

Of course, my favorite law enforcement group in the whole world is the Texas Rangers.

Above all, it has been an honor to recognize servicemembers from the Second Congressional District who gave their lives for our country while I have been in Congress. In my office here and my office in Texas, we have the photographs, 8-by-10s, of the 40 men and women from my congressional district, of all races and all branches of the service, who have been killed in Iraq, in Afghanistan, and in other places in the world. I am grateful that the incoming Member of Congress, Congressman Crenshaw, is going to keep those 8-by-10s, all 40 of them, on our wall here in Washington, D.C., so that we can remember those men and women who served and gave their lives for the rest of us.

I have had the honor to represent people in southeast Texas from Beaumont to Port Arthur, Sabine Pass, Dayton, China, Liberty, Hull-Daisetta, Baytown, Ames, Nome, Highlands, Kingwood, Humble, Porter, Mont Belvieu, Tarleton, Cleveland, Champions, Spring, Klein, Spring Branch, Memorial, parts of Houston, and where I am from, Atascocita. I see so many wonderful people along the way.

I have a staff that I would put up against any staff. I have the best staff in Congress. I always have. It is fortunate for me, and it is fortunate for the folks in our congressional district. Of my four chiefs of staff, Heather Ramsey-Cook was my first one. She was my chief of staff when I was a judge. She was my chief of staff when I started here, and she is now my current chief of staff. Others were Janet Diaz-Brown, who has since moved off to Seattle, Washington, with her family, and Gina Santucci who is now Gina Foote. My latest was Tim Tarpley, and now Heather Ramsey-Cook again. My chiefs of staff have been excellent, and I think all of us owe a lot of our success in getting things done to the people who work for us.

My caseworkers in Texas are great. Viviana and Amy are both veterans: one from Afghanistan, one from Iraq. One of them is a wounded warrior. They deal with the casework. They get it. They understand veterans' issues. One of the major things we do as Members of Congress is casework for our veterans.

But all of my staff have been excellent, and I want to thank them for their proud work that they have done, especially in constituent services.

So I don't know what is next, Mr. Speaker. I do know that it is time to dance with the one that brung you and pack up my old 1998 Jeep and head on home. By the way, my gaudy Jeep left a mark here in Washington as well. Aside from being the only '98 Jeep with a lift kit and lights across the top—you never know when you will see deer up here, Mr. Speaker—there is a special oil stain on the White House front drive that President Bush didn't take

too kindly to. It is fitting, leaving a little Texas oil on the driveway of the White House when you leave town.

So this is where the cowboy rides away, Mr. Speaker. Also, at the end, there is really no better good-bye than the words of Davy Crockett when he left Congress, when he said, affectionately: "You may all go to hell, I am going to Texas."

And that is just the way it is.

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

#### MESSAGE FROM THE SENATE

A message from the Senate by Ms. Lasky, one of its clerks, announced that the Senate agrees to the report of the committee of conference on the disagreeing votes of the two Houses on the amendment of the Senate to the bill (H.R. 2) "An Act to provide for the reform and continuation of agricultural and other programs of the Department of Agriculture through fiscal year 2023, and for other purposes."

#### IS AMERICA FIRST?

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

Ms. KAPTUR. Mr. Speaker, following the gruesome murder of journalist Jamal Khashoggi ordered by the Saudi Arabia Crown Prince Mohammed bin Salman, the world raised its voice in condemnation. Noticeably quiet was the leader of the free world, our own President. A closer look at President Trump's deeply troubling financial connections and conflicts of interest likely explain why.

In August 2015, the President himself said on the campaign trail: "Saudi Arabia, I get along with all of them. They buy apartments from me. They spend \$40 million, \$50 million. . . . I like them very much."

That same month, The Trump Organization registered eight separate companies to do business in Saudi Arabia.

Indeed, The Hill newspaper reported that a 5-day stay from the Saudi crown prince at the Trump Hotel caused a 13 percent surge in revenue in the first quarter of this year. How about that?

Mr. President, the American people wonder, is it America first, or is America for sale to foreign interests?

Given the President's clear conflicting interests, Congress must assert its power to limit the ability of corrupt regimes to influence our politics. Our colleagues on both sides of the aisle must reaffirm America's values of liberty, justice, and equality, and restore America's faith in our politics.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

#### HEALTHCARE

The SPEAKER pro tempore. Under the Speaker's announced policy of Jan-

uary 3, 2017, the gentleman from California (Mr. GARAMENDI) is recognized for 60 minutes as the designee of the minority leader.

Mr. GARAMENDI. Mr. Speaker, I am grateful for the opportunity. There are so many things that we need to consider.

Today, the President announced that he is going to do his best to shut down the Government of the United States, and he wants to call it the Trump shutdown.

I wonder if he really understands what that means to Americans. The Department of Homeland Security—about which there is so much discussion as to the security of the border, the Coast Guard, all of the ICE agents and so forth—presumably would stand down. I guess that is what a shutdown means, that we would have no border security.

So I am curious exactly what the President has in mind when he says it will be the Trump shutdown.

We don't really want to do that. I have been there before in the mid-1990s, when Speaker Gingrich decided to shut down the government. I was over at the Department of the Interior as the Deputy Secretary, and I think that the Department of National Parks and the Bureau of Land Management and on and on simply shut down. The National Parks shut down, the Washington Monument.

So the Department of the Interior would apparently shut down—not apparently, would definitely shut down—under a Trump shutdown. I suppose the Washington Monument, the memorial to World War I, World War II memorials, Yosemite—that would be a problem actually. We usually go to Yosemite on the 18th of December. That is my anniversary.

So, Mr. President, do you have any idea what you are going to cause here in America? The Department of Agriculture would shut down. Food safety, presumably, would shut down. It goes on and on, and all of that over a border wall that nobody other than the President thinks would be useful.

We do need border security, no doubt about it. We just heard our colleague from Texas talk about this a little bit. Yes, we do need border security. But nobody thinks a big, massive, beautiful wall from here to there, from the Caribbean to the Pacific Coast, would solve the issue of border security.

By the way, if you shut down the government, it is the Coast Guard that shuts down, and the Coast Guard has confiscated 10 times more drugs than the Border Patrol. So I guess we will have the President shut down that part of border security also.

Nobody says a wall is the answer. They said use technology. Use observation devices of various kinds that sense and watch remotely, drones and unmanned aerial vehicles and things of that sort.

By the way, why don't we beef up and provide the kind of security and the

kind of access that our ports of entry really need, whether those ports of entry are along the Mexican border or the ports?

We really are justifiably concerned about port security. I mean ocean port security.

So, come on, Mr. President. Realistically, you don't have the votes here in the House of Representatives for your \$5 billion border wall, which now you would say Mexico is going to pay for.

□ 1815

Show me the money. We can negotiate this out. And Democrats—the leader of the House and of the minority in the Senate, Ms. PELOSI and Senator SCHUMER, went over and said: We put more than \$1 billion—I think it was about \$1.3, \$1.4 billion from last year's appropriations—and you have only spent 6 percent of that for border security. So you have got that billion or so available now. And now you want \$5 billion. How do you want to spend it?

No plans on how to spend the money. It is just fulfilling a campaign promise, which now, apparently, Mexico is going to pay for. We will see.

I wasn't really going to talk about that. What I wanted to talk about is what Americans are really concerned about, which is healthcare. That was an issue in the campaign. I know from the Democratic Party side, we made healthcare a major central issue of our campaign for the people: affordable healthcare for the people. That is what we campaigned on. That is what we promised.

On January 3, when the Democrats take control of this House of Representatives, we will put forth solutions to the healthcare crisis.

The Affordable Care Act was passed in 2010, and it brought more than 22 million Americans into the insurance market and gave them a quality insurance product. They had to pay for it. It wasn't all free. The price varied. It created exchanges, a marketplace in which individuals and families can go and select policies from various insurance companies. Unfortunately, the public option was not adopted, but nonetheless, there was an opportunity for 22 million Americans.

No sooner did that bill pass than the Republicans used that Affordable Care Act, with what they then called "ObamaCare," to beat up the Democrats. They did a very, very good job at it. They took control of the House of Representatives in the 2010 election, and in 2011, they began a process of eviscerating the Affordable Care Act.

More than 60 times on this floor our Republican colleagues voted to eviscerate, gut, kill, terminate, but never to replace, just to eliminate that, with 22 million Americans losing their insurance. The expansion of the Medicaid program across this Nation is gone, reduced, gutted.

So we go into the 2018 campaign, and we said: No. No. Healthcare is a fundamental issue, a fundamental right. The

wealthiest country in the world ought to be able to provide healthcare to all its citizens.

That was our campaign. So we are going to move forward on this. One of the things we want to take up right away is why we want to do it.

Those of you who follow my occasional 1-hour Special Orders here on the floor have seen this. This is kind of to center me, to center what it is we want to accomplish, why we want to do these things.

Franklin Delano Roosevelt said it very, very well back in the late 1930s. He said: "The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little."

That is where I am coming from, and I think that is where my Democratic colleagues are coming from.

The wealthy are doing quite well. They certainly are. The tax bill that was passed by the Republicans without one Democratic vote last year in December 2017 ripped nearly \$2 trillion out of the Federal Treasury and gave 85 percent of that \$2 trillion to the wealthy American corporations and to the top 10 percent of the wealthy Americans.

So we come back to values. We are not here to make the rich richer—although they certainly would like that, and they certainly did get that in the tax bill, or scam, I think is what we would call it—but, rather, for people who really need help, the men and women and families of America who go to their kitchen table, are unable to figure out how they are going to get healthcare, how they are going to get a job.

There is talk there is a tax break, but that tax break was eaten up by inflation for the working men and women of America.

So let's go to the healthcare issue. One of the things we spent a lot of time talking about and intend to deal with is the cost of prescription drugs. Let's spend some time on that.

This little chart is a comparison of prescription drugs versus generic drugs. Ninety percent of the prescriptions are filled with generic drugs and 23 percent of the prescriptions are filled with other, nongeneric drugs. Seventy-seven percent of the total cost of drugs is on the nongeneric side; and on the generic side down here, it is about 10 percent.

So one solution here is to advance the availability of generic drugs. Clearly, a generic drug is significantly cheaper than a prescription drug. You may ask: Why is that?

The pharmaceutical industry will say: The reason is, we have got to do all this research, and we have got to do all this marketing.

They certainly do a lot of marketing. You turn the television on; they are marketing like crazy one drug or another. That is a prescription drug. They are not marketing the generic drugs.

So there you have it: Generics, 90 percent of the prescriptions are generic, and 70 percent of the cost is on 23 percent, the prescription drugs.

What has happened to the cost of prescription drugs?

Well, if you take the average price of the specialty drugs, these are prescriptions, they have tripled over the last—2006 to 2015, that is what?—10 years. So the prescription drugs, the specialty prescription drugs, same drugs, over a 10-year period, the cost has tripled.

You might ask: Well, why? Is it suddenly more expensive to make the same drug that you made before?

Well, possibly. But maybe it has to do with market power. If your prescription drug has a patent or many, many patents, then the generic drug cannot be made. So you control the market for that particular drug. That particular drug might be rather important.

Now, for those of you who watch television, you may actually have heard of a couple of these drugs. Let's just take a look here at key metrics for the three major brand drugs: Humira, Revlimid, and Lantus. I don't take them, so I really don't know how to pronounce them that well.

But let's take a look here at Humira: the number of patents, 247; the price change since 2006, 144 percent—using patents to protect the drug from competition, allowing a 144 percent price increase—years blocking competition, 39 years before there will be any competition for the most expensive and most used drug, Humira.

This one for multiple myeloma; I think that is a cancer: number of patent applications, 106; number of patents pending, 96; price increase since 2012, 79 percent price increase; years blocking competition, if you happen to have this particular cancer, there is one drug that seems to work really, really well, but it will be 40 years before there is competition, in other words, a generic that could be used, similarly with the other drug.

So what is happening here is the pharmaceutical industry is using multiple patents and not a brand-new drug, but just a little minor tweaking of the existing drug, giving an opportunity to extend way beyond whatever the patent law originally intended, in some cases 30, 40 years before a generic drug can come onto the market and replace what is going on.

How can we deal with that?

Well, let's take another example. Here is one. You have heard of insulin. I bet you have. Insulin prices have tripled over the last 15 years. One of the most expensive insulin products in Medicare part D, only one out of the six most expensive insulin products faces competition. So, in the absence of competition, now the cost per year is \$2,300.

Another example is using patents on a drug to deal with diabetes. Let's take a look at this one.

As if the patent policies and the ability of the drug companies to tweak

their product to use multiple patents over time, one after another, to gain market domination and to eliminate competitors for these very essential drugs, as if it is not bad enough now, our good President recently, I think about 10 days ago, sat down with the President of Mexico and the Prime Minister of Canada and signed a new really big, wonderful trade deal to somehow replace NAFTA, the North American Free Trade Act.

Well, way down in the guts of that agreement was a little clause, subsection C, measures relating to pharmaceutical products, biologicals, et cetera, extended by 10 years the existing patent law for biologicals. This is the hot new area of pharmaceutical drugs: biologicals.

So, in the patent law, as if the patent law wasn't already being abused sufficiently to drive up the price of medical costs in the United States, the President goes out with his team of negotiators and adds an additional 10 years to the existing patents for this particular type of pharmaceutical product.

Together with the ability to tweak small, little changes in the processing or in the drug itself, using that to gain control of that particular solution to a very serious health problem that Americans face, the President decides to add 10 years to the foundation patent.

So, what does it mean to Americans?

Well, it means you are going to pay a whole, whole lot of money for your drug prices.

There are solutions. I assure you that we are already, on the Democratic side of this coin, looking at solutions, first and foremost, to allow the Federal Government, which is the single biggest purchaser, payer for these drugs, to negotiate the price, that is, to use the purchasing power of government to overcome the patent lock that the drug companies have been able to secure using patents and other technologies and techniques.

□ 1830

That is the first thing, to allow the Federal Government to negotiate.

So, you remember when Medicare part D was installed back in 2003? The pharmaceutical industry weaseled into that law—that is, the prescription drug benefit in Medicare—a provision that said the Federal Government could not negotiate for the prices of drugs. So taxpayers and those who have a deductible or a copay, you are being harmed.

Now, generics, yes; generics are an answer. But just to complete this system of harming Americans by charging more than necessary for drugs using the patents, as we just discussed, the savior to the problem, which many would say is the generics, well, there is a little problem there too. And the problem was laid out in a recent article in *The Washington Post*.

You have heard of antitrust laws, which basically say that competitors

in an economic sector cannot conspire to control the price. Antitrust. It turns out that the generic, according to *The Washington Post* and to 47 State attorneys general around the Nation and a whole lot of—CVS, I believe, and a few others who buy drugs and sell them—retailers have launched an antitrust complaint against a cabal of generic drug companies who are alleged to have conspired to control the cost of the generic drugs—that is, to maintain a higher cost—and to divide up the market.

A generic drugmaker decides: I am going to make drug A, starts making it, controls 100 percent of the generic market for that drug. Good. Generic drugmaker B comes along, says: I can make that drug, and I can probably make it a little bit cheaper, so I am going to compete with company A.

Company A said: Whoa, wait a minute. We can make this good for both of us. It can be a win-win. You take 25, 30 percent of the market; I'll take 75, 60 percent of the market; and we will both be doing very well. That is the allegation.

So this is something we need to deal with also. We need to encourage the Department of Justice, the State departments, to use the antitrust laws to make sure that these kinds of conspiracies are not happening.

Clearly, if the generic drugmakers are engaged in a conspiracy to control the cost or to divide up the market for their drugs, it is illegal. There are serious penalties associated with that.

These cases, as reported by *The Washington Post*, are proceeding. Wonderful.

What we need to do is to make sure that the Department of Justice, the Federal Department of Justice as well as the State departments of justice and the Commerce Department and others who are responsible for enforcing the antitrust laws are doing so.

So, with regard to pharmaceuticals, with regard to drugs, I want you to know that the Democratic Congress is going to attack this problem, first by making certain that the United States Government can use its market power to break the monopoly that the drug companies presently have as a result of their ability to hold their specific drug forever, at least 30 to 40 years, under the patent schemes that they are now doing.

There are other things that I would like to take up, and I will do so quickly.

We said that we would also want to deal with the issues of preexisting conditions. Now, in the Affordable Care Act there was a requirement that insurance companies do not discriminate in the sale of insurance and the pricing of insurance based upon preexisting conditions.

Now, what is a preexisting condition? Well, we just had one example up here: diabetes, childhood diabetes, type 2 diabetes, high blood pressure, other childhood illnesses.

I was the insurance commissioner in California twice, in the early '90s, '91 to '95, and again from 2003 to 2007.

This issue of insurance companies discriminating based upon preexisting conditions was rampant in California, despite our efforts to try to pass a law in California to prohibit the insurance companies from discriminating based upon preexisting conditions. We were unsuccessful.

What we did find is that in the application process for insurance there was a form, and it listed every conceivable thing that a human being could be afflicted with—headaches, colds, sinus problems, sore throats, on and on and on—a list of maybe 20 or 30, and you had to check off each and every one of those.

If you checked them off, they would go: Ah, you have got a preexisting condition. We will insure you, but we are going to charge you 10 times more than a person that didn't have that condition. And they would then provide the insurance.

If you went through and you said: No, I don't have a sinus problem; no, I don't have a sore throat; blah, blah; and then you come down with a sore throat, they say: Ah, you didn't honestly fill out the form, and therefore we are not going to cover you for that illness.

This was a common problem. So when the Affordable Care Act passed, in that law was a provision that said the insurance companies could not do that, they could not discriminate either in the cost of it or not providing insurance at all. Couldn't do it.

However, in legislation that passed the House of Representatives, passed the Senate, and was signed into law—not a healthcare bill, but an addition to a must-pass piece of legislation—the Republicans, without Democratic support here, passed legislation that wiped out that portion of the Affordable Care Act, basically putting Americans at risk once again to insurance discrimination, health insurance discrimination.

And suddenly America woke up and goes: Whoa, wait a minute. You mean to tell me that if I have diabetes I can't get insurance or I am going to have to pay 10, 20, 30 times more than somebody else? Even to the point of a woman being discriminated against because she is a woman and she might have a baby. Anyway, America woke up and goes: Whoa, wait. We don't like that.

So, yes, we made that an issue. We made it a really big issue in the campaign: No discrimination based upon preexisting conditions. Can't do it. We are going to eliminate that problem for America.

It wasn't too long before my Republican colleagues go: Oops, we had better get on board that ship.

And I want my Republican colleagues and the President to know they are going to have an opportunity to be on that ship. We are going to put that bill

before the House of Representatives in the early days of the 116th Congress in 2019. We are going to do that.

We will see if they are willing to stay with the promises that they made—most of them unsuccessful, but nonetheless the promises they made—to deal with the problem of insurance discrimination.

So those are two things that are on the agenda right up front. There are many other things that we intend to do with healthcare because we believe that healthcare is a right. In the richest country in the world, you ought to be able to have quality healthcare available to you. That is our pledge. That is what we intend to do.

A final point. A week ago I was here talking about climate change with my colleagues, and we were talking about the Federal Government's report on climate changes that are occurring. It was an eye-opener. It basically said we are—by "we," not my generation, but the next generation out, 10, 20 years out—going to face a monumental problem of sea level rise, massive storms, massive fires, the epidemic of tropical diseases moving into the Northern Hemisphere in through the countries that have not experienced tropical illnesses.

All of those things were in that report, and we spoke about it here. We called upon our government, our President, and our colleagues here—Democrat and Republican—to aggressively attack this problem by reducing carbon emissions, by moving away from a carbon-based energy system. We can do that.

As I said during that debate here on the floor, in 1978 I authored a law in California, the first in the Nation, to provide a tax credit for wind, solar, and conservation. And those kind of laws have been in place forever, and we have proved that we can do it. Over the years, significant efforts have succeeded in bringing on board clean green power.

So, a week goes by, and in the newspapers yesterday and today are two articles that deserve our attention, and actually a third that just came up this afternoon.

The first article was that the carbon emissions over the last year have grown substantially. For the United States it is around, I think, a 2½ percent increase in carbon emissions; and in China and India, the other two large emitters of carbon, significant growth.

In other words, the world is falling backwards in addressing the carbon pollution that is creating climate change. Oh, my goodness, a wake-up call.

We have the report that these bad things are going to happen unless we change the direction we are going. And then a week later we find out the direction we are going is not downward but, rather, upward.

Article one: Today in the newspapers, even in the fake newspapers, is an article that the President's emissaries to a

conference in Europe on climate change are advocating—advocating—for the burning of more coal and oil.

This wasn't a coal conference. This was a conference on how does the world go to green, non-carbon energy sources. And so the United States, leading away from solving the problem.

Yes, that is what our President sent those folks over to Europe to do, not to solve the problem but to make the problem worse. It was an O-M-G moment. You have got to be kidding. The least you could have done is keep your mouth shut. But oh, no, advocating for more coal, advocating for more oil, and pushing aside all of those technologies—solar, wind, biomass, biofuel, all of those things—pushing them aside. No, no, no, we have got to have more coal.

It is reprehensible and an absolute dereliction of duty and responsibility to this generation here and now and to future generations to come.

□ 1845

What would you expect from the man who wants to shut down government? I would expect better. We just want A Better Deal. We want A Better Deal for the American people.

The rich and wealthy, they got one big beautiful deal in the tax cut. Working men and women and families, we have got our work cut out for us.

A Better Deal for the people—that is what we want to do. Many different ways to do it. We are going to work at it. We ask you to work with us.

#### FAREWELL TO CONGRESS

The SPEAKER pro tempore (Mr. HOLLINGSWORTH). Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from Texas (Mr. HENSARLING) for 30 minutes.

Mr. HENSARLING. Mr. Speaker, tonight it is a privilege that I have to yield to somebody who has become a good friend and an excellent colleague, who has served with me, at my side, at the House Financial Services Committee, who will be leaving us at the end of this Congress. Her voice of common sense and her voice to really promote economic growth among all Americans will be missed; but in her short tenure, she has made her mark in our committee and made her mark in Congress, and I am pleased to yield to the gentlewoman from New York (Ms. TENNEY).

Ms. TENNEY. Mr. Speaker, it was certainly an honor and a privilege to serve in the prestigious Financial Services Committee as a Member of the 115th Congress. It was a distinct privilege to be selected to serve on that committee by our chairman, JEB HENSARLING, who recognized the urgent need to reignite our economy and to give small businesses like ours and millions like our family business around the Nation a chance to thrive again against the oppressive weight of government overregulation.

As a small manufacturing business owner and as an attorney to small community banks and credit unions in my community, I am acutely aware of the challenges that small businesses and families face concerning Big Government overreach in the financial realm.

Families were not able to save for their future, small businesses were laying off employees instead of hiring, and community banks were closing at a record pace. The policies we championed and the incredible work we have done on the Financial Services Committee this year under the leadership of Chairman JEB HENSARLING has turned all of that around. For the first time in over a decade, I am witnessing growth and renewed enthusiasm in our economy, thanks to the work of our committee.

The jurisdiction of the Financial Services Committee may seem esoteric to some; however, the work that we do is vitally important to this Nation. We have the power, of course, if used correctly, to open up markets, to unleash free enterprise, and to give citizens the opportunity to pursue the American Dream.

In May, President Trump signed S. 2155, the Economic Growth, Regulatory Relief, and Consumer Protection Act, into law after House passage. Our committee, through numerous hearings and markups, originated most of this legislation. The ultimate work product, S. 2155, made much-needed reforms to Dodd-Frank that directly impact the ability of small community institutions to conduct business and to drive the economy in a positive direction.

As a freshman member, I was honored to be one of the only members to have two bipartisan bills included in this package: the first, the Small Bank Exam Cycle Improvement Act, and, the second, the Community Institution Mortgage Relief Act. These bills are vitally important because community banks are the lifeblood of New York's upstate economy.

Community institutions provide access to capital for entrepreneurs starting or growing their small businesses, for families and farmers acquiring new equipment or assets, for loans to new car buyers, and for mortgages to families purchasing a home, especially for the first time.

In rural areas like the 22nd District in New York, consumers and small businesses often rely on lending with local institutions in order to gain access to capital. These reforms ensure that small community institutions like Tioga National Bank, the Bank of Utica—my personal bank—Adirondack Bank—another bank that I use—and many others throughout the country can keep their doors open and continue to lend to people in our communities.

I am grateful to Chairman HENSARLING and the expert and professional staff on the committee who worked with our office and leaders in