

lower costs for consumers, and protect our national security.

PROTECTING HEALTH CARE FOR ALL PATIENTS ACT OF 2023

GENERAL LEAVE

Mrs. RODGERS of Washington. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to insert extraneous material in the RECORD on H.R. 485.

The SPEAKER pro tempore (Mr. THOMPSON of Pennsylvania). Is there objection to the request of the gentleman from Washington?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 996 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 485.

The Chair appoints the gentleman from Pennsylvania (Mr. MEUSER) to preside over the Committee of the Whole.

□ 0915

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 485) to amend title XI of the Social Security Act to prohibit the use of quality-adjusted life years and similar measures in coverage and payment determinations under Federal health care programs, with Mr. MEUSER in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall be confined to the bill and amendments specified in this section and shall not exceed 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce or their respective designees.

The gentlewoman from Washington (Mrs. RODGERS) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The chair recognizes the gentleman from Washington.

Mrs. RODGERS of Washington. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I rise in strong support of H.R. 485, my Protecting Health Care for All Patients Act, which affirms every person's life has value by banning the use of quality-adjusted life years, or QALYs, and similar discriminatory measures from all Federal healthcare programs.

As many of you know, my son Cole was born with an extra 21st chromosome. Most of you know it as Down syndrome.

When Cole was born, the doctors gave us a long list of challenges and chances for heartache. It was difficult, but I could have never imagined just how positively he would impact my life, my family's life, and the world.

Today, Cole is a fun-loving 16-year-old with big dreams. He wants to be a football player, a pastor, and a race car driver. He is on the basketball team. He plays the drums. For Cole, the sky is the limit.

Cole and others with disabilities deserve every opportunity to succeed. We shouldn't be discounting their potential or prejudging the quality of their life just because of their disabilities.

Unfortunately, several tools frequently used in our healthcare system do just that. QALYs, and other similar discriminatory measures, assign a dollar value on the life of a patient to decide if a certain treatment is cost effective, oftentimes discounting an individual's worth and the need for care solely because of their disability or chronic illness.

It means a bureaucracy coldly determines the value of someone's life and could deny necessary healthcare due to that calculation.

Measurements like QALYs remove the consideration of unique circumstances and health conditions of a patient and their doctor's judgment from deciding what is best for the patient.

I am not alone in opposing the use of these measures.

Democrats acknowledged this when they passed the Affordable Care Act, and they banned the use of QALYs in Medicare.

In 2020, the Democratic National Committee platform stated that: "Democrats will ensure that people with disabilities are never denied coverage based on the use of quality-adjusted life year (QALY) indexes."

The nonpartisan National Council on Disabilities wrote a report in 2019 titled: "Quality-Adjusted Life Years and the Devaluation of Life with a Disability" that condemned the usage of QALYs and they have continued to write additional letters to Congress urging us to ban their use.

Additionally, we have heard from nearly 200 advocacy groups spanning the political spectrum who are calling on Congress to prohibit the use of QALYs and other discriminatory measures.

This legislation, the Protecting Health Care for All Patients Act, bans Federal payers, like Medicaid and VA healthcare, from using QALYs or other discriminatory measures that devalue the lives of people with disabilities and chronic or rare diseases, and it does it by simply applying the current ban on QALYs and other similar measures that exist in Medicare today to all Federal payers.

In passing this bill, it will mean that healthcare bureaucracies can no longer discriminate against the weakest and most vulnerable patients, and it will help ensure that people can get the healthcare that they need and that their doctors think is best.

This would be a big deal.

Medicaid is the largest payer for people with disabilities, and we are letting

it use measures that discriminate against the very people it was designed to support.

That is nothing to say of the millions of injured or disabled veterans who rely on the VA for their healthcare, which is also allowed to use these types of measures.

However, let me be clear in this: H.R. 485 does not prohibit healthcare programs from rewarding value or finding other ways to hold down costs.

For example, if a treatment does not work or shouldn't be covered or it is more appropriate to start with other more cost-effective treatments first, nothing in this bill will preclude the Federal payers from continuing to make these kinds of coverage decisions.

In fact, the National Council on Disability has already identified alternative ways to measure value that do not devalue the life of someone with a disability or chronic illness.

Because of Cole, I have spent my time in Congress as an ability advocate, encouraging people to focus on every individual's God-given talent and potential.

Millions of Americans like Cole need their voices to be heard. Whenever I meet someone with a disability or chronic illness, or with their family, I hear the same thing over and over: They want the same chances to succeed in life as everyone else.

You know what? We are all just one car accident or one diagnosis away from having a disability ourselves.

I hope that banning the use of discriminatory measures by Federal payers against people with disabilities and chronic illness and affirming every person's life has value is something that we can agree on. Let's give people with disabilities, rare diseases, or chronic diseases hope.

Mr. Chairman, I urge support of this important legislation, and I reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I yield myself such time as I may consume.

Mr. PALLONE. Mr. Chairman, I rise in strong opposition to H.R. 485, the so-called Protecting Health Care for All Patients Act, a bill that, unfortunately, does not live up to its name.

This legislation is not about protecting healthcare for patients. Instead, it is a Trojan horse intended to undermine the progress that President Biden and Democrats have made in lowering prescription drug costs for American families.

My Republican colleagues say this bill is intended to prevent the Secretary of Health and Human Services from using a measure called "quality-adjusted life years," or QALYs, which could be discriminatory against Americans living with disabilities, but Federal law, including the Inflation Reduction Act, already prohibits Medicare from using QALYs in its coverage determination, and State Medicaid programs are required by law to cover all drugs.

Instead, H.R. 485 goes further than current law and opens a back door that will be used to bar the use of any value measures by the Federal Government. These measures are used by Federal agencies such as the Centers for Medicare & Medicaid Services, the Department of Veterans Affairs, and by States to negotiate fair prices for prescription drugs.

When this bill came before the Energy and Commerce Committee, I sought to clarify its intent through an amendment during markup. My amendment would have ensured the legislation could not be construed to undermine Federal agencies or the Biden administration's ongoing work to lower prescription drug prices for Americans, but that amendment was rejected on a party-line vote.

I still do not understand why the Republican majority would be opposed to clarifying that the bill before us today is not intended to undermine the Federal Government's efforts to determine fair prices for prescription drugs.

Now, I respect the chairman of our committee a great deal, but she keeps talking about how she is banning similar discriminatory measures. Well, the fact of the matter is that the bill doesn't say "similar discriminatory measures."

If she had said during the markup that she was willing to ban things that were discriminatory, it might have been a different situation. We might have had a consensus, but that is not what is going on here. This says "QALYs or similar measures," not similar discriminatory measures.

Some may say: Well, what is the difference?

The difference is the word "discriminatory" is not in the language of the bill.

We have no problem banning things that are discriminatory, like QALYs or similar discriminatory measures, but that is not in there.

So the problem is that this will be used by pharma to raise prices. The vagueness of the language opens up the door to pharma and the drug companies to sue and say that negotiated prices and efforts to try to reduce costs are not acceptable.

I am not suggesting that that is what the Republicans have in mind necessarily, but that is the reality of it. This is backed by pharma, by the pharmaceutical industry because they want to use it to undermine every effort the Democrats have made to try to bring down costs for prescription drugs in the Medicare market, in the Medicaid market, in Veterans Affairs, and on down the list.

I am deeply concerned that the ambiguity in the bill text would be a prime target for litigation by the pharmaceutical industry, an industry that has already shown a willingness to sue to keep outrageously high prescription drug prices in place.

We know that Big Pharma is already using similar tactics to try to fight the

implementation of the Medicare drug price negotiation program enacted by the Inflation Reduction Act. This bill could give them yet another point of entry to undermine Medicare's ongoing work to negotiate prescription drug prices.

Now, in addition, the Congressional Budget Office agreed that this legislation will hinder the ability of our Federal health programs to lower costs. CBO estimates that this bill will increase spending for prescription drugs in Medicare, Medicaid, and other Federal health programs, including the Department of Defense and Veterans Affairs' health programs by \$1.1 billion in the next 10 years, and potentially tens of billions in the years that follow.

So because of the fact that this bill raises prices for the Federal Government, increases costs for prescription drugs, the Republicans had to put a pay-for in the bill.

The Republican bill before us today would gut the Affordable Care Act's Prevention and Public Health Fund in order to pay this \$1.1 billion for the legislation. It has long been the goal of Republicans to decimate the ACA's essential funding stream to lower healthcare costs through prevention. This funding in the prevention fund goes to our State and local partners to improve public health and prevent chronic diseases.

The prevention fund encourages smoking cessation, prevents childhood lead poisoning, and enhances infectious disease control.

This fund plays a critical role in our efforts to help the American people live healthier lives. House Republicans' decision to cut the prevention fund in order to throw more money at their Big Pharma friends makes it clear that they are not interested in reaching consensus or finding a bipartisan solution.

Instead, they would rather jam through a partisan bill that would hurt the very communities that they claim to be helping.

Mr. Chair, this bill is nothing more than a giveaway to Big Pharma at the expense of the American people and our Nation's public health. I strongly oppose the bill and urge my colleagues to oppose it, as well.

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

Mrs. RODGERS of Washington. Mr. Chairman, I yield myself such time as I may consume.

The reasons that the ranking member says to oppose the bill, they do not match what the bill actually says.

Current law already prohibits the use of QALYs and other similar measures in Medicare. Current law reads: "The Secretary shall not utilize such an adjusted life year or (such a similar measure) as a threshold to determine coverage. . . ."

I am not sure why all of a sudden we have this concern about other measures. All the bill would do is apply current Medicare law to other Federal

payers, and if people are insistent that other measures are not discriminatory, then they should have no problem in using them.

I will also point out to anyone who may be listening, according to CBO's cost estimate: "CBO does not expect that enacting H.R. 485 would affect the prices that result from negotiations between the Secretary and drug manufacturers."

I don't support this capping or government price fixing of drugs. I don't support it. I would like to see us work together to reduce the cost of drugs, but this bill, according to CBO, does not expect that H.R. 485 would affect the prices that result from negotiations between the Secretary and drug manufacturers.

Don't get distracted from the underlying bill here.

Mr. Chair, I yield 2 minutes to the gentleman from Kentucky (Mr. GUTHRIE).

□ 0930

Mr. GUTHRIE. Mr. Chair, I rise in strong support of H.R. 485, the Protecting Health Care for All Patients Act led by Energy and Commerce Committee Chair RODGERS. This bill would permanently ban the use of quality-adjusted life years or similar measures under any Federal healthcare program.

Quality-adjusted life years. Think of that term. Should an academic or Washington bureaucrat be able to say some people are more valuable than others, that vulnerable populations like those with disabilities don't deserve the same access to treatment as others?

Individuals with disabilities, chronic conditions, and others to whom quality-adjusted life years or similar measures may discriminate against, deserve the chance to choose which treatments they access without a Washington bureaucrat or an academic with no clinical experience making the decision for them.

I support this legislation. I appreciate the chair for bringing it forward and sharing her personal story of why this is important. We all know and love Cole. I didn't know he wanted to be a race car driver. I think I did at 16, as well. He is a wonderful young man, and he represents a great group of people who don't deserve to be discriminated against.

Mr. Chair, I support this legislation and urge my colleagues to do so.

Mr. PALLONE. Mr. Chairman, I yield 3 minutes to the gentlewoman from California (Ms. ESHOO), the ranking member of the Health Subcommittee.

Ms. ESHOO. Mr. Chair, I rise, sadly, in opposition to this bill, H.R. 485.

I support, and everyone here supports, banning quality-adjusted life years, also known as QALYs. It is a discriminatory metric that should not be used, and Democrats are the ones who recognized this in 2010 when we banned Medicare's use of QALYs in the Affordable Care Act.

If this bill simply banned QALYs, it would pass the House, the Senate, and become law. It would become law quickly. However, the problem is that the legislation bans QALYs and “similar measures.” I have repeatedly said that this vague “similar measures” phrase is a problem, including during the hearing and the markup of the bill.

This overly broad “similar measures” phrase weakens the Federal Government’s ability to negotiate drug prices by ruling out any type of comparative effectiveness. Without this analysis, CBO found that States and the Federal Government would have less leverage for drug discounts.

The CBO estimates that this “similar measures” phrase will raise Federal costs in Medicaid by nearly half a billion dollars—that is with a b—and by nearly a quarter of a billion dollars in TRICARE and the VA. It also means out-of-pocket costs will rise for veterans and Federal workers, and State budgets will be hit by higher Medicaid spending.

Mr. Chair, I have tried everything I could to fix this legislation. I voted “present” in the markup to continue bipartisan negotiations and met with the chairwoman about changing the language, but the bill before us today is the same bill that passed out of committee. It adds insult to injury because the Republicans are using the Affordable Care Act Public Health Prevention Fund to pay for it. Over 170 patient and public health groups oppose using this fund as an offset.

My Republican colleagues have said they wish the legislation could be bipartisan, but their actions say otherwise. This bill has only five cosponsors, all Republicans, no Democrats. It has a poisonous pay-for, and the Veterans’ Affairs and Armed Services Committees never heard the bill despite its major impact on the VA and TRICARE.

This is, in my view, a partisan bill that needlessly cuts public health to increase drug spending, and that is why I urge my colleagues to vote against it.

Mrs. RODGERS of Washington. Mr. Chairman, this bill should be bipartisan. This legislation before us today takes the language that the Democrats put into the Affordable Care Act, and again I will quote it: “The Secretary shall not utilize such an adjusted life year (or such a similar measure) as a threshold to determine coverage. . . .” We take that language from Medicare inserted by the Democrats in the Affordable Care Act, and we apply it to all Federal payers. It should be bipartisan.

Mr. Chairman, I yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS).

Mr. BILIRAKIS. Mr. Chairman, I rise in support of H.R. 485, the Protecting Health Care for All Patients Act, which would ban the use of the quality-adjusted life years metric in our Federal health programs.

I thank Chair RODGERS for her leadership on this issue and her staunch ad-

vocacy for American patients, no matter their background. The use of QALYs when determining coverage and payment policies in healthcare at its core devalues the lives of patients with disabilities and chronic conditions.

As co-chair of the Rare Disease Caucus, I am concerned about how the use of QALY metric impacts payment decisions for chronic rare disorder patients, potentially making it more difficult for them to get access to lifesaving treatments. We can’t have that.

I am also concerned about how this metric could be used by bureaucrats to make decisions that discriminate against our Nation’s disabled veterans, our heroes. These lives have value and should not be discriminated against when determining the cost-effectiveness of treatments, plain and simple.

Pricing measurements and discriminatory methodologies such as QALYs have been condemned by the National Council on Disability. Even the Affordable Care Act contained a narrow ban of this metric, and I guess into Medicare, and I am disappointed that the Democrats have decided to turn their back on individuals with preexisting conditions like they have here today.

Let’s ban this metric and support H.R. 485, which has been endorsed by the National Down Syndrome Society. Disability Rights Education & Defense Fund, and more than 100 other disability and patient advocacy groups. That speaks volumes, as far as I am concerned. I thank the chair of the Energy and Commerce Committee for putting this forward, and let’s pass it today.

Mr. PALLONE. Mr. Chairman, I yield 3 minutes to the gentleman from California (Mr. TAKANO), the ranking member of the Veterans’ Affairs Committee.

Mr. TAKANO. Mr. Chairman, I rise in strong opposition to H.R. 485, the so-called Protecting Health Care for All Patients Act of 2023.

I have to say that it is a bit rich to hear my colleague talk about pre-existing conditions and their party’s concern for it when he has been part of the party that has been completely opposed to protecting people with pre-existing conditions because they have repeatedly, over and over, tried to repeal the Affordable Care Act.

The bill before us today does almost nothing to protect healthcare for patients and, instead, would likely increase healthcare costs across the board.

As the ranking member of the House Veterans’ Affairs Committee, I am especially alarmed at the impact this bill would potentially have on our veterans’ care, and I have to say I wonder why this bill was not referred also to the Veterans’ Affairs Committee, given its impact on this jurisdiction.

Under current law, multiple Federal programs like VA’s have special pricing arrangements for prescription drugs that rely on up-front discounts and rebates. It is a win-win system for both taxpayers and veterans.

The VA keeps costs lower and is able to make sure veterans get access to the drugs they need. In fact, I would dare say the Department of Veterans Affairs has the most robust negotiations over the drugs on its formulary. However, this bill would upend this proven system and instead inject uncertainty into drug pricing.

That chaos has a very real cost for VA and DOD: \$240 million for the 2023–2033 time period, according to the CBO. “Other similar measures” simply does seem to have a measurable effect for CBO, those words, “other similar measures.” This will diminish VA’s ability to deliver care to veterans and force the Department to make cuts to services elsewhere.

Consequently, that begs the question, who benefits from this disarray? Big Pharma does. They reap the rewards and push up their profits. I have to say, their lobbyists will really have earned their outrageously large paycheck if this bill passes because it is so clearly a rip-off. Taxpayers and veterans lose, while Big Pharma wins? Give me a break.

However, House Democrats are opposed to this blatant rip-off and will fight it tooth and nail. Instead of doing Big Pharma’s bidding, we are focused on lowering drug prices for Americans. House Democrats are proud to have worked with the Biden administration to deliver on capping the cost of insulin at \$35 per month for seniors, finally allowing Medicare to negotiate lower prescription drug prices, and requiring drug companies to pay rebates to Medicare if they raise prices faster than inflation.

The Acting CHAIR (Mr. LUTTRELL). The time of the gentleman has expired.

Mr. PALLONE. Mr. Chairman, I yield an additional 1 minute to the gentleman from California.

Mr. TAKANO. Let me add, Democrats have also locked in \$800 per year in health insurance savings for 15 million Americans.

Members should ask themselves who has more credibility on protecting Americans’ healthcare and saving them money and lowering costs. I would submit the Democrats do.

Mr. Chair, I urge my colleagues to oppose this bill. It will cost taxpayers money, it will cost the VA more money, and just give more profits to Big Pharma.

Mrs. RODGERS of Washington. Mr. Chair, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER).

Mr. CARTER of Georgia. Mr. Chair, if you go to the VA’s website, they have an entire page devoted to QALYs where they say outright, to date the quality-adjusted life year is the preferred metric for estimating health effects. There is a perfect example of what we are talking about right there on the VA website.

Mr. Chairman, I had surgery December 28, and I have been on this scooter ever since. It really does give you a different perspective for people with disabilities. For me, it is temporary, but

it has made me realize that people with disabilities, people with certain health challenges, it is not temporary for them. They deal with this all the time.

Are they any less of a person than I am or than you are? No.

That is what we are trying to say here. They deserve the same treatment as anyone else does.

I am in strong support of this Protecting Health Care for All Patients Act because it will expand access to lifesaving treatments and prevent discrimination against Americans with disabilities.

The way that we come up from the Rayburn Building up to the second floor, to the House Chamber, well, you know those escalators are broken right now. The other day, I am coming up, trying to make it to a vote. Both escalators are broken. I tried to get on the elevator, and someone has changed the elevator to where you have to have a badge to get on it. If there had not been someone who came by with a badge, I would still be sitting there right now.

□ 0945

This is serious. This is what we are talking about. These are real people. This is good legislation, and I thank the gentlewoman for bringing this. I support this, and I hope you will, too.

Mr. PALLONE. Mr. Chairman, I yield 2 minutes to the gentlewoman from Texas (Mrs. FLETCHER), a member of our Energy and Commerce Committee.

Mrs. FLETCHER. Mr. Chair, I rise in opposition to H.R. 485, the so-called Protecting Health Care for All Patients Act of 2023.

This legislation harms the very people it says it protects, increases prescription drug costs, and decimates funding for essential public health programs.

Last Congress, Democrats passed the Inflation Reduction Act, landmark legislation that gives the Secretary of Health and Human Services the power to negotiate drug prices for Medicare. This critical step is estimated to lower drug prices by at least 25 percent, saving seniors and taxpayers tens of billions of dollars and ensuring that people with Medicare get better, fairer prices for prescription drugs.

The nonpartisan Congressional Budget Office estimated that this provision in the IRA alone will save the government \$100 billion over the next 10 years. In contrast, the CBO estimates that the bill before us today would not only increase drug prices across Federal health programs, but it would also increase Federal spending by \$1.1 billion over the next 10 years by eliminating important tools to manage drug prices. Without effective tools to determine the value of a drug, the government is at a disadvantage, and the taxpayers pay the higher price.

We know that 8 in 10 adults in the United States today say that the cost of prescription drugs is too high, and we know that 3 in 10 say that they

don't take all of their prescriptions as prescribed because they can't afford them. It is simply unacceptable.

It is unacceptable that Americans struggle so much to pay for the life-saving and critical drugs that they need to ensure their quality of life.

Just last week, the Biden administration announced that it had sent initial offers to participating drug companies for the first 10 drugs selected for price negotiation, a milestone in implementing the IRA. These 10 drugs alone cost seniors \$3.4 billion in out-of-pocket costs.

The Acting CHAIR. The time of the gentlewoman has expired.

Mr. PALLONE. Mr. Chair, I yield an additional 1 minute to the gentlewoman from Texas.

Mrs. FLETCHER. Mr. Chair, let me repeat that: These 10 drugs alone cost seniors \$3.4 billion in out-of-pocket costs in 2022.

While Democrats and President Biden are fighting for lower drug costs, House Republicans want to stop negotiations altogether.

Democrats are delivering, and we will continue to work to lower prescription drug prices for seniors and families across our country, but this bill does not do that.

For this reason, at the appropriate time, I will offer a motion to recommit this bill back to committee. If the House rules permitted, I would have offered this motion with an important amendment to the bill to prevent this bill from taking effect until the Secretaries of HHS, Defense, and Veterans Affairs, as well as the Director of the Office of Personnel Management, certify that it will not result in an increase in prescription drug prices or an increase in patient costs in the United States.

Mr. Chair, I include in the RECORD the text of my amendment.

Mrs. Fletcher moves to recommit the bill H.R. 485 to the Committee on Energy and Commerce with instructions to report the same back to the House forthwith, with the following amendment:

Add at the end the following new section:
SEC. 3. EFFECTIVE DATE.

The amendments made by this Act shall not take effect until the Secretaries of Health and Human Services, Defense, and Veterans Affairs, and the Director of the Office of Personnel Management certify that such amendments will not result in an increase in prescription drug prices or an increase in patient costs in the United States.

Mrs. RODGERS of Washington. Mr. Chairman, if this legislation harms people who we are intending to help, why do we have support letters from nearly 200 disability patient advocate groups across the political spectrum? Down Syndrome Society, Autism Speaks, Disability Law Center, and ARC all support this bill.

If the Democrats want to suggest that they are committed to lowering the cost of prescription drugs and that the reason to oppose this bill is because it is going to increase costs, the only reason this bill would increase costs is

if you are denying care to people who have disabilities. That is the only reason. You are discriminating against people. That is the only reason this bill would cost any money.

CBO already estimates that this bill is going to cost \$1.1 billion. Why is that? Why would this legislation cost \$1.1 billion? Because CBO is forecasting that there are going to be discriminatory measures used against individuals, and we are going to ban that. We are going to make sure that doesn't happen.

Mr. Chair, I am pleased to yield 2 minutes to the gentleman from Pennsylvania (Mr. JOYCE).

Mr. JOYCE of Pennsylvania. Mr. Chair, I thank the gentlewoman for yielding, and I specifically thank Chair McMORRIS RODGERS for her incredible work on this vital legislation.

As America continues to lead the way in research, development, and innovation of new therapies and medical devices, it is vital that these cures are available to the Americans who need them the most.

That is why today we are taking action to expand healthcare options to more patients than ever before by banning the use of quality-adjusted life years in all Federal programs.

More than 55,000 veterans live in Pennsylvania's 13th Congressional District, many of whom were injured or disabled while serving in uniform for our country. For years, I cared for patients at the Van Zandt VA Medical Center in Blair County. This legislation will provide more protection for disabled veterans.

By passing the Protecting Health Care for All Patients Act, we can ensure that institutions like the VA will never again use QALY formulas to determine if a disabled veteran should receive the treatment that they need, should receive the treatment that they deserve.

It is time to ensure that patients are protected and receiving the best quality care. All Americans, all patients, deserve that.

Mr. Chair, I urge my colleagues to vote in favor of this legislation.

Mr. PALLONE. Mr. Chairman, I yield myself such time as I may consume.

Republicans are pointing to the Congressional Budget Office's score of their bill as proof that healthcare programs are already using the QALY to discriminate against people, but that is simply not what the CBO score says.

It is ironic Republicans would point to CBO's analysis, given it highlights my exact concern that this bill's reference to other "similar measures" is ambiguous and undermines drug price negotiations.

It is precisely this uncertainty that would result in a chilling effect on States and Federal agencies being willing to look at the cost of prescription drugs.

Again, I take no issue with banning QALYs, and I offered an amendment in committee to ban QALYs when this

bill was marked up, but that is not what this is about.

This is an effort by the Republicans to back up pharma and make sure that we don't look at cost measures; that we don't negotiate prices, which they oppose in Medicare; and that we simply let the pharmaceutical companies charge whatever they want.

Imagine what it would be like if the pharmaceutical companies could charge whatever they want. Not only would it cost another \$1.1 billion, which is what the CBO says, but it could undermine any efforts to lower the cost of prescription drugs throughout any Federal and State programs.

What does that mean? What does that mean for people? How would we continue to fund programs for seniors, for the disabled, for anyone if we cannot adjust the cost issue and keep costs down for prescription drugs?

There is no effort here on the Democrats' part to continue with QALYs. We are opposed to them, but you have to continue to be able to look at costs in a nondiscriminatory way.

That is what is not going to happen if this bill becomes law. There will not be any way or any effective way for any Federal, State, or local agencies to look at cost measures, and costs will continue to skyrocket, exactly what pharma wants.

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

Mrs. RODGERS of Washington. Mr. Chair, I am pleased to yield 1½ minutes to the gentleman from Indiana (Mr. PENCE).

Mr. PENCE. Mr. Chair, I thank Chairwoman RODGERS for yielding time.

I am proud to support the Protecting Health Care for All Patients Act championed by my good friend and a true leader, Chairwoman RODGERS.

We need to recognize and affirm that every life is precious and a gift from God. It is unconscionable that healthcare payers use quality-adjusted life years as a measurement to determine if treatment options for patients are cost-effective.

Federal healthcare programs should provide patients with the best care available, regardless of preexisting conditions and those suffering with disabilities.

It is important we find fiscally and ethically responsible solutions to reduce healthcare costs in this country without devaluing the sanctity of life.

Mr. Chair, I urge support for final passage.

Mr. PALLONE. Mr. Chairman, I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Chair, I am pleased to yield 2 minutes to the gentlewoman from Tennessee (Mrs. HARSHBARGER).

Mrs. HARSHBARGER. Mr. Chair, I rise in strong support of Chair RODGERS' Protecting Health Care for All Patients Act, which addresses the Federal Government's discriminatory practices toward disabled and chron-

ically ill patients through the use of quality-adjusted life years.

Quality-adjusted life years are used by bureaucrats and healthcare administrators to assign a numerical value to an individual's life, which is then used to make coverage decisions for medical treatments and services.

Current law already largely prevents the Department of Health and Human Services from using this metric in Medicare "in a manner that treats extending the life of an elderly, disabled, or terminally ill individual as of lower value." This discriminatory metric has even been proposed to be used by the Centers for Medicare and Medicaid Services.

The bottom line is this: The Federal Government should not play a role in determining the value of a patient's life.

As a pharmacist for over 30 years, I understand that ensuring patients with disabilities and chronic illnesses have continued access to quality care is of utmost performance.

The Protecting Health Care for All Patients Act will ban the use of quality-adjusted life years in Federal healthcare programs, expanding access to healthcare for Americans and protecting patients across the country.

As a healthcare provider, we take an oath to first do no harm. Mr. Chair, I urge my colleagues to support this landmark legislation led by Chair MCMORRIS RODGERS and put the interests of patients first.

Mr. PALLONE. Mr. Chair, I reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Chairman, I am pleased to yield 2 minutes to the gentlewoman from Iowa (Mrs. MILLER-MEEKS).

Mrs. MILLER-MEEKS. Mr. Chairman, I rise today in support of H.R. 485, the Protecting Health Care for All Patients Act.

Quality-adjusted life years, or QALYs, are a metric used to assign a dollar value on someone's life and ration healthcare treatments accordingly, often discriminating against those with disabilities.

This isn't the first time we have heard this. I remember a former President, in advocating for the Affordable Care Act, said if someone has a broken hip, and they are elderly, they are just going to have to deal with it.

Current law prevents the Secretary of Health and Human Services from using QALYs in Medicare specifically in a manner that treats extending the life of an elderly, disabled, or terminally ill individual as of lower value.

This legislation simply extends the QALYs prohibition to other Federal healthcare programs not included under current law.

As a doctor, it is outrageous for government bureaucrats to determine whether a person's life is worth saving.

It is interesting to hear the other side of the aisle concerned about cost after advancing the Affordable Care Act when they knew it would lead to

increased costs, increased premiums, which it has done, and patients losing their doctors and their healthcare plans.

If my colleagues are concerned about veterans' affairs, I happen to be the chair of the Health Subcommittee of the Committee on Veterans' Affairs. We can introduce this there, as well.

Mr. Chairman, I urge my colleagues to support this legislation.

□ 1000

Mr. PALLONE. Mr. Chairman, I continue to reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Chairman, I yield 2 minutes to the gentlewoman from Florida (Mrs. CAMMACK).

Mrs. CAMMACK. Mr. Chairman, I thank my good friend and colleague, Representative MCMORRIS RODGERS for yielding.

Mr. Chair, I rise today in support of H.R. 485, the Protecting Health Care for All Patients Act. This bill, led by Chairwoman RODGERS, would prohibit all Federal healthcare programs from using quality-adjusted life years, or as you may hear them called, QALYs, as criteria to determine coverage for often life-altering treatments for patients. Quality-adjusted life years are measures that discount the value of a life based on disability, age, or terminal illness, and are currently used by all Federal healthcare payers, except for Medicare.

Put plainly, programs like Medicaid and the Department of Veterans Affairs allow unelected, nameless, faceless bureaucrats to put a dollar value on the life of a patient to determine whether the treatment is cost-effective or not. In doing so, these programs and agencies discount an individual's worth and need for medical care based upon their disability status and whether they have a chronic illness.

Ultimately, the use of QALYs amounts to discrimination, something that is all too common in our healthcare system. Patients with disabilities, for instance, are often denied the ability to receive lifesaving organ transplants.

As the sponsor of the Charlotte Woodward Organ Transplant Discrimination Prevention Act, I personally and firmly believe that patients with disabilities and other chronic conditions should receive equal treatment, whether it is for an organ transplant or coverage of essential medicines.

I applaud Chairwoman RODGERS' efforts to protect the lives of all patients, and I urge my colleagues to support this legislation.

No bureaucrat should be able to coldly determine the life and value of a patient.

This bill that we have an opportunity to vote on today is a huge step forward in fighting discrimination within our healthcare system.

Mr. PALLONE. Mr. Chairman, I continue to reserve the balance of my time.

Mrs. RODGERS of Washington. Mr. Chairman, may I inquire as to how much time is remaining on each side.

The Acting CHAIR. The gentlewoman from Washington has 8 minutes remaining. The gentleman from New Jersey has 13 minutes remaining.

Mrs. RODGERS of Washington. Mr. Chairman, I yield 2 minutes to the gentleman from Ohio. (Mr. WENSTRUP).

Mr. WENSTRUP. Mr. Chairman, I rise here today in support of H.R. 485, the Protecting Health Care for all Patients Act, and I thank Chairwoman MCMORRIS RODGERS for bringing this important legislation forward.

I am a physician who is proud to join my colleagues in leading this bill that bans the use of quality-adjusted life years, QALYs, as it is called, in all Federal programs.

As a physician I took an oath, determined to treat each patient as a human being first and foremost. Quality metrics intentionally devalue treatments for disabled and chronically ill patients in determining whether a treatment is cost-effective. In other words, telling the patient, you are not worth it.

The bottom line is this: These cost measurements put an artificial dollar value on a person's life, valuing the lives of Americans differently.

In doing so, QALYs interferes with the sacred duty of a physician to care for all patients equally. Treating all patients equally and with a personal touch is something that I have always taken great pride in.

Our healthcare system must value all lives and ensure every person is treated with dignity. Our government should never deny healthcare to all Americans based on how much a life is perceived to be worth. This is a check on our morality. This is a check on our values. We should value human life and work towards healthier human lives, not devalue human life nor indignify one another.

Mr. Chair, I urge all my colleagues to join me in blocking government bureaucrats from putting an arbitrary price tag on the life of every American—bureaucrats that will never meet you or take responsibility for your care.

Mr. PALLONE. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, there is no doubt that the pharmaceutical industry would like to see the gains we have made to lower drug prices through the Inflation Reduction Act halted or reversed. That is why they have brought numerous Federal lawsuits against the law in courts throughout the country, even as the Department of Health and Human Services just announced opening offers for the first 10 drugs selected for negotiation to bring down costs.

This bill would simply provide a new avenue for the pharmaceutical industry to pursue litigation intended to hamper the IRA and the negotiation program overall, and it doesn't stop there. It could strip States of one of

the only tools that they have to negotiate Medicaid drug rebates.

Now, while proponents of this legislation would have you believe that this bill just extends current law, unfortunately, that is not the case. It expands and changes current law. It applies the language from the Inflation Reduction Act in a new context and broadens its applicability to ban the use of other similar measures across the Federal Government, and that means limiting the ability to look at costs. If we don't have the ability to compare drugs and see which ones are effective and which ones cost more, then we won't have the ability to lower costs. What that means is we allow pharma to charge whatever they want.

The CBO says this is going to cost another \$1.1 billion, which is why the Republicans seek to cut the Prevention and Public Health Fund to pay for it. But this is going to lead us down the path of saying that we can't look at cost at all. That means that costs will balloon for Medicare, for Medicaid, and for prescription drugs. The consequence of that is you can't pay for other programs that help seniors, that help poor people, that help veterans, that help those in the military with their health and the quality of their health.

This is a very dangerous piece of legislation, and Democrats are speaking out against it because of the consequences and our ability to fund health programs around the country at every level.

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

Mrs. RODGERS of Washington. Mr. Chair, I yield 2 minutes to the gentleman from Minnesota (Mr. STAUBER).

Mr. STAUBER. Mr. Chairman, I rise in strong support of the Protecting Health Care for all Patients Act of 2023 led by Chairwoman RODGERS.

I rise today not only as a Congressman, Mr. Chair, but as a father to a 21-year-old man with Down syndrome, a young man who has never been defined by his disability, but rather, his ability. The use of quality-adjusted life years is disgusting.

Mr. Chair, it is disgusting. Using a cost benefit analysis to determine if someone deserves healthcare, if their life has value, is just plain wrong, Mr. Chair.

This is the result of socialized healthcare medicine, the future that the Democrats want. It is a future where a doctor will turn you away because your treatment just doesn't make economic sense.

This is called rationalized healthcare, Mr. Chair, meaning the government will determine if your life is worth living. The bureaucrats in Washington, D.C., will determine if the lives of senior citizens in northern Minnesota should be saved and healthcare provided to them.

I thank Chairwoman RODGERS for introducing this bill, which prevents the Federal healthcare programs from de-

ciding the future of not only my son but all the children in this country that have a disability—from deciding if their life is valuable in comparison to others.

This bill is a beacon of hope for families like mine and the hundreds of thousands across this great Nation who are blessed to have children living with Down syndrome and other disabilities that enrich our communities. It is a promise that we will not stand idly by while our most vulnerable citizens are viewed as less than in a broken healthcare system.

The Acting CHAIR (Mr. PERRY). The time of the gentleman has expired.

Mrs. RODGERS of Washington. Mr. Chair, I yield an additional 1 minute to the gentleman from Minnesota.

Mr. STAUBER. Mr. Chair, this bill ensures that individuals with disabilities, the elderly, our veterans, and the terminally ill are protected from discrimination and have access to affordable, comprehensive healthcare.

Let me tell you something. I am a spouse of an Iraq war veteran, and if you look on the Department of Veterans Affairs' site, Mr. Chair, they have quality-adjusted life years for our veterans. Since when do we determine the life of a veteran who signed up to give his or her life for this Nation, Mr. Chair?

The Democrats want to take it away, quality-adjusted life years. It is sad.

We are fighting for our elderly, the veterans, and our disabled community. For the bureaucrats to tell me or tell any of us whether a life is worth living or not is unconscionable, and we will not stand for it.

Mr. Chair, I thank the gentlewoman for bringing this bill to the floor, and I urge my colleagues to support this legislation.

Mr. PALLONE. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, the Republicans' decision to offset this bill by raiding the Prevention and Public Health Fund underscores the real intentions. They are not seeking to improve the lives of those with disabilities or end the use of discriminatory measures, but to push forward with a partisan bill that will raise prices and cut critical funding used to improve public health.

The Prevention and Public Health Fund was established in the Affordable Care Act to provide for expanded and sustained national investment in health prevention and restrain the rate of growth in healthcare costs. Republicans have consistently sought to undermine, slash, and redirect these essential funds for unintended purposes.

Cutting the Prevention and Public Health Fund decimates our ability to effectively prepare for the next pandemic, respond to ongoing public health threats, and puts our States and local healthcare partners at a disadvantage moving forward.

Nearly 200 public health organizations sent a letter earlier this week expressing strong concerns with the manager's amendment, noting how detrimental cuts to the Prevention and Public Health Fund would be.

It is the height of irony that Republicans claim this bill would reduce discrimination for those with disabilities, while also cutting Federal investment in programs that improve the lives of those with disabilities.

The American people deserve better.

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

Mrs. RODGERS of Washington. Mr. Chairman, I am prepared to close, and I reserve the balance of my time.

Mr. PALLONE. Mr. Chairman, I yield myself the balance of my time to close.

Mr. Chairman, I feel very strongly about why we need to oppose this bill, and I urge my colleagues to oppose it.

Democrats, and, hopefully, some Republicans, too, have spent a lot of time trying to reduce the cost of prescription drugs—and the States, as well. The bottom line is that we know that prescription drugs now are, if not the majority, a significant portion of healthcare costs.

If the Federal Government or the State government, or any government, is going to continue to provide quality care in this country, we must rein in the cost of prescription drugs, not only the cost but also have our agencies determine what drugs are effective and what drugs are not. We have no problem as Democrats in banning QALYs.

I have said that over and over again today, and I will keep repeating it. The bottom line is the way the language of this bill is constructed, it could easily lead to a situation where no Federal, State or government agency could effectively look at whether or not a drug is effective and what the cost is or make any decisions to pay for it based on the actual costs.

Now, sure, we could live in a world where the government pays unlimited amounts of money for everything—and I am sure pharma would love that because they like to charge whatever they want to increase their profits—but that is not a real situation. If you don't rein in the cost of prescription drugs, it not only is going to cost more for individuals out of their pocket, but it also means that the government can't provide services to people with disabilities or to seniors or to veterans.

That is why the CBO was saying that this bill is going to cost another \$1.1 billion, at a minimum, and possibly even more in the future, if you read what the CBO has actually said.

Republicans have a pay-for rule, so they say that if it is going to cost more, they have to pay for it in some way.

Well, how do they pay for it?

They cut the Prevention and Public Health Fund, the very fund that is used to prevent worse diseases, worse outbreaks, fund local public health programs so they can deal with public health in an effective way.

How is that beneficial to people with disabilities or anyone? It certainly isn't.

That is why there is so much opposition by various public health agencies to cutting this prevention fund to pay for this bill.

□ 1015

There is no justification for this bill. There was an opportunity in the Energy and Commerce Committee. I submitted language that would say not only would we ban QALYs, but we would ban any kind of discriminatory measures being used. The Republicans wouldn't accept that. This is what we are left with, a bill that is very dangerous, that is just a giveaway to pharma.

Mr. Chair, I urge my colleagues to oppose what I consider rather dangerous legislation, and I yield back the balance of my time.

Mrs. RODGERS of Washington. Mr. Chair, I yield myself the balance of my time.

We have worked together on important legislation to lower costs, provide more transparency, bipartisan legislation from the Committee on Energy and Commerce. I am quite disappointed today that my colleagues on the other side of the aisle have refused to come to the table on this one.

We just heard that there is no justification for this legislation. The ranking member actually said it is dangerous. Let me just point out again, nearly 200 advocacy groups, spanning the political spectrum, are calling on Congress to prohibit the use of QALYs and other discriminatory measures, perhaps because they see the VA's website today. Go to the VA's website and you will read, to date, the quality-adjusted life year, QALY, is the preferred metric for estimating health effect.

We have also heard that this bill is a big giveaway, a blank check, to pharma. Republicans agree, we must lower the cost of prescription drugs, and we have worked on it. Discriminatory action, discriminatory metrics against people with disabilities and chronic illnesses is not the way to do it.

We have heard today that the offset is a partisan pill. Let me just highlight that Senator SANDERS is using the prevention fund. Senator SANDERS is proposing right now to use the prevention fund to offset increased funding for community health centers. The Senate passed this provision 90-6. It is disappointing that now this is an issue of offsetting costs of no longer discriminating against those with disabilities.

Yes, we have to offset the cost of no longer discriminating against those with disabilities. That is why there is even a CBO score on this bill.

I also note that "similar measures," which seems to be an issue today with my colleagues across the aisle, are current law for Medicare. We are simply expanding that same language in Medi-

care to other Federal health programs. Why have different standards?

Mr. Chair, this should be the law of the land. This legislation is important. Those with disabilities and the advocacy groups are asking for Congress to take action. We have addressed the issues in the underlying bill.

Mr. Chair, I urge support. I hope today that we can come together, Republicans and Democrats, as Americans, to protect the healthcare and the access to healthcare for every individual with disabilities and chronic illnesses. As I mentioned, we are all just one car accident or diagnosis away from being that person. Vote "yes."

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

Ms. MCCOLLUM. Mr. Chair, I rise in opposition to H.R. 485, the so-called Protecting Health Care for All Patients Act.

The truth is this bill fails to protect health care for all patients. Instead, this bill undermines the Affordable Care Act by stripping funds from the Prevention and Public Health Fund, our nation's first mandatory funding system dedicated to improving our nation's public health system and lowering public health care costs. This critical funding has helped the Centers for Disease Control reduce the leading causes of death and disability nationwide and support early detection of and response to public health threats.

This legislation is a step in the wrong direction. If passed, this bill would make it more difficult to improve the affordability of prescription drugs. House Republicans claim that this bill will help prevent discriminatory policies because it prohibits Medicaid, Medicare Advantage (MA) plans, Medicare Part D Plans (PDPs), the VA, and the Defense Health Agency from using Quality Adjusted Life Years (QALYs). The truth is federal law already prohibits Medicare from using QALYs in its coverage determinations, and state Medicare plans are required by law to cover all drugs.

If House Republicans were serious about ensuring all Americans have access to affordable, comprehensive health care treatments, they would have supported clarifying amendments to this bill that would ban discriminatory practices. Instead, we are presented with another bill that does not address the problem and does not put the interests of patients and taxpayers first.

The Acting CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

The amendment in the nature of a substitute recommended by the Committee on Energy and Commerce, printed in the bill, modified by the amendment printed in part A of House Report 118-374, shall be considered as adopted. The bill, as amended, shall be considered as the original bill for the purpose of further amendment and shall be considered as read.

H.R. 485

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 "Protecting Health Care for All Patients Act of 2023".

SEC. 2. PROHIBITING THE USE OF QUALITY-ADJUSTED LIFE YEARS AND SIMILAR MEASURES IN COVERAGE AND PAYMENT DETERMINATIONS UNDER FEDERAL HEALTH CARE PROGRAMS.

(a) IN GENERAL.—Section 1182(e) of the Social Security Act (42 U.S.C. 1320e–1(e)) is amended—

(1) by inserting “or treats extending the life of an elderly, disabled, or terminally ill individual as of lower value than extending the life of an individual who is younger, non-disabled, or not terminally ill” after “because of an individual’s disability”;

(2) by inserting “described in the preceding sentence” after “such a similar measure”;

(3) by striking “The Secretary shall not” and inserting “A Federal agency (including the CMI (as described in section 1115A)) or State may not”;

(4) by striking “under title XVIII.” and inserting the following: “under any Federal health care program (as defined in section 1128B, except that such term shall include the health program established under chapter 89 of title 5, United States Code).”; and

(5) by adding at the end the following new sentence: “Notwithstanding any other provision of law, a Federal agency (including the CMI) or State may not waive the application of the provisions of this subsection (or the provisions of section 1852(o), section 1860D–12(h), section 1902(a)(88), section 1932(b)(9), or section 2102(e)) under section 1115, section 1115A, or any other demonstration or waiver authority.”.

(b) CONFORMING AMENDMENTS.—

(1) MEDICAID.—

(A) IN GENERAL.—Section 1902(a) of the Social Security Act (42 U.S.C. 1396a(a)) is amended—

(i) in paragraph (86), by striking “and” at the end;

(ii) in paragraph (87)(D), by striking the period and inserting “; and”;

(iii) by inserting after paragraph (87) the following new paragraph:

“(88) provide for compliance with the requirements of section 1182(e) (relating to prohibiting the use of certain measures in coverage determinations, reimbursement, and incentive programs).”.

(B) MANAGED CARE ORGANIZATIONS.—Section 1932(b) of the Social Security Act (42 U.S.C. 1396u–2(b)) is amended by adding at the end the following new paragraph:

“(9) PROHIBITION ON USE OF QUALITY-ADJUSTED LIFE YEARS.—The provisions of section 1182(e) shall apply to the utilization of a dollars-per-quality adjusted life year or similar measure (as described in such section) by a medicare managed care organization under this title (or a prepaid inpatient health plan or prepaid ambulatory health plan, as defined in section 438.2 of title 42, Code of Federal Regulations (or any successor regulation), under a contract with the State) in the same manner as such provisions apply to the utilization of such a year or measure by a State under this title.”.

(2) CHIP.—Section 2102 of the Social Security Act (42 U.S.C. 1397bb) is amended by adding at the end the following new subsection:

“(e) PROHIBITION ON THE USE OF QUALITY-ADJUSTED LIFE YEARS AND SIMILAR MEASURES.—A State child health plan shall provide for compliance with the requirements of section 1182(e) (relating to prohibiting the use of certain measures in coverage determinations, reimbursement, and incentive programs).”.

(3) MEDICARE ADVANTAGE.—Section 1852 of the Social Security Act (42 U.S.C. 1395w–22) is amended by adding at the end the following new subsection:

“(o) PROHIBITION ON USE OF QUALITY-ADJUSTED LIFE YEARS.—The provisions of section 1182(e) shall apply to the utilization of a dollars-per-quality adjusted life year or similar measure (as described in such section) by an MA plan in the same manner as such provisions apply to the utilization of such a year or measure by the Secretary under this title.”.

(4) MEDICARE PART D.—Section 1860D–12 of the Social Security Act (42 U.S.C. 1395w–112) is amended by adding at the end the following new subsection:

“(h) PROHIBITION ON USE OF QUALITY-ADJUSTED LIFE YEARS.—The provisions of section 1182(e) shall apply to the utilization of a dollars-per-quality adjusted life year or similar measure (as described in such section) by a prescription drug plan in the same manner as such provisions apply to the utilization of such a year or measure by the Secretary under this title.”.

(c) IMPLEMENTATION.—The amendments made by this section shall apply beginning on January 1, 2025.

SEC. 3. PREVENTION AND PUBLIC HEALTH FUND.

Section 4002(b) of the Patient Protection and Affordable Care Act (42 U.S.C. 300u–11) is amended by striking paragraphs (7), (8), and (9) and inserting the following:

“(7) for each of fiscal years 2024 and 2025, \$1,102,000,000;

“(8) for each of fiscal years 2026 and 2027, \$1,327,000,000;

“(9) for each of fiscal years 2028 and 2029, \$1,526,000,000; and”.

The Acting CHAIR. No further amendment to the bill, as amended, shall be in order except those printed in part B of House Report 118–374. Each such further amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MR. MOLINARO

The Acting CHAIR. It is now in order to consider amendment No. 1 printed in part B of House Report 118–374.

Mr. MOLINARO. Mr. Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Add at the end the following new section:

SEC. 3. REPORT.

Not later than 1 year after the date of the enactment of this Act, and annually thereafter, the Comptroller General of the United States shall submit to Congress a report on how quality-adjusted life years negatively impacts individuals with intellectual and developmental disabilities and their access to care.

The Acting CHAIR. Pursuant to House Resolution 996, the gentleman from New York (Mr. MOLINARO) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. MOLINARO. Mr. Chair, I begin first by expressing my support for the Protecting Health Care for All Patients Act and my appreciation to the leadership of Chairwoman McMORRIS RODGERS.

This bill seeks to address a long-standing concern for the disability community, a community that I have spent the better part of the last 20 years working in and among. It bans the use of quality-adjusted life years,

QALYs, measures from being used in Federal healthcare programs.

As we know, QALY measures have devalued the lives of disabled and chronically ill patients when it comes to deciding if a certain treatment is cost effective, putting a dollar sign on their lives and barriers to accessing proper treatment.

You heard a moment ago my colleague across the aisle refer to the bill in chief as dangerous. As the parent of a child living with epilepsy and on the autism spectrum, I can tell you what is dangerous is the way in which the healthcare system too often treats children and adults like her. It is neither progressive nor compassionate to put a dollar sign on the lives of those who need such life-affirming care.

The use of QALYs has put those with chronic illnesses and disabilities, like epilepsy, ALS, and Down syndrome, at the back of the line for treatment, too often denying them access and creating barriers to the support they need. It undermines our commitment to life-affirming care for our most vulnerable. No matter how it is expressed, no matter how it is denied, this practice devalues the lives of American citizens and loved ones like my own child.

My amendment seeks to provide additional oversight into the negative impact QALYs have on those with intellectual, developmental, and physical disabilities.

The amendment is simple. It directs the Comptroller General to submit a report to Congress to thoroughly assess the damage QALYs have on our IDD community and how this measure adversely affects their access to life-saving treatments and medical care. It is simple and meant to provide additional oversight.

As noted, as the father of four children, one who lives on the autism spectrum with a seizure disorder, and a staunch advocate for our disability community, I again applaud Chairwoman McMORRIS RODGERS’ work on crafting the Protecting Health Care for All Patients Act to ensure our most vulnerable populations have access to the medical treatments and services to manage their conditions and lead longer, healthier, and freer lives.

Mr. Chair, I urge my colleagues to adopt this amendment, and I reserve the balance of my time.

Mr. PALLONE. Mr. Chair, I claim the time in opposition to the amendment.

The Acting CHAIR. The gentleman from New Jersey is recognized for 5 minutes.

Mr. PALLONE. Mr. Chair, I appreciate and respect the views of the disability community and their strongly held belief that the use of QALYs in Federal health programs is discriminatory. That is why I do not oppose this amendment.

However, the amendment does not cure the problem with the underlying bill. This bill is a Trojan horse that purports to ban discriminatory measures like QALYs but in reality does a

lot more. This bill has the potential to ban a broad swath of cost containment measures that are not discriminatory and could harm the very communities that this bill is purported to help.

Those with disabilities need access to lower drug prices and healthcare services, and the Federal Government's and States' ability to use nondiscriminatory health measures is essential to bringing down costs. Otherwise, without leverage to get a better deal, we are stuck paying whatever pharma wants. The CBO agrees. That is why they estimate this bill will increase Federal spending by over a billion dollars in the next 10 years and potentially tens of billions of dollars more in the years ahead.

For this reason, I do not oppose the amendment, but, unfortunately, it does not resolve my concerns with the underlying bill.

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

Mr. MOLINARO. Mr. Chair, I appreciate my colleague's support of the amendment. I will close with addressing the "yes, but" argument.

Those who live with intellectual, physical, and developmental disabilities and those who love them are quite familiar with the "yes, but" argument. Yes, we care about you, but others face struggles, too. Yes, we want you to have access, but others may have obstacles, too. Yes, we care about your lives, but we care about others more.

That is the basis of the argument against this bill, "yes, but." My daughter has heard it every day of her life. I have experienced it every day. Yes, we hope to educate her, but we don't have time for it. Yes, we want to give you access to vaccines and care, but you are not our priority. Yes, during COVID we wanted to ensure every life was protected, but we didn't have the time to work it out for you.

This bill is not perfect. The chairwoman doesn't expect it to be, nor do I. QALYs devalue the lives of Americans who have far too many obstacles in their place.

My argument in response to the argument against this bill is "yes, but." Yes, kids like mine deserve access to quality care; yes, those with disabilities deserve to have life-affirming services; and, yes, those with disabilities face far too many obstacles to living and pursuing a life of happiness; but we can take this one step.

Mr. Chair, I urge my colleagues to support this amendment, and I yield back the balance of my time.

Mr. PALLONE. Mr. Chair, I yield the balance of my time to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Chair, I thank the distinguished gentleman for yielding.

We want to rise and help all of the families, particularly those families who every day are dealing with children and family members with disabilities.

This is an instance where I say can we all get together and can we try to

find a resolution toward making sure that we have good healthcare for these families and for these persons?

What I would offer is that presently this legislation undermines the Affordable Care Act by stripping dollars from the Prevention and Public Health Fund and undermining its critical investments in health and well-being. It makes it very difficult to help those who need help. It would stop funding from the Prevention and Public Health Fund, which supports critical investments to help prevent disease.

At the same time, this legislation opens the possibility of limiting the use of any value metrics when determining a drug price.

Furthermore, the Congressional Budget Office determined that this bill would raise drug costs for Medicare, Medicaid, and the Department of Defense. The CBO also estimates that this legislation would increase costs for Veterans Affairs health programs, raising Federal spending on prescription drugs by \$1.115 billion over 10 years and billions more in the following decades.

Americans are looking for answers, and they are looking for answers for all persons who need healthcare. To pay for these increased costs, there are plans to cut from the Prevention and Public Health Fund and cutting programs to improve public health and to prevent chronic diseases such as childhood lead poisoning and improving immunization rates.

Democrats in Congress, along with the Biden-Harris administration, are working to ensure all Americans have access to affordable care and effective healthcare treatments. This bill claims to protect people from discrimination. It would, in fact, result in harm to patients if enacted into law.

□ 1030

I believe that people with disabilities deserve equality, inclusion, and access to all aspects of American life.

Instead of prioritizing legislation that could lower prices for them, access value, and improve health, Republicans are attempting to pass legislation that undermines the work that we have done over a 10-year period to really include the disabled community.

If this bill is enacted, then the language referring to similar measures in the current version of the bill would introduce ambiguity across the health sector. It could invite lengthy lawsuits from an industry eager to stop any efforts to constrain its ability to set prices as high as it wants.

I simply want to say, as I started, can we all work together?

All aspects of our community need access to good healthcare—certainly, our disabled community—and this does more to undermine their access than to expand their access.

Mr. Chair, I ask my colleagues to send this back to the committee so that we can find common ground and really serve the disabled community and many others and not allow those

who seek profit to overcome those who seek good healthcare, including our seniors, our veterans, and many aspects of our community that have chronic diseases.

Mr. Chair, I rise today to discuss the issue concerning H.R. 485, the Protecting Health Care for All Patients Act.

The Protecting Health Care for All Patients Act of 2023 does not protect health care for patients, but rather undermines our progress in lowering prescription drug costs for American families.

This bill claims to prevent the federal government from using a measure called the Quality Adjusted Life Year (QALY).

This is a red herring, as the Inflation Reduction Act already explicitly prohibits the use of QALYs.

The legislation goes further by banning the use of the QALY "or such a similar measure," across all federal health care programs, without defining what such a similar measure could include.

A long-standing criticism of QALY has been that it would:

Discriminate against people in poor health.

Extending the lives of individuals with underlying health conditions gains fewer QALYs than extending the lives of "healthier" individuals.

This blanket prohibition on the use of "similar measures" applied across the federal government.

This legislation opens the possibility of limiting the use of any value metrics when determining a drug's price.

Furthermore, the Congressional Budget Office determined that this bill would raise drug costs in Medicare, Medicaid, the Department of Defense (DoD).

CBO also estimates that this legislation would increase costs for Veterans Affairs health programs, raising federal spending on prescription drugs by \$1.115 billion over 10 years and billions more in the proceeding decades.

Americans are looking for Congress to lower drug prices further, not increase them.

To pay for these increased costs, there are plans to cut from the Prevention and Public Health Fund and cutting programs to improve public health and prevent chronic diseases, such as childhood lead poisoning, and improving immunization rates.

Democrats in Congress along with the Biden Harris Administration are working to ensure all Americans have access to affordable and effective health care treatments.

This bill claims to protect people from discrimination but would in fact result in harm to patients if enacted into law.

I believe that people with disabilities deserve equality, inclusion, and access in all aspects of American life.

Instead of prioritizing legislation that could lower prices, assess value, and improve health Republicans are attempting to pass legislation that undermines the work of Congress and the Biden Administration.

If this bill is enacted the language referring to "similar measures" in the current version of the bill would introduce ambiguity across the health sector.

It could invite lengthy lawsuits from an industry eager to stop any efforts to constrain its ability to set prices as high as it wants for any drug—regardless of the drug's value.

In closing, it is imperative that health care be made affordable for those with disabilities. Disabled patients in this country deserve a reliable health care system.

We need to consider real legislation that will address prescription drug pricing at its core.

Mr. PALLONE. Mr. Chair, I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentleman from New York (Mr. MOLINARO).

The amendment was agreed to.

The Acting CHAIR. It is now in order to consider amendment No. 2 printed in part B of House Report 118–374.

There being no further amendments under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. MAST) having assumed the chair, Mr. PERRY, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 485) to amend title XI of the Social Security Act to prohibit the use of quality-adjusted life years and similar measures in coverage and payment determinations under Federal health care programs, and, pursuant to House Resolution 996, he reported the bill, as amended by that resolution, back to the House with a further amendment adopted in the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

The question is on the amendment.

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

MOTION TO RECOMMIT

Mrs. FLETCHER. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mrs. Fletcher moves to recommit the bill H.R. 485 to the Committee on Energy and Commerce.

The SPEAKER pro tempore. Pursuant to clause 2(b) of rule XIX, the previous question is ordered on the motion to recommit.

The question is on the motion to recommit.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by a 5-minute vote on passage of the bill, if ordered.

The vote was taken by electronic device, and there were—yeas 207, nays 210, not voting 14, as follows:

[Roll No. 39]

YEAS—207

Adams	Garcia, Robert	Pallone
Aguilar	Golden (ME)	Panetta
Allred	Goldman (NY)	Pappas
Amo	Gomez	Pascrell
Auchincloss	Gonzalez,	Payne
Balint	Vicente	Peltola
Barragán	Gottheimer	Perez
Beatty	Grijalva	Peters
Bera	Harder (CA)	Petersen
Beyer	Hayes	Pingree
Bishop (GA)	Himes	Pocan
Blumenauer	Horsford	Porter
Blunt Rochester	Houlahan	Pressley
Bonamici	Hoyer	Quigley
Bowman	Hoyle (OR)	Ramirez
Boyle (PA)	Huffman	Raskin
Brown	Ivey	Ross
Brownley	Jackson (IL)	Ruiz
Budzinski	Jackson (NC)	Ruppersberger
Bush	Jackson Lee	Ryan
Caraveo	Jacobs	Salinas
Carbajal	Jayapal	Sánchez
Cárdenas	Jeffries	Sarbanes
Carson	Johnson (GA)	Scanlon
Carter (LA)	Kamlager-Dove	Schakowsky
Cartwright	Kaptur	Schiff
Casas	Keating	Schneider
Case	Kelly (IL)	Scholten
Casten	Khanna	Schrier
Castor (FL)	Kildee	Scott (VA)
Castro (TX)	Kilmer	Scott, David
Cherfilus-	Kim (NJ)	Sewell
McCormick	Krishnamoorthi	Sherman
Chu	Kuster	Sherrill
Clark (MA)	Landsman	Slotkin
Clarke (NY)	Larsen (WA)	Smith (WA)
Cleaver	Lee (CA)	Sorensen
Clyburn	Lee (NV)	Soto
Cohen	Lee (PA)	Spanberger
Connolly	Leger Fernandez	Stansbury
Correa	Levin	Stanton
Costa	Lieu	Stevens
Courtney	Lofgren	Strickland
Craig	Lynch	Swalwell
Crow	Magaziner	Sykes
Cuellar	Manning	Takano
Davids (KS)	Matsui	Thanedar
Davis (IL)	McBath	Thompson (CA)
Davis (NC)	McClellan	Thompson (MS)
Dean (PA)	McCollum	Titus
DeGette	McGarvey	Tlaib
DeLauro	McGovern	Tokuda
DelBene	Meeks	Tonko
Deluzio	Menendez	Torres (CA)
DeSaulnier	Meng	Torres (NY)
Dingell	Mfume	Trahan
Doggett	Moore (WI)	Trone
Escobar	Morelle	Underwood
Eshoo	Moskowitz	Vargas
Espallat	Moulton	Vasquez
Evans	Mrvan	Veasey
Fletcher	Mullin	Velázquez
Foster	Nadler	Wasserman
Foushee	Napolitano	Schultz
Frankel, Lois	Neal	Waters
Frost	Neguse	Watson Coleman
Gallego	Nickel	Weston
Garamendi	Norcross	Wild
Garcia (IL)	Ocasio-Cortez	Williams (GA)
Garcia (TX)	Omar	Wilson (FL)

NAYS—210

Aderholt	Burchett	Donalds
Alford	Burgess	Duarte
Allen	Burlison	Duncan
Amodei	Calvert	Dunn (FL)
Armstrong	Cammack	Edwards
Arrington	Carey	Ellzey
Babin	Carl	Emmer
Bacon	Carter (GA)	Estes
Baird	Chavez-DeRemer	Ezell
Balderson	Ciscomani	Fallon
Banks	Cline	Feenstra
Barr	Cloud	Ferguson
Bean (FL)	Clyde	Finstad
Bentz	Cole	Fischbach
Bergman	Collins	Fitzgerald
Bice	Comer	Fitzpatrick
Bilirakis	Crawford	Fleischmann
Bishop (NC)	Crenshaw	Flood
Boebert	Curtis	Foxx
Bost	D'Esposito	Franklin, Scott
Brecheen	Davidson	Fry
Buchanan	De La Cruz	Fulcher
Buck	DesJarlais	Gaetz
Bucshon	Diaz-Balart	Gallagher

Garbarino	Latta	Rogers (KY)
Garcia, Mike	LaTurner	Rose
Gimenez	Lawler	Rosendale
Gonzales, Tony	Lee (FL)	Rouzer
Gooden (TX)	Lesko	Roy
Gosar	Letlow	Rutherford
Granger	Loudermilk	Salazar
Graves (LA)	Lucas	Schweikert
Graves (MO)	Luetkemeyer	Scott, Austin
Green (TN)	Luttrell	Self
Greene (GA)	Mace	Sessions
Griffith	Malliotakis	Simpson
Grothman	Maloy	Smith (MO)
Guest	Mann	Smith (NE)
Guthrie	Massie	Smith (NJ)
Hageman	Mast	Smucker
Harris	McCaul	Spartz
Harshbarger	McClain	Stauber
Hern	McClintock	Steel
Higgins (LA)	McCormick	Stefanik
Hill	McHenry	Steil
Hinson	Meuser	Steube
Houchin	Miller (IL)	Strong
Hudson	Miller (OH)	Tenney
Huizenga	Miller (WV)	Thompson (PA)
Hunt	Miller-Meeks	Tiffany
Issa	Mills	Timmons
Jackson (TX)	Molinaro	Turner
James	Moolenaar	Valadao
Johnson (LA)	Moore (AL)	Van Drew
Johnson (SD)	Moore (UT)	Van Dwyne
Jordan	Moran	Van Orden
Joyce (OH)	Murphy	Wagner
Joyce (PA)	Nehls	Walberg
Kean (NJ)	Newhouse	Waltz
Kelly (MS)	Nunn (IA)	Weber (TX)
Kelly (PA)	Obenolte	Webster (FL)
Kiggans (VA)	Ogles	Wenstrup
Kiley	Owens	Westerman
Kim (CA)	Palmer	Williams (NY)
Kustoff	Pence	Williams (TX)
LaHood	Pfuger	Wilson (SC)
LaLota	Posey	Wittman
LaMalfa	Reschenthaler	Womack
Lamborn	Rodgers (WA)	Yakym
Larson (CT)	Rogers (AL)	Zinke

NOT VOTING—14

Biggs	Green, Al (TX)	Pelosi
Carter (TX)	Langworthy	Perry
Crane	Luna	Phillips
Crockett	Mooney	Scalise
Good (VA)	Norman	

□ 1106

Messrs. RESCHENTHALER, GREEN of Tennessee, LAMBORN, Mrs. HARSHBARGER, Messrs. BURGESS, CARTER of Georgia, THOMPSON of Pennsylvania, ROGERS of Alabama, Mrs. KIGGANS of Virginia, Mr. BACON, Mmes. HOUCHIN and CAMMACK changed their vote from “yea” to “nay.”

Ms. MCCLELLAN, Mr. EVANS, Meses. BARRAGÁN, STANSBURY, Mr. CARTER of Louisiana, Meses. MCCOLLUM, STEVENS, Messrs. MRVAN, MULLIN, and MOSKOWITZ changed their vote from “nay” to “yea.”

Ms. GRANGER changed her vote from “present” to “nay.”

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

Stated against:

Mr. PERRY. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “nay” on rollcall No. 39.

The SPEAKER pro tempore. The question is on the passage of the bill.

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

RECORDED VOTE

Mr. PALLONE. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 211, noes 208, not voting 11, as follows:

[Roll No. 40]

AYES—211

Aderholt	Fulcher	Miller-Meeks
Alford	Gaetz	Mills
Allen	Gallagher	Molinaro
Amodei	Garbarino	Moolenaar
Armstrong	Garcia, Mike	Moore (AL)
Arrington	Jimenez	Moore (UT)
Babin	Gonzales, Tony	Moran
Bacon	Good (VA)	Murphy
Baird	Gooden (TX)	Nehls
Balderson	Gosar	Newhouse
Banks	Granger	Norman
Barr	Graves (LA)	Nunn (IA)
Bean (FL)	Graves (MO)	Obernolte
Bentz	Green (TN)	Ogles
Bergman	Greene (GA)	Owens
Bice	Griffith	Palmer
Biggs	Grothman	Pence
Bilirakis	Guest	Perry
Bishop (NC)	Guthrie	Pf luger
Boebert	Hageman	Posey
Bost	Harshbarger	Reschenthaler
Brecheen	Hern	Rodgers (WA)
Buchanan	Higgins (LA)	Rogers (AL)
Buck	Hill	Rogers (KY)
Bucshon	Hinson	Rose
Burchett	Houchin	Rosendale
Burgess	Hudson	Rouzer
Burlison	Huizenga	Roy
Calvert	Hunt	Rutherford
Cammack	Issa	Salazar
Carey	Jackson (TX)	Schweikert
Carl	James	Scott, Austin
Carter (GA)	Johnson (SD)	Self
Chavez-DeRemer	Jordan	Sessions
Ciscomani	Joyce (OH)	Simpson
Cline	Joyce (PA)	Smith (MO)
Cloud	Kean (NJ)	Smith (NE)
Clyde	Kelly (MS)	Smith (NJ)
Cole	Kelly (PA)	Smucker
Collins	Kiggans (VA)	Spartz
Comer	Kiley	Staubert
Crane	Kustoff	Steel
Crawford	LaHood	Stefanik
Crenshaw	LaLota	Steil
Curtis	LaMalfa	Steube
D'Esposito	Lamborn	Strong
Davidson	Latta	Tenney
De La Cruz	LaTurner	Lawler
DesJarlais	Lawler	Thompson (PA)
Diaz-Balart	Lee (FL)	Tiffany
Donalds	Lesko	Timmons
Duarte	Letlow	Turner
Duncan	Loudermilk	Valadao
Dunn (FL)	Lucas	Van Drew
Edwards	Luetkemeyer	Van Duyn
Ellzey	Luttrell	Van Orden
Emmer	Mace	Wagner
Estes	Malliotakis	Walberg
Ezell	Maloy	Waltz
Fallon	Mann	Weber (TX)
Feenstra	Massie	Webster (FL)
Ferguson	Mast	Wenstrup
Finstad	McCauley	Westerman
Fischbach	McClain	Williams (NY)
Fitzgerald	McClintock	Williams (TX)
Fitzpatrick	McCormick	Wilson (SC)
Fleischmann	McHenry	Wittman
Flood	Meuser	Womack
Foxx	Miller (IL)	Yakym
Franklin, Scott	Miller (OH)	Zinke
Fry	Miller (WV)	

NOES—208

Adams	Bush	Cohen
Aguilar	Caraveo	Connolly
Allred	Carbajal	Correa
Amo	Cárdenas	Costa
Auchincloss	Carson	Courtney
Balint	Carter (LA)	Craig
Barragán	Cartwright	Crockett
Beatty	Casas	Crow
Bera	Case	Cuellar
Beyer	Casten	David (KS)
Bishop (GA)	Castor (FL)	Davis (IL)
Blumenauer	Castro (TX)	Davis (NC)
Blunt Rochester	Cherfilus-	Dean (PA)
Bonamici	McCormick	DeGette
Bowman	Chu	DeLauro
Boyle (PA)	Clark (MA)	DeBene
Brown	Clarke (NY)	Deluzio
Brownley	Cleaver	DeSaulnier
Budzinski	Clyburn	Dingell

Doggett	Leger Fernandez	Salinas
Escobar	Levin	Sánchez
Eshoo	Lieu	Sarbanes
Españolat	Loftgren	Scanlon
Evans	Lynch	Schakowsky
Fletcher	Magaziner	Schiff
Foster	Manning	Schneider
Foushee	Matsui	Scholten
Frankel, Lois	McBath	Schrier
Frost	McClellan	Scott (VA)
Gallego	McCollum	Scott, David
Garamendi	McGarvey	Sewell
Garcia (IL)	McGovern	Sherman
Garcia (TX)	Meeks	Sherrill
Garcia, Robert	Menendez	Slotkin
Golden (ME)	Meng	Smith (WA)
Goldman (NY)	Mfume	Sorensen
Gomez	Moore (WI)	Soto
Gonzalez,	Morelle	Spanberger
Vicente	Moskowitz	Stansbury
Gottheimer	Moulton	Stanton
Grijalva	Mrvan	Stevens
Harder (CA)	Mullin	Strickland
Hayes	Nadler	Swalwell
Himes	Napolitano	Sykes
Horsford	Neal	Takano
Houlihan	Neguse	Thanedar
Hoyer	Nickel	Thompson (CA)
Hoyle (OR)	Norcross	Thompson (MS)
Huffman	Ocasio-Cortez	Titus
Ivey	Omar	Tlaib
Jackson (IL)	Pallone	Tokuda
Jackson (NC)	Panetta	Tonko
Jackson Lee	Pappas	Torres (CA)
Jacobs	Pascarell	Torres (NY)
Jayapal	Payne	Trahan
Jeffries	Pelosi	Trone
Johnson (GA)	Peltola	Underwood
Kamlaager-Dove	Perez	Vargas
Kaptur	Peters	Vasquez
Keating	Pettersen	Veasey
Kelly (IL)	Pingree	Velázquez
Khanna	Pocan	Wasserman
Kildee	Porter	Schultz
Kilmer	Pressley	Waters
Krishnamoorthi	Quigley	Watson Coleman
Kuster	Ramirez	Wexton
Landsman	Raskin	Wild
Larsen (CA)	Ross	Williams (GA)
Lee (CA)	Ruiz	Wilson (FL)
Lee (NV)	Ruppersberger	
Lee (PA)	Ryan	

NOT VOTING—11

Carter (TX)	Kim (NJ)	Mooney
Green, Al (TX)	Langworthy	Phillips
Harris	Larson (CT)	Scalise
Kim (CA)	Luna	

□ 1113

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Mrs. KIM of California. Mr. Speaker, had I been present, I would have voted "aye" on rollcall No. 40.

PERSONAL EXPLANATION

Mr. LANGWORTHY. Mr. Speaker, due to a family emergency, I was unable to be present for votes today. Had I been present, I would have voted "no" on rollcall No. 39 and "aye" on rollcall No. 40.

PERSONAL EXPLANATION

Mr. LARSON of Connecticut. Mr. Speaker, I mistakenly voted "nay" on Motion to Recommit H.R. 485, rollcall Vote 39. I intended to vote "yea." Additionally, I regrettably missed recording my vote On Passage of H.R. 485, rollcall Vote 40. Had I recorded my vote, I would have voted "no."

PILOT BUTTE POWER PLANT CONVEYANCE ACT

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the unfinished business is the question on sus-

pending the rules and passing the bill (H.R. 3415) to direct the Secretary of the Interior to convey to the Midvale Irrigation District the Pilot Butte Power Plant in the State of Wyoming, and for other purposes.

The Clerk read the title of the bill.

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

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

A motion to reconsider was laid on the table.

ADJOURNMENT TO FRIDAY, FEBRUARY 9, 2024; AND ADJOURNMENT FROM FRIDAY, FEBRUARY 9, 2024, TO TUESDAY, FEBRUARY 13, 2024

Mr. JAMES. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 10 a.m. on Friday, February 9, 2024; and further, when the House adjourns on that day, it adjourn to meet on Tuesday, February 13, 2024, when it shall convene at noon for morning-hour debate and 2 p.m. for legislative business.

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

There was no objection.

PROTECTING AMERICANS' HEALTHCARE

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

Mr. ROSE. Madam Speaker, I rise in support of the Protecting Health Care for All Patients Act of 2023. This important legislation aims to prevent discrimination against Americans with disabilities and expand access to life-saving cures.

It would end the use of quality-adjusted life years in all Federal programs. Quality-adjusted life years are factors used to rank whether a patient is worth the expense of a particular treatment. This rubric intentionally devalues treatment for those who have disabilities and those with chronic illnesses. This practice has been widely investigated by various nonpartisan groups, and yet QALYs are only prohibited to Medicare in a limited fashion.

We know of countries using these metrics much more aggressively to decide which treatments they will fund. We must stand against that in the United States. The government shouldn't decide which lives are valuable enough for care.

HAPPY LUNAR NEW YEAR

(Ms. STANSBURY asked and was given permission to address the House