as part of the mandated benefits of the ACA. To

me, that is crazy, and that is why we need this bill.

Dr. BURGESS and I have been working on this bill ever since, over 10 years now, and I am proud to see it come to the floor. Here it is now. It is among the first bipartisan bills from the Budget Committee to be reported to the full House in years.

We talk a lot about needing a long-term view. I can't think of a better example of a long-term view than a bill that takes more than 10 years, but yet we persevere.

Finally, I thank MIKE BURGESS for his partnership on this bill and his partnership on the Energy and Commerce Committee for many other bills. We disagree a lot, but we have found a lot of common ground, and we always work in good faith to deliver for our constituents and the American people.

This bill is a perfect example of how we work together to write common-sense legislation that centers on what Americans need to lead healthy lives. It is truly a bipartisan victory. It is good legislation. I am going to miss Dr. BURGESS and his vision on the committee. I hope that we can work together to get this bill through the other body just as quickly as we can. I urge a "yes" vote on this bill.

Mr. BURGESS. Mr. Speaker, it is now my great privilege and high honor to yield 3 minutes to the gentleman from Texas (Mr. ARRINGTON), the chairman of the Budget Committee, as we debate the first bipartisan budget bill to pass the floor of the House I think in the history of Congress.

Mr. ARRINGTON. Mr. Speaker, I thank the gentleman from Texas. What a great career he has had in public service. He has truly been an inspiration and a leader among his equals here in the people's House on healthcare issues. He was the founder of the Doctors Caucus. He was the Health Subcommittee chair at the Energy and Commerce Committee and the chair of the Health Care Task Force on the Budget Committee. There is nobody in this Chamber, and I would submit in the United States Congress, who knows more about healthcare and who has endeavored more over the years to make healthcare work.

Mr. Speaker, I thank my Democratic colleagues, Ms. OMAR and Ms. DEGETTE. This is proof that we can work together in good faith, find common ground and consensus solutions to make this country and its government work for the people.

I thank Ms. DEGETTE for her kind words. We have young people in the gallery who got to hear something they don't often hear on cable news, which is a colleague from one side of the aisle complimenting another. What great decorum. What a great example of civil discourse in their Nation's Capitol. They need to see more of it.

I am grateful that we have an opportunity to address the triple aim in healthcare that often is underutilized because of simply the way we score it.

Healthcare innovation and technology can improve access and quality outcomes while bending the curve on costs, not just to our patients and to our fellow Americans, but also to the taxpayers. Healthcare is a third of the budget. It is a big driver of our debt, and we have got to look for common-sense solutions to improve across the board these important outcomes. Again, I thank Ms. OMAR and Ms. DeGETTE for their leadership.

To my friend from the great State of Texas, what a legacy. We named this bill after Dr. BURGESS. He was loath to allow that, but it is appropriate because of all that he has done to leave this country better than he found it. This no doubt will have a tremendous impact for the future. May God bless my friend, and Godspeed.

Ms. OMAR. Mr. Speaker, I have no further speakers, and I am prepared to close. I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. WENSTRUP), the co-chair of the Doctors Caucus.

Mr. WENSTRUP. Mr. Speaker, I am here today in support of the Dr. Michael C. Burgess Preventive Health Saving Act, a bill aptly named after my colleague and friend, my co-chair on the Doctors Caucus, Dr. MICHAEL BURGESS.

This important legislation is going to allow the Congressional Budget Office to measure the long-term impact of health policies, breaking free from the arbitrary 10-year budget window that currently constrains our ability to help our fellow Americans to live a healthier and longer life.

This is something that we as the Doctors Caucus have met with CBO on. They were not sure how to do it. Dr. BURGESS put forward a way that we can get this done. We worked in a bipartisan manner to enact policies that can bring patients more access to drugs, treatments, cures.

Yet, when looking at the initial cost of bringing new treatments and drugs to patients, the long-term savings that are associated with keeping Americans healthier for longer are not considered. They need to be. The Congressional Budget Office should have the ability to fully score the impact that reductions in obesity, access to early and preventive treatments, and keeping patients healthier will have on Medicare, for example.

It has been my great honor to serve with Dr. BURGESS on the Doctors Caucus and here in Congress. I am glad to support this bill led by Dr. BURGESS, whose expertise and desire for quality care for all Americans has inspired many to practice medicine and encourage them to get involved with government. I encourage support of this bill.

Mr. Speaker, I include in the RECORD a letter from the American Medical Association supporting H.R. 766.

AMERICAN MEDICAL ASSOCIATION,  
Chicago, IL, March 18, 2024.

Hon. MIKE JOHNSON,  
Speaker, House of Representatives,  
Washington, DC.

Hon. HAKEEM JEFFRIES,  
Minority Leader, House of Representatives,  
Washington, DC.

DEAR SPEAKER JOHNSON AND MINORITY LEADER JEFFRIES: On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing in support of H.R. 766, the "Dr. Michael C. Burgess Preventive Health Savings Act." This bipartisan bill would provide leaders in Congress with the ability to request that the Congressional Budget Office (CBO) provide an estimate of the long-term health savings that are possible from preventive health initiatives.

Chronic disease is a leading cause of death and disability in the United States. According to the Centers for Disease Control and Prevention, each year more than 877,500 Americans died of heart disease or stroke, more than 1.7 million people were diagnosed with cancer, and more than 37.3 million Americans have diabetes, with an additional 96 million adults diagnosed with prediabetes, which puts them at risk for type 2 diabetes. These diseases, along with other conditions such as obesity, Alzheimer's, and mental health issues, place a significant burden on the economy, accounting for 90 percent of our nation's \$4.1 trillion in annual health care spending. These figures will undoubtedly worsen as the population ages.

Congress should be able to consider the long-term economic benefits of legislation that would promote wellness and disease prevention initiatives that reduce chronic conditions. However, the way in which the CBO currently "scores" legislation severely constrains the ability of policymakers to accurately assess legislation that would prevent chronic disease. For example, while research has demonstrated that certain expenditures for preventive medicine generate savings when considered in the long term, those cost savings may not be evident when evaluating only the first 10-year "scoring" window.

We believe this legislation represents a significant step towards providing Congress with the means to obtain a more relevant long-term economic picture of the benefits of legislation to prevent chronic diseases. The legislation would allow, among other things, the Chair and Ranking member of the budget and health-related committees in the House or Senate to jointly request an analysis of the two 10-year periods beyond the existing initial 10-year window. The provisions requiring these requests to come jointly from the Chair and Ranking Member of the budget and health-related committees in the House or the Senate will ensure the CBO is not diverted to frivolous or overly partisan analyses. Furthermore, the legislation's definition of "preventive health" appropriately captures the unique nature of this concept by including actions that focus on the health of the public, individuals, and defined populations to protect, promote, and maintain health and wellness, as well as prevent disease, disability, and premature death as demonstrated in credible, publicly available studies and data.

The AMA applauds your leadership in bringing this important legislation to the House floor for consideration and looks forward to working with you on this and other efforts to promote wellness and increase chronic disease prevention.

Sincerely,

JAMES L. MADARA, MD.

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

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. BUCSHON), a member of the Energy and Commerce Committee and a member of the Doctors Caucus.

Mr. BUCSHON. Mr. Speaker, I recognize the legacy of Dr. MICHAEL BURGESS and support this bill, H.R. 766.

If Members of Congress can agree on one thing, it is that we seek to improve the lives of our constituents. Unfortunately, CBO's current approach to how it develops cost estimates for healthcare legislation interferes with that goal by failing to take into account all the future benefits of the legislation.

CBO's current approach keeps Federal healthcare programs stuck in the status quo of simply providing care when you get sick, including expensive care, instead of focusing on providing care that keeps you healthy and hopefully from needing more expensive forms of care down the road.

CBO's current approach defies common sense, and it is imperative that Congress directs CBO to more accurately reflect the long-term cost saving potential of preventive healthcare initiatives. That is why I am proud to support H.R. 766.

To ensure Congress can better evaluate meaningful and impactful healthcare policies that bolster access and quality of care, Congress must pass this bill.

Mr. Speaker, I include in the RECORD a letter from the Community Oncology Alliance supporting H.R. 766.

COMMUNITY ONCOLOGY ALLIANCE,  
Washington, DC, March 18, 2024.

Re Community Oncology Alliance Support of  
The Dr. Michael C. Burgess Preventative  
Health Savings Act (H.R. 766).

Hon. JODEY ARRINGTON,  
Chairman, House Budget Committee,  
Washington, DC.

DEAR CHAIRMAN ARRINGTON: On behalf of the Board of Directors of the Community Oncology Alliance ("COA"), we applaud the House Budget Committee for advancing *The Dr. Michael C. Burgess Preventative Health Savings Act* (H.R. 766) to a floor vote of this important bipartisan legislation sponsored by Congressman Dr. Burgess with Congresswoman Diana DeGette.

As you know, COA is an organization dedicated to advocating for the complex care and access needs of patients with cancer and the community oncology practices that serve them. COA is the only non-profit organization in the United States dedicated solely to independent community oncology practices, which serve the majority of Americans receiving treatment for cancer. Since its grassroots founding over 20 years ago, COA's mission has been to ensure that patients with cancer receive quality, affordable, and accessible cancer care in their own communities where they live and work, regardless of their racial, ethnic, demographic, or socioeconomic status.

The limitation of the 10-year scoring window is a severe obstacle to realizing the savings from preventive health care legislation. It is unrealistic to expect that many, if not most, preventative health care initiatives can return positive savings by 10 years. As a result of the current scoring mandate on the Congressional Budget Office, many, if not most, preventative health care initiatives

are not implemented because of funding constraints.

With cancer, we have more effective treatments, but it is essential that we look for ways of preventing this disease that impacts so many Americans. Unfortunately, artificial scoring mandates undermine the adoption of preventive care initiatives. As a result, COA supports the passage of H.R. 766, and we greatly appreciate your work and that of your staff in the landmark advancement of this legislation out of your committee.

Sincerely,

TED OKON,  
*Executive Director.*

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Missouri (Mr. SMITH), the chairman of the Ways and Means Committee.

Mr. SMITH of Missouri. Mr. Speaker, I wish to commend Dr. BURGESS for his steadfast leadership working in a bipartisan and bicameral manner to bring this important piece of legislation forward.

This bill ensures that the Congressional Budget Office, the official scorekeepers of Congress, is more accurately reflecting the long-term fiscal impact of policies; in this case, policies that have the potential to lower the cost of the ever-growing Federal spending on healthcare, a major part of our Nation's annual budget.

It also has the added benefit of encouraging preventive healthcare policies that can lower the risk of illness and chronic disease among our fellow citizens, leading to a healthier Nation.

As chairman of the House Ways and Means Committee, these are exactly the type of policies I want our committee to consider, which can truly upend the healthcare system as we know it.

In short, this bill promotes both the fiscal health of the country and the physical health of its people.

□ 1645

As the former Republican leader of the House Budget Committee, I have had the honor of fighting alongside Dr. BURGESS in the trenches of fiscal policy. Together, we have worked to ensure CBO is aiding, not preventing, investments in bold healthcare reform.

This bill is a key victory in every effort.

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

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER), a fellow member of the Energy and Commerce Committee.

Mr. CARTER of Georgia. Mr. Speaker, I rise today in strong support of H.R. 766, the Dr. Michael C. Burgess Preventive Health Savings Act.

This bipartisan legislation will reform the Congressional Budget Office's scoring to better reflect the savings from preventive health initiatives by expanding the budgetary window that CBO evaluates. Currently, CBO scores a bill's budget impacts over a 10-year window, often missing the long-term

savings achieved through preventative care.

As we all know, preventative healthcare lowers costs and ensures Americans can live healthier lives, while also saving money for patients and taxpayers. However, current restrictions prevent CBO from considering long-term savings generated by preventative healthcare when it evaluates legislation.

The Dr. Michael C. Burgess Preventive Health Savings Act would allow CBO to expand its analysis beyond the existing 10-year budget window to two additional 10-year periods, which will enable Congress to better evaluate meaningful and impactful policies.

As Dr. BURGESS often says, an ounce of prevention is worth a pound of cure. This bipartisan bill is commonsense legislation that would help bend the cost curve and provide better patient care.

I thank Dr. BURGESS for working on this important issue, and I urge my colleagues to support this legislation.

Mr. Speaker, I include in the RECORD a letter from the Council for Affordable Health Coverage supporting H.R. 766.

COUNCIL FOR AFFORDABLE  
HEALTH COVERAGE,  
March 18, 2024.

Hon. JODEY ARRINGTON,  
*Chairman, Committee on the Budget,*  
*Washington, DC.*

Hon. BRENDAN BOYLE,  
*Ranking Member, House Budget Committee,*  
*Washington, DC.*

DEAR CHAIRMAN ARRINGTON AND RANKING MEMBER BOYLE: The Council for Affordable Health Coverage (CAHC) writes to express our support for H.R. 766, the Dr. Michael C. Burgess Preventive Health Savings Act because it will begin to change how Congress views preventing health illnesses before they become expensive chronic conditions.

In any given year, the healthiest half of the population accounts for less than 3 percent of health care spending. Most spending goes toward the treatment of chronic conditions, such as heart failure or diabetes, which are long in duration and have no definite cure. Patients with two or more chronic diseases account for 84 percent of health spending. Left untreated, chronic conditions multiply. For example, diabetes carries high risks of heart disease and hypertension, which in turn carry high risks of heart attacks and strokes. For this reason, self-neglect is a major driver of medical spending. Many patients under care for chronic conditions fail to take their medicines—a problem that could cost as much as \$6 trillion over the next decade. Obesity, a precursor to diabetes, is among the most expensive cost drivers.

When Congress first enacted the Medicare Modernization Act, Medicare Part D, CBO gave Congress no savings that would accrue to the benefits of taking medicines that prevent heart attacks, stroke, cancers, diabetes, obesity, and other chronic conditions. None. Faced with mountains of evidence, CBO revised their methodology in 2012 to reflect the benefit of adherence to medications as a way to lower spending on medical services, giving partial savings to increased drug utilization. That change reflects common sense—people take medicines to stay healthy and treat disease.

The way CBO scores legislation downplays the long term benefit of preventing illness in the first place. This constrains the ability of

Congress to judge the merits of health legislation by skewing costs in favor of benefits. A balanced approach is required to allow sound decisions.

The Preventive Health Savings Act will permit leaders in Congress to request that CBO estimate the long-term health savings that are possible from preventive health initiatives. Without an independent and unbiased understanding of how these benefit mandates impact premiums, we cannot understand how policy changes may impact taxpayer and individual costs.

We applaud your leadership on this critical issue and encourage Congress to pass the legislation quickly to bring more clarity to its deliberations.

Sincerely,

JOEL C. WHITE,  
*President.*

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

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. MORAN).

Mr. MORAN. Mr. Speaker, I rise today in support of the reintroduction of H.R. 766, the Dr. Michael C. Burgess Preventive Health Savings Act, named in honor of my fellow Texan, friend, and champion for patients, Dr. Burgess.

This bipartisan, bicameral, lifesaving legislation would direct the CBO to more accurately reflect the long-term cost-saving potential of preventive healthcare initiatives.

Congress should recognize the impact that preventive healthcare can have on an individual's life, as well as the long-term cost-saving potential.

Current restrictions prevent the CBO from fully examining the accurate economic impacts of preventive measures when they evaluate health legislation, but H.R. 766 goes beyond the normal 10-year window to allow Congress to better evaluate the potential for budgetary savings of preventive healthcare legislation and to ensure that it is done with the best interest of the American taxpayers in mind.

If we are going to tackle the growing cost of medical care for individuals and find legislative solutions to mandatory healthcare parameters that account for at least one-third of the Federal budget, then we must seek transparency first.

Mr. Speaker, I urge my colleagues to support H.R. 766.

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

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Indiana (Mr. YAKYM).

Mr. YAKYM. Mr. Speaker, I rise today to express my strong support for the Dr. Michael C. Burgess Preventive Health Savings Act.

This bipartisan bill is essential to helping us, as lawmakers, make the most informed decisions possible when it comes to preventive healthcare legislation.

So often, when the CBO scores preventive health measures, the 10-year scoring window greatly limits their ability to show the full impact of the legislation. This bill would allow such

measures to be scored over a 30-year timeframe, giving us a more accurate picture of the impact the policy would have.

I am proud to be a cosponsor of this bill, which originated in the House Budget Committee. I look forward to voting in favor of this piece of legislation, and I urge my colleagues to do the same.

Mr. Speaker, I include in the RECORD a letter from the Bipartisan Policy Center in support of H.R. 766.

BIPARTISAN POLICY CENTER ACTION,  
Washington, DC, March 18, 2024.

Hon. MICHAEL C. BURGESS, M.D.,  
Washington, DC.

Hon. DIANA DEGETTE,  
Washington, DC.

DEAR CONGRESSMAN BURGESS AND CONGRESSWOMAN DEGETTE, BPC Action commends you for your leadership in introducing and advancing H.R. 766, The Preventive Health Savings Act (PHSA). BPC Action supports this bipartisan effort to better account for the full impact of preventive health care in Congressional Budget Office (CBO) estimates and encourages all members to support the bill on the House floor this week.

The Bipartisan Policy Center (BPC) has long focused on the importance of prevention. In 2014, BPC's Prevention Task Force—advised by former Senate Majority Leader Bill Frist, Agriculture Secretary Dan Glickman, and former CBO director Alice Rivlin—recommended that the CBO use “present discount accounting” to bring long-term savings from prevention “up” in time and to align better with CBO's current 10-year scoring window. This could have helped ensure that CBO accounts for benefits that might be seen 20–25 years out. While slightly distinct in method but similar on principle, the Preventive Health Savings Act would provide policymakers with information related to the benefits of disease prevention and health promotion beyond the 10-year scoring window to 20- and 30-years out.

Further, in 2019, BPC Chief Medical Advisor Dr. Anand Parekh in his book *Prevention First* (advised by former Senate Majority Leaders Bill Frist and Tom Daschle) recommended greater funding for prevention research so that there are more published studies and a better evidence-base for CBO to determine the cost-effectiveness of prevention interventions and more appropriately score future federal legislation related to prevention.

BPC Action applauds your commitment to this issue and urges Congress to pass the Preventive Health Savings Act.

Sincerely,

MICHELE STOCKWELL,  
President.

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

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

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

Mr. BURGESS. Mr. Speaker, may I inquire as to how much time is remaining.

The SPEAKER pro tempore. The gentleman from Texas has 6½ minutes remaining.

Mr. BURGESS. Mr. Speaker, I have no further speakers, and I reserve the balance of my time to close.

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

Mr. Speaker, preventive healthcare services can save lives and lower costs

for families. It is time for Congress to evaluate and prioritize such innovative policies that have the potential to improve our healthcare system.

I appreciate the hard work of Representative BURGESS and congratulate him on his retirement and Representative DEGETTE in championing this important effort 11 years in the making. I was proud to vote for this bill in committee, and I urge my colleagues to support it today.

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

Mr. BURGESS. Mr. Speaker, I yield myself the balance of the time.

Mr. Speaker, I express my sincere gratitude to the gentleman from Texas (Mr. ARRINGTON), my friend and the chairman of the Budget Committee, for his leadership. Also, I extend my appreciation to my fellow members of the Budget Committee for their unwavering support of this critical legislation.

I thank my former and current staff: James Paluskiewicz, Alexa Roberts, and Jacquelyn Incerto. Additionally, I express my appreciation for the Budget Committee staff—namely, Gary Andres, Paige Decker, Braden Murphy, and Charles Chapman—for their work in advancing this incredibly important bill.

I introduced the Preventive Health Savings Act back in 2012, driven by the belief that, too often, potentially transformative legislation is sidelined due to short-sighted budget constraints. We cannot afford to overlook the long-term benefits of preventive health measures for the well-being of our patients and the well-being of our Nation.

Preventive healthcare is not just about addressing immediate health concerns. It is about laying a foundation for a healthier future by proactively managing risks, reducing the incidence of chronic illnesses, and, ultimately, cutting down on healthcare costs.

With over 70 percent of healthcare spending attributed to chronic diseases, it is clear that investing in prevention is not just prudent but essential.

H.R. 766 is a crucial step forward. By establishing a mechanism for the Congressional Budget Office to accurately assess the long-term cost-savings potential of preventive health initiatives, this legislation enables us to make a more informed and forward-thinking policy decision.

Once again, I am grateful to everyone who played a part in moving this bill. I express my gratitude to Congresswoman DEGETTE for her invaluable partnership. I thank the gentlewoman from Minnesota (Ms. OMAR), for her kind words today. Donna Christian-Christensen, our former colleague from the Virgin Islands, also assisted in this effort.

Words cannot express how grateful and honored I am. Let me just say, as a general rule, Mr. Speaker, I don't think it is a good idea that things be

named after people while they are still alive. However, in this case, I actually made an exception. I am happy that my name is attached to this critical piece of legislation.

Let's continue to work together toward a future where preventive health is not just an afterthought but a cornerstone of our national healthcare policy and our public strategy.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas (Mr. BURGESS) that the House suspend the rules and pass the bill, H.R. 766, as amended.

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

A motion to reconsider was laid on the table.

## FEDERAL OVERSIGHT OF CONSTRUCTION USE AND SAFETY ACT

Mr. JOHNSON of South Dakota. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6260) to provide for certain reviews of the use and safety of Federal buildings, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6260

*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 “Federal Oversight of Construction Use and Safety Act” or the “FOCUS Act”.*

### SEC. 2. ELIMINATING PROJECT ESCALATIONS.

*Section 3307(c) of title 40, United States Code, is amended by adding at the end the following: “The Administrator shall notify, in writing, the Committee on Transportation and Infrastructure of the House of Representatives and the Committee on Environment and Public Works of the Senate of any increase of more than 5 percent of an estimated maximum cost or of any increase or decrease in the scope or size of a project of 5 or more percent. Such notification shall include an explanation regarding any such increase or decrease. The scope or size of a project shall not increase or decrease by more than 10 percent unless an amended prospectus is submitted and approved pursuant to this section.”*

### SEC. 3. PUBLIC SAFETY AT FEDERAL BUILDINGS.

*(a) DATA COLLECTION.—The Administrator of General Services shall collect data from tenant Federal agencies reports of any safety incidents as a result of criminal or other activity impacting public safety in and around public buildings, as defined in section 3301 of title 40, United States Code.*

*(b) REPORT.—Not later than 180 days after the date of enactment of this Act, the Administrator shall submit to the Committee on Transportation and Infrastructure of the House of Representatives and the Committee on Environment and Public Works of the Senate a report that—*

*(1) contains the data collected under subsection (a); and*

*(2) describes any actions taken or planned, if necessary, to improve building management and operations to address such incidents.*

### SEC. 4. REDUCING WASTE IN NEW PROJECTS.

*Section 3307(b) of title 40, United States Code, is amended—*