

We must support Ukraine's efforts. Their efforts are our efforts. Their move for democracy is the staple of our own government.

I urge the entire membership to join with us, to join with Chairman ROYCE, to join with Ranking Member ENGEL, and the rest of this House on the resolution moving forward.

With that, I yield back the balance of my time.

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

I would like to begin by thanking the gentleman from Massachusetts (Mr. KEATING) for his work on this resolution, as well as our ranking member of the committee, ELIOT ENGEL of New York, and also recognize the long, hard work that Congresswoman MARCY KAPTUR of Ohio and Mr. GERLACH of Pennsylvania have put into their engagement on this issue with Ukraine.

I would also add that, if we do not recognize that Russia is using energy as a weapon, we are missing what is really going on in Eastern Europe and Central Europe. It was, in part, Ukraine's reliance on Russia's energy that pushed the now-deposed Ukraine President Yanukovych to abandon the trade deal with the European Union.

□ 1630

It was that attempt to pressure him, and he was tempted by promises of discounts on natural gas. He was pressured by the threat of turning off the valve on that gas. He was pressured to turn toward Russia instead of to the European Union. We believe that Ukraine should have the right to trade with Russia and with the European Union—to trade east and west and north to Poland and south to Moldova. This should be the decision of the Ukrainian people.

I believe the administration must do far more to isolate Russia diplomatically than it has to date and that the Treasury Department should also make clear that the U.S. is on the lookout for Russian enterprises, especially banks, that are involved in illicit activities such as the transfer of stolen Ukrainian assets.

We must remember that the purpose of our pressure on Russia is not simply to punish aggression and certainly not to escalate the confrontation but, instead, to move Putin toward a resolution that protects the independence and the territorial integrity of Ukraine. That is the goal that all of us share, and I urge all Members to support H. Res. 499 and to stand with the people of Ukraine.

I yield back the balance of my time.

Ms. SCHWARTZ. Mr. Speaker, I rise to speak about the escalating situation in Ukraine. Russia's military occupation of Crimea is a blatant violation of Ukraine's sovereignty and territorial integrity, and a breach of international law. The United States and our allies must support the Ukrainian people and use all diplomatic and economic options available to address Russia's dangerous actions and unprovoked aggression. That is why I

strongly support H. Res. 499, a resolution stating that Russia must immediately withdraw its military from Ukraine, adhere to international law and respect Ukrainian sovereignty.

The people of Ukraine must be able to exercise their sovereign, democratic right to decide their own future without interference or intimidation from Russia. As a member of the Congressional Ukrainian Caucus, I will continue working with my colleagues to explore options—including banking sanctions, visa bans and freezing assets of officials—to move President Putin toward a peaceful resolution that ends this crisis and protects Ukraine's rights and borders.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. ROYCE) that the House suspend the rules and agree to the resolution, H. Res. 499, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROYCE. 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 motion will be postponed.

EQUITABLE ACCESS TO CARE AND HEALTH ACT

Mr. SCHOCK. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1814) to amend section 5000A of the Internal Revenue Code of 1986 to provide an additional religious exemption from the individual health coverage mandate.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1814

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 "Equitable Access to Care and Health Act" or the "EACH Act".

SEC. 2. ADDITIONAL RELIGIOUS EXEMPTION TO HEALTH COVERAGE MANDATE.

(a) IN GENERAL.—Paragraph (2) of section 5000A(d) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

“(C) ADDITIONAL RELIGIOUS EXEMPTION.—

“(i) IN GENERAL.—Such term shall not include an individual for any month during a taxable year if such individual files a sworn statement, as part of the return of tax for the taxable year, that the individual was not covered under minimum essential coverage at any time during such taxable year and that the individual's sincerely held religious beliefs would cause the individual to object to medical health care that would be covered under such coverage.

“(ii) NULLIFIED IF RECEIPT OF MEDICAL HEALTH CARE DURING TAXABLE YEAR.—Clause (i) shall not apply to an individual for any month during a taxable year if the individual received medical health care during the taxable year.

“(iii) MEDICAL HEALTH CARE DEFINED.—For purposes of this subparagraph, the term ‘medical health care’ means voluntary health treatment by or supervised by a med-

ical doctor that would be covered under minimum essential coverage and—

“(I) includes voluntary acute care treatment at hospital emergency rooms, walk-in clinics, or similar facilities, and

“(II) excludes—

“(aa) treatment not administered or supervised by a medical doctor, such as chiropractic treatment, dental care, midwifery, personal care assistance, or optometry,

“(bb) physical examinations or treatment where required by law or third parties, such as a prospective employer, and

“(cc) vaccinations.”

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if included in the amendments made by section 1501 of the Patient Protection and Affordable Care Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. SCHOCK) and the gentleman from Michigan (Mr. LEVIN) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. SCHOCK. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the subject of the bill under consideration.

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

There was no objection.

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

Just yesterday, a Washington newspaper headline read: “Worst Congress Ever.”

The thrust of the article was an indictment against Washington partisanship for its failure to move significant legislation on behalf of the American people. Now, to some degree, I suppose we have all felt at times that Congress just isn't making any laws. Of course, there are times, however, when Congress must make no law if we are to honor the oath we have sworn, which is to support and defend the Constitution of the United States. Indeed, “Congress shall make no law respecting the establishment of religion or prohibiting the free exercise thereof.”

Today, we have the opportunity to work together, across the aisle, to reaffirm this founding principle of our democracy. Together, we will reinforce the constitutional protection for sincere believers of all faiths against the unnecessary entanglement of government with their private religious expression. H.R. 1814 slightly expands the religious conscience exemption of the Affordable Care Act to include individuals with “sincerely held religious beliefs” among those eligible for an exemption from the individual mandate penalty.

In order to qualify for the exemption under the EACH Act, an individual must affirm on an annual tax return that he or she cannot purchase coverage due to a sincerely held religious belief. This term, as defined by the U.S. Equal Employment Opportunity Commission and as widely recognized by

the courts, is designed to protect various types of religious believers, not just those who belong to a traditional, organized religion.

Today's bill must become law. Among the many problems with the Affordable Care Act, the current conscience exemption only protects the religious exemptions of a few select faiths. Now, I am fully aware that not every organization purporting to defend religious liberty is in favor of today's measure. I am, nevertheless, thankful that my good friend from the other side of the aisle, Mr. KEATING, joined me in this effort. His home State of Massachusetts incorporated a similar religious liberty exemption in their State law, and it seems to be working out just fine. Since the law passed, only 6,500 Bay Staters have claimed the conscience exemption.

This fact serves to reinforce the very principle of religious liberty we affirm today. The Constitution does not only protect the religious practices and beliefs of majority faith traditions, but, rather, the First Amendment protects even the smallest faith group and even the single individual against laws that infringe upon their sincerely held religious beliefs.

Yet H.R. 1814 isn't only about constitutional jurisprudence and legislative correctness. It is about real people in my district and in yours who feel that their free exercise of religion is encumbered under the current law. One of them is a constituent of mine named Andrew, who lives in Chillicothe, Illinois. Andrew is a sincere believer whose religious commitment leads him to pursue only nonmedical health care options. According to Andrew, under the current law, he will be required to pay a fine once the individual mandate penalty kicks in. Regrettably, Andrew's religious beliefs were not considered when the present conscience exemption was enacted.

Today, the EACH Act gives individuals like Andrew the ability to practice his religious beliefs without coercive government fining him for coverage he does not intend to use nor can he use and remain true to his most sincere religious beliefs. We recognize, however, that the immense unpopularity of ObamaCare among many Americans might entice otherwise law-abiding citizens to claim an exemption under the EACH Act in order to escape the law's penalty. In order to ensure that individuals do not game the system, this bill includes a strong provision that revokes the exemption and requires the individual to pay a stiff penalty if he or she seeks medical treatment at any point during that year.

H.R. 1814 walks that fine line between protecting the First Amendment for every American and safeguarding taxpayers against potential fraud. Congress has long sought to uphold both of these commitments, and, today, this bill affords us a bipartisan opportunity to do it once again. I urge my colleagues to support this important fix

to the Affordable Care Act and to pass H.R. 1814.

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

Mr. LEVIN. Mr. Speaker, it is now my pleasure to yield such time as he may consume to the gentleman from California (Mr. WAXMAN), the ranking member on the Energy and Commerce Committee.

Mr. WAXMAN. I thank the gentleman for yielding to me.

Mr. Speaker, I know that this legislation carries important personal significance for some of our colleagues, and I respect that, but I want to express some real concerns about the bill because I feel it is overly broad. It could seriously undermine the Affordable Care Act and would establish a bad precedent for our tax laws.

The bill states that individuals would not be required to obtain health insurance coverage if their "sincerely held religious beliefs" cause them to object to treatments that would be covered. The bill does not narrowly define "sincerely held religious beliefs" as those of Christian Scientists or other groups who rely on a religious method of healing. As a result, the bill would force the IRS to either accept virtually all attestations of exemption or to determine which Americans' religious beliefs meet that standard. This is impossibly difficult to enforce, and, frankly, it is not a role we want the IRS to take on.

If the IRS chose to define "sincerely held religious beliefs" broadly, H.R. 1814 could allow, essentially, anyone opposed to the Affordable Care Act to opt out of coverage. That would lead to an increase in the number of uninsured Americans, and it would shift costs on to other taxpayers. Even if we assume the IRS could set a standard, there are significant problems with the legislation.

The bill claims that individuals receiving "voluntary" medical care would lose their exemptions, but the IRS has no way to monitor individuals' use of voluntary medical care, making this totally unenforceable. Furthermore, individuals receiving "involuntary" care, such as expensive emergency care, would be allowed to remain exempt from the coverage requirement, passing the costs of their care on to hospitals and other taxpayers.

I understand this is a sensitive issue. If religious groups that receive Medicare and Social Security benefits do not want to obtain health insurance, we need to examine that issue carefully. This bill should have been the subject of hearings. It should have been marked up in committee. Unfortunately, it was not.

The Affordable Care Act is about moving our Nation towards universal health insurance coverage. That is the right thing for the health of our Nation. So I believe we need to tread very carefully when opening up new loopholes or exemptions, and we must be very cautious before assigning such sensitive duties to the IRS.

Because of these concerns, I cannot support this legislation at the present time and in its present form. I hope our colleagues in the Senate will take a careful look at it and make substantial changes before considering it further.

Mr. SCHOCK. Mr. Speaker, I appreciate my friend's comments from California. I would just remind the gentleman that this is a near carbon copy of language that was implemented in the State of Massachusetts. It has had a very minimal effect, and it has impacted and has helped a very small number of people. It is why this bill has received such bipartisan support and is on the suspension calendar here tonight.

With that, I yield 1 minute to the gentlelady from Tennessee (Mrs. BLACK), my good friend.

Mrs. BLACK. I thank the gentleman for yielding.

Mr. Speaker, I rise today to give my strongest support to my friend Mr. SCHOCK's legislation, the Equitable Access to Care and Health Act.

Even some of the President's most ardent supporters now recognize that ObamaCare is a fundamentally unfair law, and I am happy to see that so many Democrats join us in support of this important bill.

Instead of having Federal bureaucrats decide who and what groups should be allowed religious conscience exemptions from this law's tax penalty, individuals, themselves, should be empowered to affirm their objections to this law's onerous and controversial mandates. That is what this common-sense bill would do, and I urge its swift passage to help protect Americans from the Obama administration's war on religious liberties.

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

Mr. SCHOCK. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BRADY), the distinguished gentleman from the Ways and Means Committee.

Mr. BRADY of Texas. Mr. Speaker, I rise today in support of H.R. 1814, the Equitable Access to Care and Health Act.

One of our inalienable rights as American citizens is that we have the right to proscribe in whatever faith we so choose. With this right comes also the freedom from persecution and different treatment under the law. This body has long recognized the freedom of religion and has worked to ensure individuals of all faiths are treated fairly under the law. Even the Affordable Care Act, which imposes the burden of mandating the purchase of insurance, includes a religious conscience exemption from that individual mandate. However, this exemption is not fairly distributed to all Americans.

□ 1645

While covering many faiths, it doesn't cover all who seek protection. What the EACH Act does is to ensure that this exemption equally applies to

every American who wants it. It also protects individuals' First Amendment rights from being placed in jeopardy because of a requirement to purchase health insurance or pay a penalty.

This is commonsense fairness legislation that extends a fundamental right to all Americans that have religious objections to standard medical care. This is a chance for us to right a wrong that I believe was just a drafting oversight.

Of course, we ensure that the government doesn't impose a \$1.5 billion tax on Americans simply because of their religious beliefs.

I thank my good friend and colleague from Illinois on the Committee on Ways and Means (Mr. SCHOCK) for his leadership, as well as the gentleman from Massachusetts (Mr. KEATING) for introducing this bipartisan legislation.

I urge all my colleagues to support this bill and vote "yes" for religious freedom.

Mr. LEVIN. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SCHOCK. Mr. Speaker, I yield 1 minute to my good friend and neighbor from Illinois (Mr. RODNEY DAVIS).

Mr. RODNEY DAVIS of Illinois. Thank you to the gentleman and my colleague from the great State of Illinois for introducing this important bill.

As somebody who has the only Christian Science college in the Nation in his district, this is a very important issue for religious freedom and religious rights.

Principia College in Elsah, Illinois, has 550 students. They sent me this card. They have much more artistic talent than I do. It says:

Thank you. We are so grateful for your defense of religious freedom and hope that you will continue to advocate for this bill until it passes.

This is the voice of those who need this exemption. This is the voice of those who need their religious rights protected. This is why I am standing here today with my colleague from Illinois to talk about this bill and making sure that it passes.

I would urge all of my colleagues, Republicans and Democrats, to respect the students and the faculty that work and attend this college in my district. I would hope that they would support this bill with us.

Mr. LEVIN. Mr. Speaker, in closing, I yield myself the balance of my time.

I respect very much the specific impetus for this bill. Unfortunately, though, there have been no hearings on this legislation, and it was not marked up in committee.

I would like to provide information on current law, on the scope of this legislation, and its potential consequences on our health care system.

This is why I do not support this bill in its present form.

First, it is important to note that the Affordable Care Act contains a religious exemption incorporating one that has been in the Internal Revenue

code since 1965. This provision permits an exemption to members of religion that join together to provide mutual aid as a community—for example, the Amish and Mennonite faiths—or participate in a health care sharing ministry, which is akin to insurance. These groups do not participate in government-funded social services, including Medicare or Social Security. This is a longstanding, well-defined, easy to implement exemption, and it was carried over to the ACA.

The ACA's minimum essential coverage requirement was challenged in Federal court under the Religious Freedom Restoration Act. The court rejected the challenge, concluding that ACA did not impose a substantial burden on plaintiffs' religious exercise, despite claims that the plaintiffs "believe in trusting in God to protect them from illness or injury" and did not "want to be forced to buy health insurance coverage."

Second, a requirement to purchase minimum health insurance is not a burden on one's exercise of their religious beliefs in the medical treatment they seek. The ACA does not preclude coverage for spiritual healing or prayer treatments. Indeed, the Church of Christ, Scientist explains on their Web site that under current law:

Various U.S. Federal, State, and private health insurance plans provide for the reimbursement of Christian Science nursing care and practitioner treatment.

Christian Scientists participate in Medicare, and Medicare covers some Christian Science services.

It is the breadth of the language in the bill and the potential unintended consequences implementing it on a national basis that concerns me.

The language provides an exemption if a person files a sworn statement to the IRS that their "sincerely held religious beliefs" would cause them to object to the "medical health care" that would be covered under ACA's minimum essential health care requirement.

There is no indication as to how the IRS could implement this provision and, as a result, the exemption could essentially be available to anyone opposed to the ACA. While the bill states that individuals receiving "voluntary" medical care would lose their exemption, the IRS has no way to monitor individuals' use of voluntary medical care and to enforce this provision.

Under the legislation, individuals receiving "involuntary" care—such as emergency care—would be allowed to remain exempt from the coverage requirement, passing the cost of such care on to hospitals and other taxpayers.

Because the bill does not define the "sincerely held religious beliefs" an individual would need to cite to avoid purchasing coverage, the IRS would be forced to determine which Americans' beliefs met the standard. Yet just 2 weeks ago, the House considered and passed H.R. 2531, the Protecting Tax-

payers from Intrusive IRS Requests Act, that specifically prevented the IRS from asking taxpayers about their religious, political, or social beliefs.

I regret that normal order has not been followed on H.R. 1814 so that these concerns could be surfaced and further information on the broad and problematic consequences of H.R. 1814 considered.

For example, today, the American Academy of Pediatrics just expressed their concerns about the impact of H.R. 1814 on children. The American Civil Liberties Union also opposes the legislation, and the CBO just indicated today that the bill would increase the deficit by \$1.5 billion over 10 years and increase the uninsured by about 500,000 each year.

Current religious exemptions in the Tax Code are circumscribed and well-defined. This bill would create a broad and difficult to determine exemption in the individual responsibility requirement and force the IRS to take on an inappropriate role. Congress should take a more careful approach to this issue.

I yield back the balance of my time.

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

I would just remind my good friend from Michigan that had regular order been used when ObamaCare was passed, perhaps we would not be attempting to try and fix it now that it is law.

The U.S. Supreme Court upheld ObamaCare in a 5-4 ruling 2 years ago this summer. The Justices did so by affirming that Congress, contrary to the repeated assurance by my colleagues on the other side of the aisle, had effectively created a tax that falls under the enumerated powers of article I of the Constitution, and, like a tax, compliance is mandatory, and enforcement is the job of the Internal Revenue Service.

Since the summer of 2012, we have learned some things about the IRS that raise concerns about the agency's ability to do its job fairly. Likewise, we have watched the Obama administration usurp congressional authority and refuse to enforce the law that bears the President's name.

Among the many "executive fixes" that seem to flow from the administration with increasing frequency, none have touched upon one of the most serious problems with ObamaCare, namely, current law will either force millions of Americans to violate their sincerely held religious beliefs or punish them for exercising those beliefs.

We are not likely to agree today—or any day—on the underlying law. ObamaCare is as controversial now—and perhaps even more so—than when it was passed, but we can agree on this:

Congress shall make no law respecting the establishment of religion or prohibiting the free exercise thereof.

Less than a mile from this Chamber, on the bank of the tidal basin, are inscribed in marble these words:

Almighty God hath created the mind free. All attempts to influence it by temporal

punishments or burdens are a departure from the plan of the Holy author of our religion. No man shall suffer on account of his religious opinions or belief, but all men shall be free to possess and maintain their opinions in matters of religion.

Those words, written by Thomas Jefferson, the first Democrat to be called “Mr. President,” capture the very essence of today’s bill. It is our duty—even our oath that we take before God—to protect the religious freedoms of every American. ObamaCare does not do that. Today’s bipartisan measure is a small but necessary step if Congress is to honor the great tradition of religious liberty enshrined in our founding documents and extended to succeeding generations of Americans by law.

Mr. Speaker, I urge passage of H.R. 1814, and I yield back the balance of my time.

Mr. KEATING. Mr. Speaker, I rise in support of the EACH Act on behalf of my constituents in Massachusetts that are seeking to continue to take advantage of the religious conscience exemption to the individual mandate that is currently provided to them under the 2006 Massachusetts health reform law.

Since the individual mandate went into effect in Massachusetts, Donna Smiley, a Christian Scientist from Centerville, has taken advantage of the religious exemption provided in the law that prevents her from being penalized for her religious beliefs. Each year on her state tax return, the form has included a section for her to attest that because of her sincerely held religious beliefs she has chosen not to purchase medical health insurance.

With the passage of the Affordable Care Act, Donna would no longer be able to take advantage of the Massachusetts religious conscience exemption and would be penalized by the federal government for not having insurance. The EACH Act, modeled after the process that has been in place in Massachusetts for the past seven years, would ensure that a fair solution is reached so that Donna and other Americans are not penalized for their religious beliefs next year.

The legislation would modestly expand the religious conscience exemption in the Affordable Care Act to certain individuals who have sincere religious beliefs against medical insurance and related medical care. As we saw in Massachusetts, which served as the model for the Affordable Care Act as well as the EACH Act, it is clear that a similar exemption in no way adversely affected the risk pool or generated a rise in abuse or fraud. According to the most recent report from Massachusetts’ health insurance exchange, approximately 0.1% of the population or 6,500 residents apply annually for a religious exemption.

Allowing for this narrow exemption to the Affordable Care Act is the fair and equitable path forward to ensure religious diversity.

I believe there is a bipartisan coalition of support for this measure.

I urge my colleagues to support this legislation.

Mr. SMITH of Texas. Mr. Speaker, I support the Equitable Access to Care and Health (EACH) Act. This bill provides a modest expansion of the religious conscience exemption in the Affordable Care Act (ACA).

This bipartisan legislation has 218 cosponsors. The ACA currently provides for a reli-

gious conscience exemption; however, the exemption gives preference to only a few faiths. This exemption should be expanded to accommodate other religions whose “sincerely-held religious beliefs” would cause them not to purchase insurance.

I urge my colleagues on both sides of the aisle to support this important piece of legislation.

The SPEAKER pro tempore (Mr. DUNCAN of Tennessee). The question is on the motion offered by the gentleman from Illinois (Mr. SCHOCK) that the House suspend the rules and pass the bill, H.R. 1814.

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

A motion to reconsider was laid on the table.

HIRE MORE HEROES ACT OF 2013

Mr. BRADY of Texas. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 3474) to amend the Internal Revenue Code of 1986 to allow employers to exempt employees with health coverage under TRICARE or the Veterans Administration from being taken into account for purposes of the employer mandate under the Patient Protection and Affordable Care Act.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 3474

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 “Hire More Heroes Act of 2013”.

SEC. 2. EMPLOYEES WITH HEALTH COVERAGE UNDER TRICARE OR THE VETERANS ADMINISTRATION MAY BE EXEMPTED FROM EMPLOYER MANDATE UNDER PATIENT PROTECTION AND AFFORDABLE CARE ACT.

(a) IN GENERAL.—Section 4980H(c)(2) of the Internal Revenue Code is amended by adding at the end the following:

“(F) EXEMPTION FOR HEALTH COVERAGE UNDER TRICARE OR THE VETERANS ADMINISTRATION.—Solely for purposes of determining whether an employer is an applicable large employer under this paragraph for any month, an employer may elect not to take into account for a month as an employee any individual who, for such month, has medical coverage under—

“(i) chapter 55 of title 10, United States Code, including coverage under the TRICARE program, or

“(ii) under a health care program under chapter 17 or 18 of title 38, United States Code, as determined by the Secretary of Veterans Affairs, in coordination with the Secretary of Health and Human Services and the Secretary.”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to months beginning after December 31, 2013.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Texas (Mr. BRADY) and the gentleman from Michigan (Mr. LEVIN) each will control 20 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BRADY of Texas. Mr. Speaker, I ask unanimous consent that all Mem-

bers may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the subject of the bill under consideration.

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

There was no objection.

Mr. BRADY of Texas. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 3474, the Hire More Heroes Act, introduced by Representative RODNEY DAVIS of Illinois.

The Hire More Heroes Act will help ease the burden on small businesses while incentivizing them to hire veterans who have found themselves out of work as they return home from overseas.

President Obama has repeatedly said:

If you’ve got good ideas, bring them to me—let’s go.

Well, Mr. President, here is a really good idea. So let’s go.

Our veterans have sacrificed for our country, and as they return home they deserve opportunities and they deserve a job.

One thing I routinely hear from my communities back home is that entrepreneurs want to invest in America and they want to grow their businesses. Well, here is an opportunity to do both.

Too often, we use the term that something is a win-win. Well, I can think of no better term. This is a win for businesses who need workers with outstanding skills and ethics, and a win for veterans who just want a job.

The Hire More Heroes Act allows businesses that hire a veteran enrolled in TRICARE or through the VA to not count that veteran towards the 50-employee threshold for triggering the ACA employee mandate. The 50-employee threshold has been a big disincentive for small businesses to grow. If they have more than 50 workers, they fall under that mandate, and their costs go up.

□ 1700

So firms with 45, 46, 47 workers are very reluctant to grow any bigger, but if they hire a veteran, under this legislation, that won’t count for purposes of determining if they have enough workers to trigger the mandate. If that isn’t an incentive to hire more veterans, I don’t know what it is.

These are veterans who already have health care. They just want and deserve a job. I urge my colleagues to support this commonsense bill.

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

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

This bill, as has been discussed, encourages veteran employment and the growth of midsize businesses.

For post-9/11 veterans, the unemployment rate has continued to decline. However, the rate of unemployment is still higher than the national average.