

AMENDMENT TO H. CON. RES. 25
OFFERED BY MS. JACKSON LEE OF TEXAS

At the end of title VIII, add the following new section and conform the table of contents accordingly:

1 **SEC. ____ . SENSE OF THE HOUSE ON RESEARCH FOR TRI-**
2 **PLE-NEGATIVE BREAST CANCER.**

3 It is the sense of the House that—

4 (1) no reductions should be made in funding
5 made available to the National Institutes of Health
6 for research with respect to a cure of triple-negative
7 breast cancer; and

8 (2) if Congress wishes to reduce Federal spend-
9 ing by a corresponding amount of any proposed re-
10 duction of amounts made available for the purposes
11 described in paragraph (1), such reduction should
12 come from amounts made available for Overseas
13 Contingency Operations/Global War on Terror.

Amend section 501 to read as follows:

14 **SEC. 501. DIRECT SPENDING.**

15 (a) MEANS-TESTED DIRECT SPENDING.—

16 (1) For means-tested direct spending, the aver-
17 age rate of growth in the total level of outlays dur-

1 ing the 10-year period preceding fiscal year 2014 is
2 6.7 percent.

3 (2) For means-tested direct spending, the esti-
4 mated average rate of growth in the total level of
5 outlays during the 10-year period beginning with fis-
6 cal year 2014 is 6.2 percent under current law.

7 (3) The following reforms are proposed in this
8 concurrent resolution for means-tested direct spend-
9 ing:

10 (A) In 1996, a Republican Congress and a
11 Democratic president reformed welfare by lim-
12 iting the duration of benefits, giving States
13 more control over the program, and helping re-
14 cipients find work. In the five years following
15 passage, child-poverty rates fell, welfare case-
16 loads fell, and workers' wages increased. This
17 budget applies the lessons of welfare reform to
18 both the Supplemental Nutrition Assistance
19 Program and Medicaid.

20 (B) For Medicaid, this budget converts the
21 Federal share of Medicaid spending into a flexi-
22 ble State allotment tailored to meet each
23 State's needs, indexed for inflation and popu-
24 lation growth. Such a reform would end the
25 misguided one-size-fits-all approach that has

1 tied the hands of State governments. Instead,
2 each State would have the freedom and flexi-
3 bility to tailor a Medicaid program that fits the
4 needs of its unique population. Moreover, this
5 budget repeals the Medicaid expansions in the
6 President's health care law, relieving State gov-
7 ernments of its crippling one-size-fits-all enroll-
8 ment mandates.

9 (C) For the Supplemental Nutrition As-
10 sistance Program, this budget converts the pro-
11 gram into a flexible State allotment tailored to
12 meet each State's needs, increases in the De-
13 partment of Agriculture Thrifty Food Plan
14 index and beneficiary growth. Such a reform
15 would provide incentives for States to ensure
16 dollars will go towards those who need them
17 most. Additionally, it requires that more strin-
18 gent work requirements and time limits apply
19 under the program.

20 (b) NONMEANS-TESTED DIRECT SPENDING.—

21 (1) For nonmeans-tested direct spending, the
22 average rate of growth in the total level of outlays
23 during the 10-year period preceding fiscal year 2014
24 is 5.9 percent.

1 (2) For nonmeans-tested direct spending, the
2 estimated average rate of growth in the total level of
3 outlays during the 10-year period beginning with fis-
4 cal year 2014 is 5.3 percent under current law.

5 (3) The following reforms are proposed in this
6 concurrent resolution for nonmeans-tested direct
7 spending:

8 (A) For Medicare, this budget advances
9 policies to put seniors, not the Federal Govern-
10 ment, in control of their health care decisions.
11 Those in or near retirement will see no changes,
12 while future retirees would be given a choice of
13 private plans competing alongside the tradi-
14 tional fee-for-service Medicare program. Medi-
15 care would provide a premium-support payment
16 either to pay for or offset the premium of the
17 plan chosen by the senior, depending on the
18 plan's cost. The Medicare premium-support
19 payment would be adjusted so that the sick
20 would receive higher payments if their condi-
21 tions worsened; lower-income seniors would re-
22 ceive additional assistance to help cover out-of-
23 pocket costs; and wealthier seniors would as-
24 sume responsibility for a greater share of their
25 premiums. Putting seniors in charge of how

1 their health care dollars are spent will force
2 providers to compete against each other on
3 price and quality. This market competition will
4 act as a real check on widespread waste and
5 skyrocketing health care costs.

6 (B) In keeping with a recommendation
7 from the National Commission on Fiscal Re-
8 sponsibility and Reform, this budget calls for
9 Federal employees—including Members of Con-
10 gress and congressional staff—to make greater
11 contributions toward their own retirement.

