

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Indiana (Mr. YOUNG) that the House suspend the rules and pass the bill, H.R. 5170, as amended.

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

A motion to reconsider was laid on the table.

SMALL BUSINESS HEALTH CARE RELIEF ACT OF 2016

Mr. BOUSTANY. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5447) to provide an exception from certain group health plan requirements for qualified small employer health reimbursement arrangements, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5447

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 “Small Business Health Care Relief Act of 2016”.

SEC. 2. EXCEPTION FROM GROUP HEALTH PLAN REQUIREMENTS FOR QUALIFIED SMALL EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENTS.

(a) AMENDMENTS TO THE INTERNAL REVENUE CODE OF 1986 AND THE PATIENT PROTECTION AND AFFORDABLE CARE ACT.—

(1) IN GENERAL.—Section 9831 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

“(d) EXCEPTION FOR QUALIFIED SMALL EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENTS.—

“(1) IN GENERAL.—For purposes of this title (except as provided in section 49801(f)(4) and notwithstanding any other provision of this title), the term ‘group health plan’ shall not include any qualified small employer health reimbursement arrangement.

“(2) QUALIFIED SMALL EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENT.—For purposes of this subsection—

“(A) IN GENERAL.—The term ‘qualified small employer health reimbursement arrangement’ means an arrangement which—

“(i) is described in subparagraph (B), and

“(ii) is provided on the same terms to all eligible employees of the eligible employer.

“(B) ARRANGEMENT DESCRIBED.—An arrangement is described in this subparagraph if—

“(i) such arrangement is funded solely by an eligible employer and no salary reduction contributions may be made under such arrangement,

“(ii) such arrangement provides, after the employee provides proof of coverage, for the payment of, or reimbursement of, an eligible employee for expenses for medical care (as defined in section 213(d)) incurred by the eligible employee or the eligible employee’s family members (as determined under the terms of the arrangement), and

“(iii) the amount of payments and reimbursements described in clause (ii) for any year do not exceed \$5,130 (\$10,260 in the case of an arrangement that also provides for payments or reimbursements for family members of the employee).

“(C) CERTAIN VARIATION PERMITTED.—For purposes of subparagraph (A)(ii), an arrangement shall not fail to be treated as provided on the same terms to each eligible employee merely

because the employee’s permitted benefits under such arrangement vary in accordance with the variation in the price of an insurance policy in the relevant individual health insurance market based on—

“(i) the age of the eligible employee (and, in the case of an arrangement which covers medical expenses of the eligible employee’s family members, the age of such family members), or

“(ii) the number of family members of the eligible employee the medical expenses of which are covered under such arrangement.

The variation permitted under the preceding sentence shall be determined by reference to the same insurance policy with respect to all eligible employees.

“(D) RULES RELATING TO MAXIMUM DOLLAR LIMITATION.—

“(i) AMOUNT PRORATED IN CERTAIN CASES.—In the case of an individual who is not covered by an arrangement for the entire year, the limitation under subparagraph (A)(iii) for such year shall be an amount which bears the same ratio to the amount which would (but for this clause) be in effect for such individual for such year under subparagraph (A)(iii) as the number of months for which such individual is covered by the arrangement for such year bears to 12.

“(ii) INFLATION ADJUSTMENT.—In the case of any year beginning after 2016, each of the dollar amounts in subparagraph (A)(iii) shall be increased by an amount equal to—

“(1) such dollar amount, multiplied by

“(II) the cost-of-living adjustment determined under section 1(f)(3) for the calendar year in which the taxable year begins, determined by substituting ‘calendar year 2015’ for ‘calendar year 1992’ in subparagraph (B) thereof.

If any dollar amount increased under the preceding sentence is not a multiple of \$100, such dollar amount shall be rounded to the next lowest multiple of \$100.

“(3) OTHER DEFINITIONS.—For purposes of this subsection—

“(A) ELIGIBLE EMPLOYEE.—The term ‘eligible employee’ means any employee of an eligible employer, except that the terms of the arrangement may exclude from consideration employees described in any clause of section 105(h)(3)(B) (applied by substituting ‘90 days’ for ‘3 years’ in clause (i) thereof).

“(B) ELIGIBLE EMPLOYER.—The term ‘eligible employer’ means an employer that—

“(i) is not an applicable large employer as defined in section 4980H(c)(2), and

“(ii) does not offer a group health plan to any of its employees.

“(C) PERMITTED BENEFIT.—The term ‘permitted benefit’ means, with respect to any eligible employee, the maximum dollar amount of payments and reimbursements which may be made under the terms of the qualified small employer health reimbursement arrangement for the year with respect to such employee.

“(4) NOTICE.—

“(A) IN GENERAL.—An employer funding a qualified small employer health reimbursement arrangement for any year shall, not later than 90 days before the beginning of such year (or, in the case of an employee who is not eligible to participate in the arrangement as of the beginning of such year, the date on which such employee is first so eligible), provide a written notice to each eligible employee which includes the information described in subparagraph (B).

“(B) CONTENTS OF NOTICE.—The notice required under subparagraph (A) shall include each of the following:

“(i) A statement of the amount which would be such eligible employee’s permitted benefits under the arrangement for the year.

“(ii) A statement that the eligible employee should provide the information described in clause (i) to any health insurance exchange to which the employee applies for advance payment of the premium assistance tax credit.

“(iii) A statement that if the employee is not covered under minimum essential coverage for

any month the employee may be subject to tax under section 5000A for such month and reimbursements under the arrangement may be includible in gross income.”.

(2) LIMITATION ON EXCLUSION FROM GROSS INCOME.—Section 106 of such Code is amended by adding at the end the following:

“(g) QUALIFIED SMALL EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENT.—For purposes of this section and section 105, payments or reimbursements from a qualified small employer health reimbursement arrangement (as defined in section 9831(d)) of an individual for medical care (as defined in section 213(d)) shall not be treated as paid or reimbursed under employer-provided coverage for medical expenses under an accident or health plan if for the month in which such medical care is provided the individual does not have minimum essential coverage (within the meaning of section 5000A(f)).”.

(3) COORDINATION WITH HEALTH INSURANCE PREMIUM CREDIT.—Section 36B(c) of such Code is amended by adding at the end the following new paragraph:

“(4) SPECIAL RULES FOR QUALIFIED SMALL EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENTS.—

“(A) IN GENERAL.—The term ‘coverage month’ shall not include any month with respect to an employee (or any spouse or dependent of such employee) if for such month the employee is provided a qualified small employer health reimbursement arrangement which constitutes affordable coverage.

“(B) DENIAL OF DOUBLE BENEFIT.—In the case of any employee who is provided a qualified small employer health reimbursement arrangement for any coverage month (determined without regard to subparagraph (A)), the credit otherwise allowable under subsection (a) to the taxpayer for such month shall be reduced (but not below zero) by the amount described in subparagraph (C)(i)(II) for such month.

“(C) AFFORDABLE COVERAGE.—For purposes of subparagraph (A), a qualified small employer health reimbursement arrangement shall be treated as constituting affordable coverage for a month if—

“(i) the excess of—

“(I) the amount that would be paid by the employee as the premium for such month for self-only coverage under the second lowest cost silver plan offered in the relevant individual health insurance market, over

“(II) $\frac{1}{12}$ of the employee’s permitted benefit (as defined in section 9831(d)(3)(C)) under such arrangement, does not exceed—

“(ii) $\frac{1}{12}$ of 9.5 percent of the employee’s household income.

“(D) QUALIFIED SMALL EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENT.—For purposes of this paragraph, the term ‘qualified small employer health reimbursement arrangement’ has the meaning given such term by section 9831(d)(2).

“(E) COVERAGE FOR LESS THAN ENTIRE YEAR.—In the case of an employee who is provided a qualified small employer health reimbursement arrangement for less than an entire year, subparagraph (C)(i)(II) shall be applied by substituting ‘the number of months during the year for which such arrangement was provided’ for ‘12’.

“(F) INDEXING.—In the case of plan years beginning in any calendar year after 2014, the Secretary shall adjust the 9.5 percent amount under subparagraph (C)(ii) in the same manner as the percentages are adjusted under subsection (b)(3)(A)(ii).”.

(4) APPLICATION OF EXCISE TAX ON HIGH COST EMPLOYER-SPONSORED HEALTH COVERAGE.—

(A) IN GENERAL.—Section 49801(f)(4) of such Code is amended by adding at the end the following: “Section 9831(d)(1) shall not apply for purposes of this section.”.

(B) DETERMINATION OF COST OF COVERAGE.—Section 49801(d)(2) of such Code is amended by

redesignating subparagraph (D) as subparagraph (E) and by inserting after subparagraph (C) the following new subparagraph:

“(D) QUALIFIED SMALL EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENTS.—In the case of applicable employer-sponsored coverage consisting of coverage under any qualified small employer health reimbursement arrangement (as defined in section 9831(d)(2)), the cost of coverage shall be equal to the amount described in section 6051(a)(15).”.

(5) ENFORCEMENT OF NOTICE REQUIREMENT.—Section 6652 of such Code is amended by adding at the end the following new subsection:

“(o) FAILURE TO PROVIDE NOTICES WITH RESPECT TO QUALIFIED SMALL EMPLOYER HEALTH REIMBURSEMENT ARRANGEMENTS.—In the case of each failure to provide a written notice as required by section 9831(d)(4), unless it is shown that such failure is due to reasonable cause and not willful neglect, there shall be paid, on notice and demand of the Secretary and in the same manner as tax, by the person failing to provide such written notice, an amount equal to \$50 per employee per incident of failure to provide such notice, but the total amount imposed on such person for all such failures during any calendar year shall not exceed \$2,500.”.

(6) REPORTING.—

(A) W-2 REPORTING.—Section 6051(a) of such Code is amended by striking “and” at the end of paragraph (13), by striking the period at the end of paragraph (14) and inserting “, and”, and by inserting after paragraph (14) the following new paragraph:

“(15) the total amount of permitted benefit (as defined in section 9831(d)(3)(C)) for the year under a qualified small employer health reimbursement arrangement (as defined in section 9831(d)(2)) with respect to the employee.”.

(B) INFORMATION REQUIRED TO BE PROVIDED BY EXCHANGE SUBSIDY APPLICANTS.—Section 1411(b)(3) of the Patient Protection and Affordable Care Act is amended by redesignating subparagraph (B) as subparagraph (C) and by inserting after subparagraph (A) the following new subparagraph:

“(B) CERTAIN INDIVIDUAL HEALTH INSURANCE POLICIES OBTAINED THROUGH SMALL EMPLOYERS.—The amount of the enrollee’s permitted benefit (as defined in section 9831(d)(3)(C) of the Internal Revenue Code of 1986) under a qualified small employer health reimbursement arrangement (as defined in section 9831(d)(2) of such Code).”.

(7) EFFECTIVE DATES.—

(A) IN GENERAL.—Except as otherwise provided in this paragraph, the amendments made by this subsection shall apply to years beginning after the earlier of—

(i) the date that is 90 days after the date of the enactment of this Act, or

(ii) December 31, 2016.

(B) TRANSITION RELIEF.—The relief under Treasury Notice 2015-17 shall be treated as applying to any plan year beginning on or before the date described in subparagraph (A).

(C) COORDINATION WITH HEALTH INSURANCE PREMIUM CREDIT.—The amendments made by paragraph (3) shall apply to taxable years beginning after the date described in subparagraph (A).

(D) EMPLOYEE NOTICE.—The amendments made by paragraph (5) shall apply to notices with respect to years beginning after the date described in subparagraph (A).

(E) W-2 REPORTING.—The amendments made by paragraph (6)(A) shall apply to calendar years beginning after December 31, 2016.

(F) INFORMATION PROVIDED BY EXCHANGE SUBSIDY APPLICANTS.—

(i) IN GENERAL.—The amendments made by paragraph (6)(B) shall apply to applications for enrollment made after the date described in subparagraph (A).

(ii) VERIFICATION.—Verification under section 1411 of the Patient Protection and Affordable Care Act of information provided under section

1411(b)(3)(B) of such Act shall apply with respect to months beginning after October 2016.

(8) SUBSTANTIATION REQUIREMENTS.—The Secretary of the Treasury (or his designee) may issue substantiation requirements as necessary to carry out this subsection.

(b) AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974.—

(1) IN GENERAL.—Section 733(a)(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b(a)(1)) is amended by adding at the end the following: “Such term shall not include any qualified small employer health reimbursement arrangement (as defined in section 9831(d)(2) of the Internal Revenue Code of 1986).”.

(2) EXCEPTION FROM CONTINUATION COVERAGE REQUIREMENTS, ETC.—Section 607(1) of such Act (29 U.S.C. 1167(1)) is amended by adding at the end the following: “Such term shall not include any qualified small employer health reimbursement arrangement (as defined in section 9831(d)(2) of the Internal Revenue Code of 1986).”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to plan years beginning after the date described in subsection (a)(7)(A).

(c) AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.—

(1) IN GENERAL.—Section 2791(a)(1) of the Public Health Service Act (42 U.S.C. 300gg-91(a)(1)) is amended by adding at the end the following: “Except for purposes of part C of title XI of the Social Security Act (42 U.S.C. 1320d et seq.), such term shall not include any qualified small employer health reimbursement arrangement (as defined in section 9831(d)(2) of the Internal Revenue Code of 1986).”.

(2) EXCEPTION FROM CONTINUATION COVERAGE REQUIREMENTS.—Section 2208(1) of the Public Health Service Act (42 U.S.C. 300bb-8(1)) is amended by adding at the end the following: “Such term shall not include any qualified small employer health reimbursement arrangement (as defined in section 9831(d)(2) of the Internal Revenue Code of 1986).”.

(3) EFFECTIVE DATE.—The amendments made by this subsection shall apply to plan years beginning after the date described in subsection (a)(7)(A).

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

The Chair recognizes the gentleman from Louisiana.

GENERAL LEAVE

Mr. BOUSTANY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 5447, currently under consideration.

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

There was no objection.

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

Mr. Speaker, I am privileged to stand here before you to offer this bill.

This is a very important bill, H.R. 5447, the Small Business Health Care Relief Act. It is bipartisan legislation that has been more than 2 years in the making.

Mr. Speaker, as a small-business owner and a heart surgeon, I understand how important coverage is to get

good, high-quality health care. But I also understand, from the standpoint of being a small-business owner, how difficult it often is and how expensive it has become to provide this kind of coverage for employees.

In 2013, Treasury issued regulatory guidance indicating that any employer offering health reimbursement accounts, also known as HRAs, was in violation of the Affordable Care Act group health plan requirements, irrespective of the size of the employer. The very smallest of small businesses were affected by this, businesses that were trying to help their employees, doing the very best they can to help their employees have coverage.

Furthermore, Treasury’s guidance included an astronomically high penalty fine assessed on employers offering these HRAs: \$100 per day per employee, with the potential of accruing a \$36,500 fine per year per employee. This is just draconian treatment for small businesses.

In my home State of Louisiana, small businesses—those with 50 or fewer employees—account for 72 percent of all businesses in Louisiana. Yet only about 30 percent of those small businesses offer a specific group health plan, often citing the full cost of group health plans as the reason for offering nothing. I am sure this is the case all around the country.

We have to help small businesses and their employees afford good coverage.

Mr. Speaker, I am very grateful to my colleague from California, MIKE THOMPSON, for working with me on this bill to give small-business owners an opportunity to financially assist their employees with their health costs.

This legislation will be critical to ensuring that small businesses in Louisiana and around the country have an option that allows them to help their employees afford health coverage and costs. When 65 percent of those in Louisiana who are currently uninsured, indeed, have a full-time worker in their household and nearly three-quarters of all employers in Louisiana are small businesses, it is clear we can do better. This is something that will actually help these small-business owners and their employees get affordable coverage.

Mr. Speaker, the government must not penalize small-business owners for doing the right thing and trying to help employees with the high cost of healthcare coverage, so I urge swift passage of this legislation to empower our small-business owners.

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

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

One of the reforms in the Affordable Care Act banned employer-sponsored health plans from placing annual dollar limits on benefits paid by the plan to a beneficiary. This is good policy, as, for example, we don’t want patients with

cancer finding out their insurance company only pays a set amount for their treatment and no more. But it has had the unintended effect of prohibiting stand-alone Health Reimbursement Arrangements because they are employer-sponsored health plans under which benefits are limited to a specified dollar amount.

HRAs are typically used by beneficiaries for out-of-pocket medical expenses such as meeting an insurance plan's annual deductible or co-pays for doctor and other medical provider visits. HRAs can also be used to pay for premiums for health insurance coverage.

The bill before us would permit small employers to offer stand-alone HRAs to their employees, referred to as "qualified small employer HRA." This bill would also permit the use of the qualified small employer HRAs to purchase coverage in the ACA's public marketplaces.

I am pleased to see my Republican colleagues recognizing the benefit of the ACA marketplaces and coverage they offer to millions of Americans. This bill is yet another important way to support the ACA, ensuring more Americans have the health coverage and flexibility they need through the marketplaces. Therefore, I urge my colleagues to support this bill.

Mr. Speaker, I reserve the balance of my time, and I ask unanimous consent that the balance of my time be controlled by the gentleman from California (Mr. THOMPSON), one of the sponsors of this bill, and a distinguished member of our committee.

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

There was no objection.

Mr. BOUSTANY. Mr. Speaker, I am pleased to yield 4 minutes to the gentleman from Tennessee (Mr. ROE), who is the chairman of the Physicians Caucus.

Mr. ROE of Tennessee. Mr. Speaker, I rise today in support of the Small Business Health Care Relief Act.

I want to thank my colleagues, Dr. BOUSTANY and Representative THOMPSON, for their leadership on this important issue. It is not very often that we have bipartisan legislation that will make a real difference in lowering healthcare costs for working families, and I am pleased to see this bill come to the House floor today.

This legislation is a no-brainer. As a physician with more than 30 years of experience, I have personally seen the need for commonsense reforms that will remove barriers to lower healthcare costs and give Americans more control over their own healthcare decisions.

Because of the Affordable Care Act, I constantly hear from families who are paying higher premiums and out-of-pocket costs for less coverage and lower quality of care. I hear from small-business owners who desperately want to help their employees acquire

health insurance, but face costly regulations that make it harder, if not impossible, for them to do so.

Employers of all sizes are implementing innovative solutions to address the rising healthcare costs, and we should do everything we can to support those efforts. Unfortunately, misguided Federal rules too often stand in the way.

Regulatory guidance issued by the IRS that penalizes small businesses who offer stand-alone Health Reimbursement Arrangements is a perfect example. HRAs are popular among both workers and employers. Employers offer HRAs to help their employees pay for health care. In return, families are provided greater flexibility and an opportunity to set aside pre-tax income for medical expenses.

It simply doesn't make sense for the Federal Government to restrict a positive tool aimed at expanding access to affordable healthcare coverage. It is unconscionable that ObamaCare is penalizing small businesses for trying to do the right thing and alleviate the financial burden on working families.

That is why this bill is so important. We need to encourage policies that empower every American with affordable coverage, provide more choice, and promote a healthy workforce. And I hope we can all agree that we should eliminate misguided rules that only make it harder for families and small businesses to obtain healthcare coverage they desperately need.

I urge my colleagues to support this bipartisan legislation which will restore the ability of small businesses to offer HRAs.

Mr. THOMPSON of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in support of the Small Business Health Care Relief Act, and I want to thank Dr. BOUSTANY for working with me on this bill. As he pointed out, it is an important bill. It will help a lot of people, businessowners, workers, and families.

The bill that we are considering today is the result of more than a year's worth of close collaboration between stakeholders and policymakers. It is bicameral, it is bipartisan, and it is supported by dozens of small businesses and small-business organizations across the country.

Our Small Business Health Care Relief Act would allow small businesses with fewer than 50 employees, those companies that are not required to provide health care, to offer tax preferred Health Reimbursement Arrangements or HRAs. The HRAs can be used to buy health insurance in the individual market, or pay for qualified health expenses if an individual already has coverage.

Historically, small businesses offered these funds to employees in lieu of group health plans. Most of these companies don't have the capacity to offer employer-sponsored coverage, so the HRAs served as health benefits for their workers.

But right now, businesses are subject to this \$100 per person per day fine that was mentioned earlier just for offering this help to their employees. This legislation clarifies that an HRA isn't a group health plan, but a means for helping individuals purchase a health plan for health services.

There is no requirement, as I mentioned, for small companies of 50 or fewer people to provide health insurance. These employers don't offer health benefits because they have to, they do it to support their workforce. We shouldn't be penalizing responsible businessowners who are going above and beyond for their employees.

Instead, we should arm small businesses with the tools that help them recruit great workers and put them on a level playing field with their larger competitors. And we should help to make sure that quality, comprehensive coverage is affordable for folks who don't have access to subsidies or employer-sponsored health care. This bill does all of that.

Small businesses drive job creation. They grow our economy. We should be going out of our way to help them support their employees and focus on what they do best, running their business.

And as was mentioned by our ranking member earlier, this is a prime example of how we should be conducting business in this House. We should be working across the aisle in a bipartisan measure. We should be building on the positive aspects of the Affordable Care Act, and this is an example of doing just that.

Again, Dr. BOUSTANY, thank you for your cooperation and your help and your good work on this.

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

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

Again, I want to thank my colleague, MIKE THOMPSON from California, for his collaboration. I want to thank the Ways and Means staff for working with us to get this legislation done, working with the stakeholders.

I also want to single out some of our staffers who really worked very hard on this: Melissa Gierach, Casey Badmington, and Lakecia Foster. Without their help, we could not have gotten all this put together and seen this legislation through, so I am deeply grateful for their efforts as well.

Mr. Speaker, this is a commonsense change that will expand options, it will increase portability, it will protect small businesses, and it will end these harsh penalties that small businesses were encountering as they were trying to do the right thing. So I urge my colleagues to join me and support H.R. 5447.

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

Mr. BRADY of Texas. Mr. Speaker, I submit the following letters for the RECORD relating to H.R. 5447.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, June 13, 2016.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means,
Washington, DC.

DEAR CHAIRMAN BRADY: I write in regard to H.R. 5447, to provide an exception from certain group health plan requirements for qualified small employer health reimbursement arrangements, which was referred in addition to the Committee on Energy and Commerce. I wanted to notify you that the Committee will forgo action on H.R. 5447 so that it may proceed expeditiously to the House floor for consideration.

This is done with the understanding that the Committee on Energy and Commerce's jurisdictional interests over this and similar legislation are in no way diminished or altered. In addition, the Committee reserves the right to seek conferees on H.R. 5447 and requests your support when such a request is made.

I would appreciate your response confirming this understanding with respect to H.R. 5447 and ask that a copy of our exchange of letters on this matter be included in the Congressional Record during consideration of the bill on the House floor.

Sincerely,

FRED UPTON,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 13, 2016.

DEAR CHAIRMAN UPTON: Thank you for your letter regarding H.R. 5447, to provide an exception from certain group health plan requirements for qualified small employer health reimbursement arrangements. As you noted, the Committee on Energy and Commerce was granted an additional referral of the bill.

I am most appreciative of your decision to waive formal consideration of H.R. 5447 so that it may proceed expeditiously to the House floor. I acknowledge that although you waived formal consideration of the bill, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bill that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES, COM-
MITTEE ON EDUCATION AND THE
WORKFORCE,
Washington, DC, June 21, 2016.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means,
House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: I am writing to confirm our mutual understanding with respect to H.R. 5447, the Small Business Health Care Relief Act. Thank you for consulting with the Committee on Education and the Workforce with regard to H.R. 5447 on those matters within the Committee's jurisdiction.

In the interest of expediting the House's consideration of H.R. 5447, the Committee on Education and the Workforce will forgo further consideration of this bill. However, I do so only with the understanding this procedural route will not be construed to prejudice my Committee's jurisdictional interest and prerogatives on this bill or any other similar legislation and will not be considered

as precedent for consideration of matters of jurisdictional interest to my Committee in the future. Additionally, I appreciate your committee's assistance with any additional improvements to the bill within the jurisdiction of the Education and the Workforce Committee.

I respectfully request your support for the appointment of outside conferees from the Committee on Education and the Workforce should this bill or a similar bill be considered in a conference with the Senate. I also request you include our exchange of letters on this matter in the Committee Report on H.R. 5447 and in the Congressional Record during consideration of this bill on the House Floor. Thank you for your attention to these matters.

Sincerely,

JOHN KLINE,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, June 21, 2016.

Hon. JOHN KLINE,
Chairman, Committee on Education and the
Workforce, Washington, DC.

DEAR CHAIRMAN KLINE: Thank you for your letter regarding H.R. 5447, the "Small Business Health Care Relief Act." As you noted, the Committee on Education and the Workforce was granted an additional referral of the bill.

I am most appreciative of your decision to waive formal consideration of H.R. 5447 so that it may proceed expeditiously to the House floor. I acknowledge that although you waived formal consideration of the bill, the Committee on Education and the Workforce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bill that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Louisiana (Mr. BOUSTANY) that the House suspend the rules and pass the bill, H.R. 5447, as amended.

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

A motion to reconsider was laid on the table.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO THE WESTERN BALKANS—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 114-143)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides

for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency with respect to the Western Balkans that was declared in Executive Order 13219 of June 26, 2001, is to continue in effect beyond June 26, 2016.

The threat constituted by the actions of persons engaged in, or assisting, sponsoring, or supporting (i) extremist violence in the Republic of Macedonia and elsewhere in the Western Balkans region, or (ii) acts obstructing implementation of the Dayton Accords in Bosnia and Herzegovina or United Nations Security Council Resolution 1244 of June 10, 1999, in Kosovo, has not been resolved. In addition, Executive Order 13219 was amended by Executive Order 13304 of May 28, 2003, to take additional steps with respect to acts obstructing implementation of the Ohrid Framework Agreement of 2001 relating to Macedonia.

Because the acts of extremist violence and obstructionist activity outlined in these Executive Orders are hostile to U.S. interests and continue to pose an unusual and extraordinary threat to the national security and foreign policy of the United States, I have determined that it is necessary to continue the national emergency declared with respect to the Western Balkans.

BARACK OBAMA.
THE WHITE HOUSE, June 21, 2016.

CONTINUATION OF THE NATIONAL EMERGENCY WITH RESPECT TO NORTH KOREA—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 114-144)

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Foreign Affairs and ordered to be printed:

To the Congress of the United States:

Section 202(d) of the National Emergencies Act (50 U.S.C. 1622(d)) provides for the automatic termination of a national emergency unless, within 90 days prior to the anniversary date of its declaration, the President publishes in the *Federal Register* and transmits to the Congress a notice stating that the emergency is to continue in effect beyond the anniversary date. In accordance with this provision, I have sent to the *Federal Register* for publication the enclosed notice stating that the national emergency with respect to North Korea that was declared in Executive Order 13466 of June 26, 2008, expanded in