

Franklin, C. LaLota  
 Scott LaMalfa  
 Fry Lamborn  
 Fulcher Langworthy  
 Gaetz Latta  
 Gallagher LaTurner  
 Garbarino Lawler  
 Garcia, Mike Lee (FL)  
 Gimenez Lesko  
 Gonzales, Tony Letlow  
 Good (VA) Loudermilk  
 Gooden (TX) Lucas  
 Gosar Luetkemeyer  
 Granger Luna  
 Graves (LA) Luttrell  
 Graves (MO) Mace  
 Green (TN) Malliotakis  
 Greene (GA) Mann  
 Griffith Massie  
 Grothman Mast  
 Guest McCaul  
 Guthrie McClain  
 Hageman McClintock  
 Harris McCormick  
 Harshbarger McHenry  
 Hern Meuser  
 Higgins (LA) Miller (IL)  
 Hill Miller (OH)  
 Hinson Miller (WV)  
 Houchin Miller-Meeks  
 Hudson Mills  
 Huizenga Molinaro  
 Hunt Moolenaar  
 Issa Mooney  
 Jackson (TX) Moore (AL)  
 James Moore (UT)  
 Johnson (LA) Moran  
 Johnson (OH) Murphy  
 Johnson (SD) Nehls  
 Jordan Newhouse  
 Joyce (OH) Norman  
 Joyce (PA) Nunn (IA)  
 Kean (NJ) Obernolte  
 Kelly (MS) Ogles  
 Kelly (PA) Owens  
 Kiggans (VA) Palmer  
 Kiley Perry  
 Kim (CA) Pfluger  
 Kustoff Posey  
 LaHood Reschenthaler

Rodgers (WA) Pappas  
 Rogers (AL) Pascarell  
 Rogers (KY) Payne  
 Rose Pelosi  
 Rosendale Peltola  
 Rouzer Perez  
 Roy Peters  
 Salazar Pettersen  
 Santos Phillips  
 Scalise Pingree  
 Schweikert Pocan  
 Scott, Austin Porter  
 Sessions Pressley  
 Simpson Quigley  
 Smith (MO) Ramirez  
 Smith (NE) Raskin  
 Smith (NJ) Ross  
 Smucker Ruiz  
 Spartz Ruppertsberger  
 Stauber Ryan  
 Steel Salinas  
 Stefanik Sanchez  
 Steil Sarbanes  
 Stewart Scanlon

Thompson (MS) Schiff  
 Titus Schneider  
 Tlaib Scholten  
 Tokuda Schrier  
 Tonko Scott (VA)  
 Torres (CA) Scott, David  
 Torres (NY) Sewell  
 Trahan Sherman  
 Trone Sherrill  
 Underwood Slotkin  
 Vargas Smith (WA)  
 Vasquez Sorensen  
 Veasey Soto  
 Velázquez Spanberger  
 Wasserman Stansbury  
 Schultz Stanton  
 Waters Stevens  
 Watson Coleman Strickland  
 Wexton Swalwell  
 Wild Sykes  
 Williams (GA) Takano  
 Wilson (FL) Thanedar  
 Thompson (CA)

NOT VOTING—9

D'Esposito Menendez  
 Goldman (NY) Omar  
 Gottheimer Pence  
 Rutherford  
 Self  
 Steube

□ 1402

Ms. WATERS changed her vote from “aye” to “no.”

So the resolution was agreed to. The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. MENENDEZ. Madam Speaker, due to President Biden's invite to attend an event related to the Hudson Tunnel Project, I was unable to vote. Had I been present, I would have voted “nay” on rollcall No. 95 and “nay” on rollcall No. 96.

PERSONAL EXPLANATION

Mr. GOTTHEIMER. Madam Speaker, I missed the following votes due to travel with the President related to the Gateway Train Tunnel project. Had I been present, I would have voted “nay” on rollcall No. 95 and “nay” on rollcall No. 96.

PANDEMIC IS OVER ACT

Mr. GUTHRIE. Mr. Speaker, pursuant to House Resolution 75, I call up the bill (H.R. 382) to terminate the public health emergency declared with respect to COVID-19, and ask for its immediate consideration in the House.

The Clerk read the title of the bill. The SPEAKER pro tempore (Mr. LATURNER). Pursuant to House Resolution 75, the bill is considered read.

The text of the bill is as follows:

H.R. 382

*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 “Pandemic is Over Act”.

SEC. 2. TERMINATION OF COVID-19 PUBLIC HEALTH EMERGENCY.

The public health emergency declared by the Secretary pursuant to section 319 of the Public Health Service Act (42 U.S.C. 247d) on January 31, 2020, entitled “Determination that a Public Health Emergency Exists Nationwide as the Result of the 2019 Novel Coronavirus” (and any renewal thereof) shall terminate on the date of the enactment of this Act.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour equally di-

vided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce or their respective designees.

The gentleman from Kentucky (Mr. GUTHRIE) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Kentucky (Mr. GUTHRIE).

GENERAL LEAVE

Mr. GUTHRIE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the legislation and to insert extraneous material on H.R. 382.

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

There was no objection.

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

Mr. Speaker, today, I rise to push for immediate and overwhelming passage of my legislation, H.R. 382, the Pandemic is Over Act.

President Biden and I both agree that the COVID-19 pandemic is over. In fact, on the eve of the Pandemic is Over Act going on the House floor, President Biden finally announced that he is going to end the COVID-19 emergency declarations. I am glad that my bill finally forced the Biden administration to act.

However, President Biden has taken too long to act on his statement last September that the pandemic is over, which is why I am moving forward with my bill to end the COVID-19 public health emergency and finally restore checks and balances between Congress and the executive branch.

There was a time and place for the COVID-19 public health emergency. On this day 3 years ago, then-Department of Health and Human Services Secretary Azar first invoked the COVID-19 public health emergency.

The COVID-19 public health emergency was used at the beginning of the pandemic to establish Operation Warp Speed and provide for CMS waivers that led to millions of seniors receiving critical healthcare services through mediums such as telehealth and removing various forms of red tape getting in the way of healthcare providers' ability to care for their patients.

Now, exactly 3 years later to the day of the original disaster public health emergency declaration, we are in a much better position to address COVID-19. We have proven therapeutics in addition to 95 percent of the population either being previously infected with COVID-19 or vaccinated. A senior administration official even stated, “We are in a pretty good place in the pandemic. . . . Cases are down dramatically from where they were the past two winters,” according to Politico reporting.

It is long overdue for President Biden to unwind the public health emergency. Despite overwhelming evidence that COVID-19 is now endemic and that

NOES—208

Adams Davids (KS) Johnson (GA)  
 Aguilar Davis (IL) Kamalager-Dove  
 Allred Davis (NC) Kaptur  
 Auchincloss Dean (PA) Keating  
 Balint DeGette Kelly (IL)  
 Barragán DeLauro Khanna  
 Beatty DelBene Kildee  
 Bera Deluzio Kilmer  
 Beyer DeSaulniers Kim (NJ)  
 Bishop (GA) Dingell Krishnamoorthi  
 Blumenauer Doggett Kuster  
 Blunt Rochester Escobar Landsman  
 Bonamici Eshoo Larsen (WA)  
 Bowman Espallat Larson (CT)  
 Boyle (PA) Evans Lee (CA)  
 Brown Fletcher Lee (NV)  
 Brownley Foster Lee (PA)  
 Budzinski Foushee Leger Fernandez  
 Bush Frankel, Lois Levin  
 Caraveo Frost Lieu  
 Carbajal Gallego Lofgren  
 Cárdenas Garamendi Lynch  
 Carson García (IL) Magaziner  
 Carter (LA) García (TX) Manning  
 Cartwright García, Robert Matsui  
 Casar Golden (ME) McBeth  
 Case Gomez McCollum  
 Casten Gonzalez, McGarvey  
 Castor (FL) Vicente McGovern  
 Castro (TX) Green, Al (TX) Meeks  
 Cherfilus-McCormick Grijalva Meng  
 Harder (CA) Mfume  
 Chu Hayes Moore (WI)  
 Ciocilline Higgins (NY) Morelle  
 Clark (MA) Himes Moskowitz  
 Clarke (NY) Horsford Moulton  
 Cleaver Houlihan Mrvan  
 Clyburn Hoyer Mullin  
 Cohen Hoyle (OR) Nadler  
 Connolly Huffman Napolitano  
 Correa Ivey Neal  
 Costa Jackson (IL) Neguse  
 Courtney Jackson (NC) Nickel  
 Craig Jackson Lee Norcross  
 Crockett Jacobs Ocasio-Cortez  
 Crow Jayapal Pallone  
 Cuellar Jeffries Panetta

the pandemic is over, Secretary Becerra just renewed the public health emergency for a twelfth time.

The Pandemic is Over Act sends a loud and clear message to President Biden: The American people are tired of living in a perpetual state of emergency, and it is long overdue for Congress to take back the authorities granted under Article I of the Constitution.

The Pandemic is Over Act would immediately terminate the COVID-19 public health emergency. Nothing in my bill ends title 42, despite the administration stating that it will. Let me repeat: Nothing in this bill ends title 42.

The Biden administration alone controls title 42. That statute was written in 1944 before the authority of the public health emergency even existed. If the Biden administration chooses to end title 42 when the public health emergency ends without working with us to secure the border, then that is just another one of his failures to add to the list.

To be clear, we support the ability to declare a public health emergency to address clear and serious public health threats. Maintaining these regulatory flexibilities during a public health emergency is crucial, but these authorities should only be used for limited periods of time based upon the particular circumstances and prevalence or immediacy of the public health threat.

Now, it is time to rescind the President's emergency powers, and Congress can address the present and future needs that may arise with COVID-19.

Since President Biden took office, we have seen the pandemic used to justify countless executive overreaches. The President has used the pandemic for one-size-fits-all vaccine mandates for healthcare workers, mask mandates, and eviction moratoriums.

While ending the COVID-19 public health emergency will not relinquish all the President's power that has been used to make those decisions, it does make it more difficult to justify bypassing Congress to enact his policies.

Finally, I want to address the arguments about our unwinding the public health emergency too quickly. Democrats had unified control and could have extended, or the administration could have undertaken rulemaking to unwind, the COVID-19 public health emergency.

Congress is already working. We need to work together on extending a number of provisions tied to the COVID-19 public health emergency.

Where are their bills that would extend or unwind these things? Where was the hearing on this last Congress if this was such an issue?

Mr. Speaker, the pandemic is over. I urge my colleagues to support H.R. 382, and I reserve the balance of my time.

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

Mr. Speaker, I rise in strong opposition to H.R. 382, which would abruptly

and irresponsibly end the COVID-19 public health emergency virtually overnight. It would require this action immediately without providing patients, hospitals, providers, and States sufficient notice to safely unwind numerous authorities, programs, and flexibilities that have been essential to protecting Americans throughout the pandemic.

Last night, the Biden administration announced that the COVID-19 public health emergency is planned to be ended on May 11, 2023. This timeline provides healthcare providers and patients with the certainty and predictability needed to responsibly wind down the COVID-19 response programs.

As a result of these successful programs, as well as the historic investments made by Congress, millions of Americans have received free vaccines and tests, safe access to their doctors through telehealth appointments, and continuous healthcare coverage through programs such as Medicaid and CHIP.

□ 1415

Unfortunately, Republicans are needlessly rushing forward today with a reckless plan that would jeopardize the health of millions of Americans by immediately ceasing these important response programs without advanced preparations.

Mr. Speaker, a pandemic of this magnitude cannot be unwound overnight. We cannot flip a switch and make COVID-19 end with the snap of a finger. If H.R. 382 becomes law, it would have disastrous consequences. It would disrupt insurance coverage for millions of vulnerable Americans by allowing States to immediately start kicking vulnerable Americans off their healthcare coverage without any protections. This is deeply irresponsible and dangerous.

Americans would also immediately begin paying out of pocket for the COVID-19 testing, and hospitals would see an immediate payment cut of 20 percent for Medicare patients with COVID-19. In addition, important waivers and flexibilities, including certain telemedicine flexibilities that providers and patients have relied on for the duration of the COVID-19 pandemic, would be terminated immediately, as well.

This legislation would also result in the elimination of vital tools for tracking COVID-19 outbreaks in nursing homes and other residential facilities.

It also impacts our veterans, ending VA clinicians' ability to prescribe controlled substances via telehealth. This would severely impact many veterans' access to medications that they need to manage chronic pain, complex mental health conditions, and substance use disorder. The legislation also threatens the progress the VA has made in ending veterans' homelessness.

Finally, Mr. Speaker, it would abruptly end flexibilities for the Supplemental Nutrition Assistance Pro-

gram, or SNAP, that would impact many Americans struggling to put food on their tables, particularly for those having trouble finding work and low-income college students.

The Republicans began their House majority with chaos and confusion earlier this month, and this bill continues that chaos and confusion, but this time it will hurt millions of Americans directly, and that is simply not right.

Responsibly transitioning to the post-emergency future requires careful planning and coordination with public health officials and policymakers. I applaud the Biden administration for properly guiding the Nation to a safe transition as we unwind these programs without endangering access to care and treatment for Americans.

Unfortunately, Republicans are rushing to recklessly and dangerously eliminate all these protections immediately and without warning. I just think it is the height of irresponsibility. For that reason, I strongly urge my colleagues to oppose this bill.

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

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

Mr. Speaker, we have been asking for a year for the Secretary of Health and Human Services to start showing us a plan for unwinding the pandemic public health emergency.

Now that we are here doing this today, it seems like we are starting to move in that direction. Unfortunately, we didn't have any hearings last Congress to deal with that, but we are going to begin that, working together today.

Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. BUCSHON), my friend.

Mr. BUCSHON. Mr. Speaker, I rise today in support of H.R. 382, the Pandemic is Over Act.

A public health emergency was first declared by Health and Human Services Secretary Alex Azar in January 2020. It was a different time. We knew little about the novel coronavirus that was overtaking the world. We didn't understand how it worked. We had no way to treat it or reduce the spread.

Now, over 3 years later, the landscape has completely changed. Reliable vaccines, tests, and treatments are widely available. Businesses are open, Americans are traveling freely, and folks are ready and willing to get back to work.

As I have said from the beginning, it is unlikely we will ever fully rid ourselves of the coronavirus, but it can, and indeed has, become something we have the ability to deal with. Society can and should be returning to normal.

Even President Biden acknowledged as much in an interview last September, more than 4 months ago, when he said the COVID-19 pandemic is over. Yet this administration has continued to extend the length of the public health emergency, using it to retain fear in the American people and to justify continued requests for Federal funding.

In absence of the administration's willingness to immediately rightfully end the public health emergency declaration, it is time for Congress to act.

I am grateful to the gentleman from Kentucky (Mr. GUTHRIE) for bringing this bill forward. I urge all my colleagues to support a formal end to the public health emergency declaration.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. CORREA).

Mr. CORREA. Mr. Speaker, I rise in opposition. COVID-19 has been the worst pandemic we have had in this world in 100 years. It is a medical issue to be addressed by doctors and not a political issue.

Today, my colleagues are asking us to support a bill to terminate the COVID public health emergency, yet the Biden administration's current extension of the public health emergency is a rational one. It is rational in the way we exit from this emergency declaration: We let our healthcare system adjust from this tremendous terrible pandemic that continues to evolve in our society. I would say a politically driven end to COVID-19 is not the way to run our healthcare system.

Furthermore, while my colleagues are saying there is no need for a public health emergency, they want to keep title 42 at the border because of its public health emergency implications.

My colleagues, I say to you, if you truly believe the pandemic is over, then you can't say that title 42 is still needed at the border because of a healthcare crisis.

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

Mr. Speaker, we are ending the emergency powers of the President. We are not conceding that COVID-19 is over in this country, and it is not. People have to take mitigation. We certainly don't want it coming across our southern border, so we support keeping title 42 in place.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Mrs. CAMMACK).

Mrs. CAMMACK. Mr. Speaker, I rise today in strong support of H.R. 382, the Pandemic is Over Act. I thank my friend and colleague from Kentucky, Mr. BRETT GUTHRIE, for leading this important effort.

This action is long overdue. This week we are voting on several bills designed to do what we all in America have known for some time, that the emergency declaration should go away. Constituents have been asking—heck, demanding—that we end this perpetual state of COVID emergencies in the Federal Government and get back to normal.

More than 4 months ago, President Biden declared that the COVID-19 pandemic was over, yet interestingly the Federal emergency declaration is still in place. It makes you wonder, why would the President declare that the pandemic is over but not officially rescind the emergency declaration?

In fact, many of my colleagues on the other side of the aisle seem more concerned with keeping the public health emergency in place rather than addressing the problems we are now being faced with: Things like investigating the estimated \$163 billion with a b in COVID unemployment fraud and recovering those funds that were stolen from the American taxpayers; or the approximately \$150 billion in unobligated funds that is just sitting there for COVID. That is a pretty easy way to start reducing spending. Or how about the approximately half a trillion dollars that has been obligated but hasn't been pushed out the door yet?

Ask yourselves, who benefits from the emergency declaration remaining in place?

It is a fact that the continuation of the public health emergency is costing taxpayers billions of dollars and worsening already-crippling inflation, inflation which is costing Florida families in my district an estimated \$10,000 extra a year in basic goods and services. I don't know anyone who can afford an extra 10 grand a year.

The Federal mandates, like this, have increased private health insurance costs and grossly exacerbated the ever-increasing national debt that will be passed on to my generation, our children, and grandchildren.

It is time to get our kids back to school, folks back to work, and life back to normal. It is time for us to turn the page and end the COVID-19 public health emergency powers. Let's get back to commonsense fixes to our healthcare system. Let's get back to work on lowering energy costs. Let's get back to work, and let's get back to work in person.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from Oregon (Mr. BLUMENAUER), a member of the Ways and Means Committee.

Mr. BLUMENAUER. Mr. Speaker, I appreciate the gentleman's courtesy in permitting me to speak on this. It is not quite as simple as my friend from Florida implies.

Today we are voting to upend the healthcare system and interrupt patient care. Ending the public health emergency prematurely would have far-reaching implications, and this is a waste of time. The Biden administration has already made clear that they are planning on ending the emergency in May.

Why are we spending time abruptly ending this declaration, which is going to end in 3 months anyway, when we could have instead had a serious conversation about making this as smooth a transition as possible?

There are many things that are involved here. Congress already started this work in the omnibus by beginning a process to wind down Medicaid enrollment policies and extending important programs like telehealth.

I was happy that my bipartisan legislation to extend Medicare's Hospital at Home program was extended in this

manner. We fought for this because we viewed the waivers and policies of the last 3 years as a blueprint for future opportunities to innovate and extract value from our healthcare system.

This work was bipartisan because both sides of the aisle saw the benefit of the pandemic-era policies. It is unfortunate that instead of continuing to build on that work, my colleagues are posturing.

I have heard from hospitals in my district, and I imagine you have heard in yours, how important it is to extend, not end, the waivers that address their capacity and staffing challenges.

If this bill were enacted, those operations would be upended. State Medicaid programs would be in unnecessary chaos, with millions at risk of losing their health insurance. Seniors would lose access to COVID tests because Medicare would no longer be able to pay for them. These are just a few examples of the complexity and how irresponsible this legislation is. It certainly does not honor the more than a million Americans who have lost their lives to this disease.

After a traumatic 3 years full of loss, the last thing the public needs is additional chaos at the hands of the Federal Government.

At the start of the pandemic, we saw an often divided Congress come together to bring meaningful relief to American families. I had hoped that we would continue that same spirit of cooperation and dedication to our constituents at the end of this chapter.

I know we have all heard from our hospitals and healthcare systems about the needs they still have. I believe we can work together to make this a stable transition and learn lessons from the pandemic.

I urge my colleagues to reject this legislation and instead come to the table to work to ease the transition in a reasonable fashion.

Mr. GUTHRIE. Mr. Speaker, I just point out that the omni gave the States clarity in how to deal with the Medicaid situation moving forward. We also extended telehealth, so a lot of things we have been trying to do, we have been asking the administration for a year to address some of the things that my friend from Oregon just brought up.

Mr. Speaker, I yield 1 minute to the gentlewoman from Iowa (Mrs. MILLER-MEEKS).

Mrs. MILLER-MEEKS. Mr. Speaker, as both a physician and the former Director of the Iowa Department of Public Health, I agree with what President Biden said in September of last year: The pandemic is over. More specifically, even though SARS-CoV-2 is still circulating, it is endemic. The public health emergency is and should be over.

Mr. Speaker, I am proud to support H.R. 382, which would acknowledge the truth of the President's words and finally put an end to the public health emergency.

When COVID-19 first reached our shores, the public health emergency declaration was a tool that helped our country to mobilize, develop testing, develop vaccines, and to distribute PPE and institute our manufacturing sector. However, this emergency declaration is no longer needed, and instead of putting an end to it, the President has continually renewed it with no end in sight.

For example, we have already extended telehealth for 2 years. From mask mandates and vaccine mandates to extending Medicaid expansion to previously ineligible participants and student loan forgiveness, the President and this administration are using the public health emergency to expand government overreach.

What is irresponsible is not putting a transition in place during this past year.

Mr. Speaker, I urge my colleagues to support H.R. 382 and put an end to this outdated, bloated government overreach.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Texas (Ms. JACKSON LEE).

□ 1430

Ms. JACKSON LEE. Mr. Speaker, I rise today to try and speak something called commonsense speak, and that is for my colleagues to understand that Americans reject confusion and chaos.

According to *The New York Times*, “An abrupt end to the emergency declarations would create wide-ranging chaos and uncertainty throughout the healthcare system—for States, for hospitals and doctors’ offices, and, most importantly, for the tens of millions of Americans,” as evidenced.

This is on the data from the White House, which by the way, under President Joe Biden, crafted a White House COVID task force that began to calm the uncalm waters that we suffered in the last administration.

Does anyone remember, “maybe we should drink disinfectant” in the midst of COVID-19?

Well, let me tell you, in Houston, Texas, we remember it. We also know that 6,812,798 persons died around the world from COVID; 1.1 million died in the United States.

It was only after an overwhelming effort by the Biden administration that we began to see the clock move on individuals willing to get their first, second, and third shots; their booster shots. That is why we are living, because we were vaccinated, because we overcame the stigma and the wrong-headed information that was scaring people about vaccines.

We didn’t lose 1 million people on vaccines. We lost 1 million people due to not having that vaccination timely. I am struck by this legislation. The pandemic is not over.

Mr. Speaker, 500 people a day die, right now as I am standing here, from COVID. That is a reasonable amount. I know there are other infectious dis-

eases, but doesn’t it make sense that if we can have a vaccine and a protocol that allows people, our children, and those with preexisting conditions to live that we want them to do so?

The Biden administration has announced that they intend to reduce this national emergency declaration in May. It will allow our health facilities to get themselves organized for the possible onslaught. It will also deprive impoverished persons from the ability to get free vaccinations, including possibly flu shots, like we are doing in Houston, Texas.

I remember over 70 testing sites that I put in my district with healthcare providers week after week after week so that people could be tested and so we could bring down COVID in Houston, Texas.

I remember vaccination sites where people stood in line, a thousand at a time, to get vaccinated for free. Are we jumping for joy to condemn and now undermine the emergency pandemic that was utilized?

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

Mr. PALLONE. Mr. Speaker, I yield an additional 30 seconds to the gentlewoman from Texas.

Ms. JACKSON LEE. All I can say is that health professionals by and large in hospitals, clinics, doctors’ offices will say no. They need their patients healthy. As many people that can get vaccinated with information should get vaccinated and, of course, guided by your healthcare provider.

I don’t think it makes any good sense to be able to talk about how you never got tested, how you never got vaccinated. That is all well and good. I applaud an individual who is able to survive not getting tested, not getting vaccinated, but I know of so many of my close friends who died because there was not a vaccination, there was not good healthcare. They came to the end stages of COVID and COVID killed them.

So I don’t make a mockery of the hard work of President Biden. I truly believe that his time frame—I might think it is a little too quick, but I adhere to the President’s time frame of May 2023. Let us organize so that we can save lives.

The SPEAKER pro tempore. The time of the gentlewoman has again expired.

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

Ms. JACKSON LEE. Mr. Speaker, at any moment we can have a surge of COVID-19. We saw that at the beginning of the convergence of the flu, which was high this year, and COVID.

So I don’t celebrate this legislation. I don’t take angst or anger with the individual who thinks this is the right way, but I know that I am on the right side. I am on the dominant side of truth that 6 million-plus died, 1.1 million died here in the United States and 500 are dying every day.

This is not a time to precipitously end the emergency declaration. We should also make sure that we are not creating chaos and confusion.

Mr. Speaker, I again emphasize that we need not have chaos and confusion. Unfortunately, I see no purpose in this bill and will vote against it.

Mr. Speaker, I rise in strong opposition to H.R. 382—the Pandemic is Over Act, which would terminate the COVID-19 public health emergency that was declared on January 31, 2020, on the date of the bill’s enactment.

Yesterday President Biden announced that the Public Health Emergency would officially end on May 11, 2023.

The purpose of doing this would be to allow hospitals, health care workers, and health officials the ability to manage changes that will come with ending the public health emergency declaration.

According to the Department of Health and Human Services, a Public Health Emergency declaration occurs when the Secretary of HHS determines that a disease or disorder presents a public health emergency (PHE) or that a public health emergency exists.

Secretary Becerra and the Biden administration have repeatedly said that the decision to terminate the public health emergency would be based on the best available data and science.

Through mass testing and vaccination campaigns, the public health emergency declaration has helped the American public contain the COVID virus, while also keeping the cost low for those seeking treatment.

The public health emergency has required that group health plans and insurers provide patients with COVID vaccines, testing, and treatment; expanded telehealth services, and extended health coverage for Medicaid beneficiaries.

Abruptly ending these pandemic declarations without a transition period would be extremely irresponsible because it would create uncertainty in health care systems; it would end Medicaid programs that have operated under special rules, telehealth would be impacted, and group health insurance plans could potentially change frequency of testing, vaccination, and treatment for patients.

These programs have been incredibly helpful at slowing the spread of COVID, so we must be thoughtful and practical about how we dissolve the public health emergency, which is why we need a transition period as proposed by the President just yesterday.

We must provide stakeholders with time to adjust to the changes that will come from ending the public health emergency.

I urge my colleagues to join me in opposition to legislation that would end the pandemic far too early and would upend some of the flexibilities that we all have benefited from since the start of the pandemic.

Ms. JACKSON LEE. Mr. Speaker, I include in the RECORD a New York Times article, “U.S. Plans to End Public Health Emergency for COVID in May.”

[From the New York Times, Jan. 30, 2023]

U.S. PLANS TO END PUBLIC HEALTH EMERGENCY FOR COVID IN MAY

The end of the emergency, planned for May 11, will bring about a complex set of policy changes and signals a new chapter in the government’s pandemic response.

WASHINGTON—The Biden administration plans to let the coronavirus public health emergency expire in May, the White House said on Monday, a sign that federal officials believe the pandemic has moved into a new, less dire phase.

The move carries both symbolic weight and real-world consequences. Millions of Americans have received free Covid tests, treatments and vaccines during the pandemic, and not all of that will continue to be free once the emergency is over. The White House wants to keep the emergency in place for several more months so hospitals, health care providers and health officials can prepare for a host of changes when it ends, officials said.

An average of more than 500 people in the United States are still dying from Covid-19 each day, about twice the number of deaths per day during a bad flu season. But at the three-year mark, the coronavirus is no longer upending everyday life to the extent it once did, partly because much of the population has at least some protection against the virus from vaccinations and prior infections.

Still, the White House said on Monday that the nation needed an orderly transition out of the public health emergency. The administration said it also intended to allow a separate declaration of a national emergency to expire on the same day, May 11.

“An abrupt end to the emergency declarations would create wide-ranging chaos and uncertainty throughout the health care system—for states, for hospitals and doctors’ offices, and, most importantly, for tens of millions of Americans,” the White House said in a statement.

The announcement came on the eve of a scheduled vote in the House on a bill that would immediately end the public health emergency. The bill, called the Pandemic Is Over Act, is one of several pandemic-related measures that the Republican-controlled chamber is scheduled to consider this week. The White House issued its statement as the administration’s response to that bill and another measure that would end the national emergency.

The back and forth signaled what is likely to be a protracted political battle between House Republicans and the White House over its handling of the pandemic. Republican lawmakers hope to put the Biden administration on the defensive, claiming it spent extravagantly in the name of battling the coronavirus.

“Rather than waiting until May 11, the Biden administration should Join us now in immediately ending this declaration,” Representative Steve Scalise, Republican of Louisiana and the majority leader, said in a statement. “The days of the Biden administration being able to hide behind Covid to waste billions of taxpayer dollars on their unrelated, radical agenda are over.”

The White House argues that it is only because of federal Covid policies mandating free tests, treatments and vaccines that the pandemic is now under better control. Covid was the third-leading cause of death from 2020 through mid-2022; now it is no longer among the top five killers, federal officials said.

The public health emergency was first declared by the Trump administration in January 2020, and it has been renewed every 90 days since then. The Biden administration had pledged to alert states 60 days before ending it. The emergency was last renewed earlier in January, and many state health officials expected it would be allowed to expire in mid-April.

Ending the emergency will prompt complex changes in the cost of Covid tests and treatments that Americans are accustomed

to getting for free. Any charges they face will vary depending on whether they have private insurance, Medicare coverage, Medicaid coverage or no health insurance. What state they live in could also be a factor.

Still, the consequences may not be quite as dramatic as public health experts once feared. Medicaid enrollment expanded greatly during the pandemic because low-income Americans were kept in the program for as long as the public health emergency was active.

But a congressional spending package enacted in December effectively broke that link, instead setting an April deadline when states will begin losing additional funding for Medicaid coverage. State officials are likely to gradually remove Americans from Medicaid rolls this year beginning then. That transition avoids a more sudden removal of millions of poor Americans from their health coverage.

By reconfiguring that expensive policy, Congress was able to use the projected savings to pay for expanded Medicaid benefits for children, postpartum mothers and residents of U.S. territories.

The December legislation also extended coverage for telehealth visits for Medicare recipients through 2024. Telemedicine proved a lifeline for many during the pandemic, and that coverage would have ended when the emergency was lifted.

Still, other services might prove more costly to Americans, particularly those with no insurance. People with private health insurance or Medicare coverage have been eligible for eight free coronavirus tests each month. Insurers were required to cover tests, even if they were administered by providers that were not part of their networks. Once the emergency ends, some Americans will end up paying out of pocket for those tests.

And while vaccines will continue to be covered for people with private insurance or Medicare or Medicaid coverage, the end of the emergency will mean that some Americans may have to pay out of pocket for Covid treatments, such as Paxlovid, an antiviral pill. Hospitals will also no longer receive higher Medicare payment rates for treating Covid patients.

Jennifer Kates, a senior vice president at the Kaiser Family Foundation, said the emergency declaration had provided an important reprieve from the American health care system’s typically fractured way of covering the costs of care, giving more people access to services that might otherwise not have been covered by insurance.

The White House’s decision, she added, could send the wrong message about how relaxed Americans should be about the virus.

“To the extent that it might let people let their guard down from one day to the next, that could raise some challenges,” she said.

Mr. GUTHRIE. Mr. Speaker, we are trying to end the emergency powers of the President during the pandemic. We recognize COVID is still an issue that people have to deal with. We absolutely know that we are going to be working together over the next few weeks and months to make sure we have in place the proper protections.

Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), my good friend.

Mr. CARTER of Georgia. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today to speak in favor of H.R. 382, the Pandemic is Over Act.

Mr. Speaker, to quote President Biden, “the COVID-19 pandemic is over.”

This is one of the few times I have agreed with him from this Chamber. Now that the House is finally voting to end the public health emergency, President Biden has suddenly decided to end it in May. It is past time for us to act. That is why I will be voting for the Pandemic is Over Act, and I urge my colleagues to do the same thing.

This is not just a symbolic gesture. It is critically important that we vote to end the so-called emergency once and for all.

Mr. Speaker, this administration has maintained the emergency declaration for 3 years. Americans have moved on from the pandemic. Georgians in my district went back to work and back to school over 2 years ago, so why is our country still under a public health emergency?

The reason why is because it is the vehicle this administration has used to implement mask mandates and other leftist policies. It is nothing more than an excuse for Federal overreach that prohibits States from making decisions for their constituents.

It is time to make it official. Let’s end this COVID-19 public health emergency and focus on reviving our economy.

Mr. Speaker, I thank Representative GUTHRIE and Chairwoman RODGERS for working together on this legislation, and I encourage my colleagues to support this bill.

Mr. PALLONE. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I commend Ms. SHEILA JACKSON LEE, my colleague, for everything that she just said.

I remember so many times during the first year of the COVID pandemic when she was calling me and trying to get testing sites, trying to make sure that a lot of her constituents were tested and had received the vaccine.

It is very easy for our colleagues on the other side now to say, well, this is over. It is time to move on. But the bottom line is that we never know for sure exactly what is going to manifest itself. Even when the President said yesterday that he is planning on ending this public health emergency on May 11, notice he said “plan” because we are not sure that that is possible.

In any case, it makes no sense to just say that we are going to do this immediately upon enactment of this bill—which is not going to be enacted, but nonetheless—because we need to do a lot of preparation and planning. We did some of that even in the omnibus that passed at the end of the last session with continuous eligibility for Medicaid, for example.

My understanding is the way this bill is worded, that would end if this passed immediately, as well.

Mr. Speaker, so our point is that this is a pandemic that we just have to be very careful about what we do. We have to do adequate preparation.

The President has said May 11 is the likely date. That is fine. But it has to be based on science. We shouldn’t be

getting up here and say, “end it immediately.”

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

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. BALDERSON).

Mr. BALDERSON. Mr. Speaker, I thank Mr. GUTHRIE for yielding.

Mr. Speaker, I rise in support of H.R. 382, the Pandemic is Over Act. As Representatives of the American people, we owe it to them to assess our country's response to the COVID-19 pandemic and look to better prepare for future pandemics. Most importantly, the American people deserve honesty and normalcy.

The pandemic is over. Even President Biden said as much last September. That level of honesty from the President is a step in the right direction, but after the President publicly declared the pandemic over, he extended the public health emergency not just once, but two more times. Today marks 3 years since the original public health emergency declaration.

Our country has been through a lot in the last 3 years but it is time to get back to normal. It is time to give power back to the people.

Mr. Speaker, I urge passage of H.R. 382.

Mr. PALLONE. Mr. Speaker, may I inquire how much time remains on both sides?

The SPEAKER pro tempore. The gentleman from New Jersey has 15½ minutes remaining. The gentleman from Kentucky has 17½ minutes remaining.

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

Mr. GUTHRIE. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. OBERNOLTE).

Mr. OBERNOLTE. Mr. Speaker, in times of national crisis, our Constitution and our Federal laws empower our President to temporarily seize extraordinary power. This is necessary to allow him the authority to alter Federal law to meet the urgent needs of the emergency.

In this case, that declaration of emergency to meet the crisis of the coronavirus pandemic occurred almost 3 years ago. Mr. Speaker, also incumbent in that authority is the expectation that the executive branch will return that authority to the people when it is no longer needed. That is certainly the case today.

Congress has met hundreds and hundreds of times since the executive branch first declared the state of emergency. Congress has had abundant opportunity to pass Federal legislation codifying or rejecting the President's recommendations. Unfortunately, the Biden administration has recently renewed the state of emergency for a twelfth time. This is not what the Founding Fathers intended.

Mr. Speaker, the Founding Fathers intended the legislative branch of government, the people's elected Representatives, to be the ones that set

laws for the United States of America, and it is past time that that authority be returned to the people.

Mr. Speaker, I urge support of this bill.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to gentleman from Florida (Mr. MOSKOWITZ).

Mr. MOSKOWITZ. Mr. Speaker, I rise today in strong opposition to H.R. 382, and I urge my colleagues to support my motion to recommit which would prohibit this legislation from going into effect if it will negatively impact Medicare beneficiaries.

Speaker MCCARTHY has publicly stated that cuts to Medicare will be off the table in any debt ceiling negotiations, but that commitment clearly does not carry over to today's legislation.

Mr. Speaker, H.R. 382 would increase patient costs and cut hospital payments to Medicare beneficiaries.

In its nearly 68 years of existence, Medicare has given millions of Americans access to affordable healthcare coverage. Generations have been given peace of mind knowing that they will have comprehensive available coverage to them as they age, regardless of their financial status.

In 2021, nearly 64 million Americans, including 4.8 million Floridians, were enrolled in Medicare. These individuals are Democrats, Republicans, and everything in between. They are our friends, our family members, our colleagues, our neighbors, our mentors. We must ensure that these beneficiaries can continue to rely on the lifesaving coverage provided through Medicare.

The President has announced his intention to end the public health emergency on May 11, providing a glide path to smoothly transition out of the emergency era programs. As Florida's former director of Emergency Management during the early days of the pandemic, I helped stand up many of the public health emergency initiatives that provided Americans with COVID-19 tests, treatments, and vaccines at no charge. These initiatives offered enhanced social safety net benefits to help the Nation cope with the pandemic and minimize the impact.

What would an instant cut to the social safety net mean for Medicare beneficiaries and their families? The American family could face an abrupt increase in costs and decrease in care. What would this mean for your local hospital back home?

Hospitals could see a cut of 20 percent for care of COVID patients. Without a responsible plan in place, millions of patients, including many veterans and children, would abruptly face increased barriers to critical hospital care. Rural patients and those with behavioral health needs would be among the most impacted.

So why are some of my colleagues pushing for this to happen? Because it is rooted in political messaging, not thoughtful policy.

An instant termination to the public health emergency without proper co-

ordination with agencies, States, and providers, would interrupt insurance coverage, access to care, increase patients' out-of-pocket costs, and threaten provider payments.

I, like many of my Democratic colleagues and millions of Americans, want to officially end the pandemic and the emergency. As I mentioned, President Biden has announced his intention to do so while taking the time necessary to absorb the impacts.

Pushing for an immediate cessation of the emergency initiatives for messaging purposes could leave millions of Medicare beneficiaries unexpectedly without access to programs that they are currently on.

Mr. Speaker, it is for those reasons that I submit a motion to recommit that will prohibit the bill from going into effect if it will negatively impact Medicare beneficiaries.

Mr. Speaker, I ask unanimous consent to add the text of my amendment in the RECORD immediately prior to the vote on the motion to recommit.

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

There was no objection.

□ 1445

Mr. Speaker, I know that we plussed-up accounts for COVID that went to hospitals. I am not sure there is any bill that has been offered from the other side to continue the plus-up for COVID spending. I guess what is being referred to in this motion to recommit must be what they are referring to.

I will point out that we do have to deal with Medicare. We do have to save Medicare. In the Inflation Reduction Act, money was taken out of Medicare.

If you take Medicare part D reform, if you take the rebate rule, \$288 billion was taken out of Medicare with no Republican votes, cut from—taken from Medicare and used to spend on some things in Medicare but other programs without shoring Medicare up.

If they want to have an intellectual discussion on saving Medicare, that is going to be something we are going to have to work on over the next 2 years.

Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. MOLINARO), my good friend.

Mr. MOLINARO. Mr. Speaker, I thank my colleague for yielding time.

There is a reason that nearly every other level of government in America has ceased to exercise executive authority. The emergency is over.

Mr. Speaker, 1,100 days ago, the President declared a public health emergency. We know this. Since then, that order has been extended a dozen times, including twice after President Biden declared the pandemic over during a “60 Minutes” interview on national television.

Mr. Speaker, 1,100 days ago, the public health emergency was warranted. I know this. I lived it as a county executive where I took immediate emergency action to protect our most vulnerable and help to save lives. I saw



firsthand the flexibilities granted under such an emergency, expanding access to care and services during a time of essential need.

I also simultaneously saw how the absolute power granted within such an order corrupted New York State government and enabled Governors and the President to choose who was and was not essential.

It is important that we find bipartisan solutions and agreements to extend those efficiencies and flexibilities we like, but it is past time to end the executive and Presidential overreach.

Emergency executive authority should be limited and only for extraordinary circumstances. This is no longer an extraordinary circumstance.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentlewoman from Michigan (Ms. TLAIB).

Ms. TLAIB. Mr. Speaker, in the State of Michigan, there have been over 16,000 COVID-19 cases just this month. Nearly 200 people have died. Death and illness and viruses should not be politicized.

In both Wayne and Oakland Counties, we are still seeing nearly 3,000 cases per week, so the pandemic is far from over. We have residents being hospitalized and families having to say goodbye to their loved ones because of this deadly virus.

This pandemic is not over. The pandemic is still preventing people from going to work and school, disrupting everyday lives.

By ending resources and policies that have surely saved lives, we are leaving our residents and communities to fend for themselves. They cannot do this alone.

We must continue to provide resources to combat COVID-19 and the impacts of long COVID, from testing to treatment and care.

We can continue to save lives together. Continuing to provide resources is not only the right and sensible thing to do, but it is the moral thing to do.

Please, again, we must vote “no” on H.R. 382.

Mr. GUTHRIE. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I agree with my friend from Michigan that we absolutely have to look at putting things in place and keeping things in place that protect our citizens from COVID-19. We are not dismissing that.

What I am saying, or what we are saying, is it should be a legislative branch-wide issue, that we believe that if things are going to stay in place or be put in place, it should be by an act of Congress, signed by the President, as the Constitution says, instead of just the President making decisions for almost 3 years now—two administrations, almost 3 years now.

That is what we are saying. We look forward to working together to solve these issues and moving forward.

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

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

I listened to my colleague from Kentucky, but as much as I respect him, I totally disagree with what he has been saying here.

Under the public law right now, the emergency—when it starts, when it ends—is done by the administration. Specifically, the Secretary of Health and Human Services, I guess, recommends to the President. There is a reason for that, and that is because he gets all this information from various sources about the science, about when we should be doing this.

I disagree to say that we, as the Congress, should be the ones that make that determination either to begin or end.

In addition to that, the gentleman from Kentucky mentioned in response to one of my Democratic colleagues the provision that we passed in the last Congress in the Inflation Reduction Act to negotiate prices for prescription drugs under Medicare. The fact of the matter is that wasn't a cut to Medicare. That was a way of trying to make drug prices more affordable for our seniors.

To suggest that somehow that is a cut I don't think is accurate. I mean, this is a major savings to seniors out of pocket once this program goes into effect.

By way of background, again, some of my Democratic colleagues have stressed that we hear constantly from the other side of the aisle this idea that the Republicans are going to refuse to raise the debt ceiling unless they can cut Social Security or Medicare or Medicaid and other vital programs. They seem so determined to cut Americans' healthcare that they are willing to recklessly risk defaulting on the national debt and wreaking havoc on the economy.

Again, it is the same thing here. What we are saying is if you cut off this public health emergency earlier than what the President is suggesting, under this bill, you end a lot of programs that are very important: continuous eligibility for Medicaid, a 20 percent cut in hospital payments, free testing, free vaccines.

I mean, all this ends, and it makes no sense, in my opinion. We should be trying to do what we can to help American families and make the right decisions based on the science.

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

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

I think I did use the word “cut,” and I think I corrected myself. We are spending less money in Medicare, so you are taking money out of Medicare under the Inflation Reduction Act, but that money wasn't really put back in to shore up Medicare. It was spent in other programs, so there is \$288 billion less being spent in Medicare.

Mr. Speaker, I yield such time as she may consume to the gentlewoman from Washington (Mrs. RODGERS), the chairwoman of the Energy and Commerce

Committee. As we stated today in our organizational session, she is the first chairwoman in the history of the oldest committee in Congress.

Mrs. RODGERS of Washington. Mr. Speaker, I appreciate the gentleman's leadership on the Subcommittee on Health, as well as bringing forward this legislation today. I think it is very important legislation, H.R. 382, the Pandemic is Over Act.

Just to recap, 3 years ago today, Health and Human Services Secretary Alex Azar declared a public health emergency for the emerging threat that was the novel coronavirus. The U.S. had just identified its first official case over a week prior.

Within 1 year of the anniversary of the public health emergency, thanks to the early leadership of President Trump and Operation Warp Speed, an authorized vaccine helped prevent thousands of hospitalizations and deaths.

Mr. Speaker, 3 years later, it is estimated that 95 percent of those over 16 have been vaccinated or have had COVID-19.

Earlier in January, President Biden extended the public health emergency for the twelfth time, continuing to use the pandemic and the national and public health emergency authorities to achieve progressive policy goals. This includes pushing for an indefinite extension on the moratorium on evictions, the suspension of student loan interest payments, and attempts to require masking in public transit.

Last week, House Republicans announced that we would bring this bill, along with Representative PAUL GOSAR's bill, to end the COVID-19 national emergency to the floor today. Just yesterday, the Biden administration decided to announce their plans to end the public health emergency on May 11, 2023, which CNN has reported only came after the House Democrats were worried about voting against this bill without the White House having a plan in place.

Whatever the reason or the rationale for their announcement, I am pleased that the administration is following the House Republicans and finally abiding by President Biden's own acknowledgment 4 months ago that the pandemic is over, but it shouldn't take another 3 months to unwind this authoritarian control.

It is long past time for the Biden administration to stop relying on an emergency that no longer exists so that they can make unilateral decisions.

Mr. Speaker, I urge my fellow Democratic colleagues to join the Democratic administration and House Republicans in voting “yes” on H.R. 382. Declare the COVID-19 pandemic over. Give Americans their lives back. Work to develop policies so that we are better prepared moving forward.

The Senate voted in a bipartisan way to end the national emergency, and I hope that this bill also will gain bipartisan support.

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

Mr. Speaker, let me just say this in closing. We do have one more speaker, though.

I think that this legislation that is before us today is totally unnecessary and creates all kinds of problems. In other words, the President has indicated his plan is to end the emergency on, I believe he said, May 12. We estimated it would probably end sometime in April of this year when we were working on the omnibus at the end of last year. We put in the omnibus a lot of protections and guardrails for when the public health emergency would end, but there is still more that needs to be done.

My concern is that the way this bill is written, it basically eliminates a lot of those guardrails, a lot of those protections, like the continuous eligibility for Medicaid.

At the same time, it doesn't allow, because it says immediately upon enactment, us to wind this down in an effective way so that we don't have problems like the 20 percent cut for hospitals, eliminating continuous eligibility, free testing, free vaccines.

There are so many things here that the public relies on—I didn't even mention the veterans, the nursing homes, the SNAP program—that, to me, it is reckless to say we are just going to end it immediately.

Let's shelve this legislation. I suggest a "no" vote. Let the President and this administration wind this process down in an effective way to protect Americans.

Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. TAKANO), who is the ranking member on the Committee on Veterans' Affairs.

Mr. TAKANO. Mr. Speaker, I thank Ranking Member PALLONE for yielding time.

I rise today in opposition to H.R. 382, the Pandemic is Over Act. This is an effort by our Republican colleagues to hastily terminate a public health emergency designation that will have damaging effects on our Nation's veterans and those who care for them.

Currently, this emergency designation grants our government a number of critical flexibilities that not only allow it to work more efficiently and effectively but that are essential to support America's veteran population.

When we passed the CARES Act in 2020, we did so carefully and thoughtfully to ensure that veterans would be able to safely and quickly access the care they needed throughout the COVID-19 pandemic. We also ensured the Department of Veterans Affairs and its employees had the tools and flexibilities they needed to meet their mission.

I am especially concerned by the risk that would be caused by hastily terminating healthcare providers' ability to prescribe controlled substances via telehealth. This will severely impact millions of patients' access to medica-

tions they need to manage chronic pain, complex mental health conditions, and substance abuse disorders.

Veterans who experience these conditions at greater rates than their non-veteran counterparts are among those who would be severely affected.

VA estimates at least 47,000 veterans have active controlled substance prescriptions from prescribers they have never seen in person. A sudden termination of the public health emergency would mean all of them would need immediate in-person visits with their prescribers in order to continue their treatments.

□ 1500

An additional 247,000 veterans have active controlled substances prescriptions through virtual care at VA, and many of these veterans' continued access to medications could also be at risk.

During the public health emergency, we also specifically addressed the unique health and safety needs facing homeless veterans. Those actions included ensuring that veterans experiencing homelessness had access to basic needs, like shelter, food, clothing, and transportation, while also ensuring service providers had the funding they needed to maintain social distancing and distribute those in need across multiple facilities to reduce the spread of COVID-19.

What we learned from the pandemic is that providing these foundational basic needs to homeless veterans and service providers works in promoting housing security.

Last week, VA announced it housed over 40,000 veterans experiencing homelessness in 2022, surpassing its goal of housing 38,000 veterans. That tremendous accomplishment can be directly attributed to the authorities Congress put in place during the pandemic.

Rolling back those flexibilities now would mean more veterans would go without the resources they need to survive.

If my Republican colleagues are so insistent on ending the public health emergency prematurely, I hope they are equally insistent on ensuring that we quickly make permanent those pandemic authorities that veterans need.

I am proud to support Congresswoman NIKEMA WILLIAMS' bill, H.R. 491, the Return Home to Housing Act, and cosponsor Congresswoman CHERFILUS-MCCORMICK's bill, the Healthy Foundations for Homeless Veterans Act.

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

Mr. PALLONE. Mr. Speaker, I yield an additional 2 minutes to the gentleman from California.

Mr. TAKANO. These bills will ensure that there is no lapse in the care and resources homeless veterans need when the public health emergency designation ends, and I hope my Republican colleagues will support them.

The Biden administration announced last night it intends to extend the

COVID-19 emergency declarations to end on May 11. Unlike my colleagues on the other side who want to irresponsibly put an end to the national emergency today, the additional time gives the agencies and Congress time to ensure there is no disruption in care and services for veterans.

My Republican colleagues have a choice to make. They can continue to insist on pushing an agenda that politicizes the pandemic, terminate the public health emergency designation prematurely, and wholly disregard the disastrous impact such an action would have on veterans, or they can put aside this shortsighted approach and use their newfound control of Congress to actually do the job they were sent to Washington to do: pass legislation that helps our Nation's veterans.

Mr. Speaker, I urge my colleagues to oppose H.R. 382.

Mr. GUTHRIE. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I urge opposition to this bill. As Mr. TAKANO said, so many things will immediately end needlessly from this legislation.

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

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

Mr. Speaker, one of the points that my friend from California just brought up—we have this 3-year running telehealth that is moving forward. We all know that we can't put the genie back in the bottle. We have to work on telehealth, but we know for a fact there have been diversions of controlled substances through telehealth. We know that. So why don't we take back our authority? Let's negotiate moving forward.

Let's think about where this has gone. Three years ago today, Secretary Azar—two administrations—declares a public health emergency. It started doing a lot of things. One is that it allowed emergency use authorization, so we had therapeutics and had all these things come forward.

Also the status—not necessarily every statute under Health and Human Services, but because you have the status of a public health emergency, you can invoke other statutes: the Defense Production Act by President Trump to get respirators and moving a ship outside of New York so the people in New York and New Jersey could have an extra hospital, a mobile hospital.

I mean, all of those things happened. When we delegate our authority, those are the things that we move forward.

On January 20, 2021, almost a million people were being vaccinated. President Biden came in to continue the vaccination process. Then, a year into his administration, we, on our side of the aisle, sent a letter to the Health and Human Services Secretary saying that this needs to end. We can't continue to operate under emergency authority. Let's have a plan.

Everything that they have talked about today, every speaker they have



had: Let's have a plan to end this emergency, and let's do it in a way that we can address the issues that need to be addressed.

We have learned a lot during the pandemic about things that worked. Let's do things that work. Let's fix things that don't work, like the telehealth diversion of controlled substances.

Some of those are the things—we have been a year in, since February 1 tomorrow, almost a year since then, and we haven't seen a plan. We haven't seen anything.

There was some stuff done, I know, in the omnibus with telehealth. That is what we are saying. We don't need to continue to operate the country in an emergency status. We need to end it.

So why bring the bill up? They say this is irresponsible, the bill moving forward. The bill was in Rules last night. We have had no word from anybody in the executive branch that they are going to deal with this.

While the bill was being considered in Rules, they come out that it is going to end on May 11?

So this bill is needed. It is needed because it is moving us forward.

What we can do now, as the bill makes its way to the Senate—I don't know if the Senate is going to take it up or not, but what I will pledge to my friend from New Jersey and my friend from California, who is the ranking Democrat on the Health Subcommittee, is that we will work to make sure we find the areas that we need to continue the lessons that we learned, that we need to put into place, into statute, and to take care of things that need to be taken care of.

What we don't need to do is allow the *carte blanche*, 3-year open emergency pandemic that we know has had issues, as well. I mean, we always talk about the things we want to keep. We can talk about those and work on them.

The things that we need to address, using telehealth to divert controlled substances, we know that that has taken place. There are examples of that. We absolutely need to address that.

I will pledge that we will work, on our side of the aisle, with our friends on the other side of the aisle to find things to make sure that we continue to address the fact that we still have COVID-19.

One thing to note is we are still going to have COVID-19, and we don't need it coming across our borders. Because we are doing this, we also still need to keep title 42 in place.

I look forward to working together. This is necessary. It has moved this administration, hopefully, forward. We can say that, May 11, we move forward on this. I am proud to be the sponsor of it, and I urge my colleagues to support it.

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

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 75, the previous question is ordered on the bill.

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

Mr. MOSKOWITZ. 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:

Mr. Moskowitz moves to recommit the bill H.R. 382 to the Committee on Energy and Commerce.

The material previously referred to by Mr. MOSKOWITZ is as follows:

Mr. Moskowitz moves to recommit the bill H.R. 382 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 provisions of this Act shall not take effect until the date on which the Secretary of Health and Human Services submits to Congress a certification that such provisions will not result in any negative impact to any individual entitled to benefits under part A or enrolled under part B of title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

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 yeas appeared to have it.

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question are postponed.

#### FREEDOM FOR HEALTH CARE WORKERS ACT

Mr. BUCSHON. Mr. Speaker, pursuant to House Resolution 75, I call up the bill (H.R. 497) to eliminate the COVID-19 vaccine mandate on health care providers furnishing items and services under certain Federal health care programs, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 75, the bill is considered read.

The text of the bill is as follows:

H.R. 497

*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 "Freedom for Health Care Workers Act".

#### SEC. 2. ELIMINATING THE COVID-19 VACCINE MANDATE ON HEALTH CARE PROVIDERS FURNISHING ITEMS AND SERVICES UNDER CERTAIN FEDERAL HEALTH CARE PROGRAMS.

The Secretary of Health and Human Services may not implement, enforce, or other-

wise give effect to the rule entitled "Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination" published by the Department of Health and Human Services on November 5, 2021 (86 Fed. Reg. 61555) and may not promulgate any substantially similar rule.

The SPEAKER pro tempore. The bill shall be debatable for 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 gentleman from Indiana (Mr. BUCSHON) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Indiana (Mr. BUCSHON).

#### GENERAL LEAVE

Mr. BUCSHON. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the legislation and to insert extraneous material on H.R. 497.

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

There was no objection.

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

Mr. Speaker, I rise today in support of H.R. 497, the Freedom for Health Care Workers Act, introduced by my Energy and Commerce Committee colleague Representative DUNCAN.

I want to start by making one thing clear: I believe in the safety and effectiveness of vaccines. I am a physician. I am pro-vaccine. At the same time, I am conservative, and I believe in individual choice. It is my firm conviction that, whenever possible, the Federal Government should leave decision-making to State or local authorities.

Additionally, my background in medicine has informed my belief that medical decisions are extremely personal and should be made by individuals in consultation with their doctors.

So, at the end of 2021, when the Centers for Medicare and Medicaid Services announced a decision to mandate that healthcare workers receive a COVID-19 vaccine to remain employed, I opposed the decision. I believed this move by the Biden administration to be unnecessary, inappropriate, and a net harm to our healthcare system as a whole.

That is why my colleague VERN BUCHANAN and I led a letter with 113 other Members outlining our opposition to the mandate and our concerns.

Mr. Speaker, I include in the RECORD that letter in opposition to the mandate.

CONGRES OF THE UNITED STATES,  
HOUSE OF REPRESENTATIVES,  
Washington, DC, December 6, 2021.

Hon. CHIQUITA BROOKS-LASURE,  
Administrator, Centers for Medicare & Medicaid Services, Baltimore, MD.

DEAR ADMINISTRATOR BROOKS-LASURE: The COVID-19 pandemic has taken a significant toll on the American public both physically and emotionally for almost two years. In that time, though, multiple vaccines have become widely available for those wishing to