

Kilmer	Murphy (PA)	Scott, Austin
King (IA)	Nadler	Scott, David
King (NY)	Neal	Sensenbrenner
Kinzinger (IL)	Neugebauer	Serrano
Kirkpatrick	Newhouse	Sessions
Kline	Nugent	Sewell (AL)
Knight	Nunes	Sherman
Kuster	O'Rourke	Shimkus
Labrador	Olson	Shuster
LaHood	Palazzo	Simpson
LaMalfa	Pallone	Sinema
Lamborn	Palmer	Smith (MO)
Lance	Pascrell	Smith (NE)
Larsen (WA)	Payne	Smith (NJ)
Larson (CT)	Pearce	Smith (TX)
Latta	Pelosi	Smith (WA)
Lawrence	Perry	Stefanik
Levin	Peters	Stewart
Lewis	Peterson	Stivers
Lieu, Ted	Pittenger	Stutzman
LoBiondo	Pitts	Swalwell (CA)
Loeback	Pocan	Takano
Lofgren	Poe (TX)	Thompson (CA)
Long	Poliquin	Thompson (MS)
Loudermilk	Pompeo	Thompson (PA)
Love	Posey	Thornberry
Lowey	Price (NC)	Tiberi
Lucas	Price, Tom	Tipton
Luetkemeyer	Quigley	Titus
Lujan Grisham	Rangel	Tonko
(NM)	Ratcliffe	Torres
Lujan, Ben Ray	Reed	Tsongas
(NM)	Reichert	Turner
Lummis	Renacci	Upton
Lynch	Ribble	Valadao
MacArthur	Rice (NY)	Van Hollen
Maloney,	Rice (SC)	Vargas
Carolyn	Richmond	Veasey
Maloney, Sean	Rigell	Vela
Marchant	Roby	Visclosky
Marino	Roe (TN)	Walberg
Matsui	Rogers (AL)	Walden
McCarthy	Rogers (KY)	Walorski
McCaull	Rokita	Walters, Mimi
McClintock	Rooney (FL)	Wasserman
McCollum	Ros-Lehtinen	Schultz
McDermott	Roskam	Watson Coleman
McGovern	Ross	Weber (TX)
McHenry	Rothfus	Webster (FL)
McKinley	Rouzer	Welch
McMorris	Roybal-Allard	Wenstrup
Rodgers	Royce	Westerman
McNerney	Ruiz	Westmoreland
McSally	Ruppersberger	Williams
Meadows	Russell	Wilson (SC)
Meehan	Ryan (OH)	Wittman
Meeks	Salmon	Womack
Messer	Sarbanes	Woodall
Miller (FL)	Scalise	Yarmuth
Moolenaar	Schakowsky	Yoder
Mooney (WV)	Schiff	Young (AK)
Moulton	Schrader	Young (IA)
Mullin	Schweikert	Young (IN)
Murphy (FL)	Scott (VA)	Zeldin

□ 1908

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. CARSON of Indiana. Mr. Speaker, I missed rollcall votes 334 to 336. Had I been present, I would have cast the following votes: Roll call 334, on H.R. 5525, vote "nay." Rollcall 335, on H.R. 5388, vote "yea." Rollcall 336, on H.R. 5389, vote "yea."

PERSONAL EXPLANATION

Mr. MICA. Mr. Speaker, due to a weather-related flight delay, I was unavoidably detained and unable to be present to cast my vote. Had I been present, I would have voted "yea" on rollcall votes 334, 335 and 336.

PERSONAL EXPLANATION

Mr. AL GREEN of Texas. Mr. Speaker, today I missed the following votes: H.R. 5525, End Taxpayer Funded Cell Phones Act of 2016. Had I been present, I would have voted "no" on this bill. H.R. 5388, Support for Rapid Innovation Act of 2016. Had I been present, I would have voted "yes" on this bill. H.R. 5389, Leveraging Emerging Technologies Act of 2016. Had I been present, I would have voted "yes" on this bill.

NATIVE AMERICAN HEALTH SAVING'S IMPROVEMENT ACT

Mr. SMITH of Nebraska. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5452) to amend the Internal Revenue Code of 1986 to permit individuals eligible for Indian Health Service assistance to qualify for health savings accounts, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5452

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 "Native American Health Savings Improvement Act".

SEC. 2. INDIVIDUALS ELIGIBLE FOR INDIAN HEALTH SERVICE ASSISTANCE NOT DISQUALIFIED FROM HEALTH SAVINGS ACCOUNTS.

(a) IN GENERAL.—Section 223(c)(1) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

"(D) SPECIAL RULE FOR INDIVIDUALS ELIGIBLE FOR ASSISTANCE UNDER INDIAN HEALTH SERVICE PROGRAMS.—For purposes of subparagraph (A)(ii), an individual shall not be treated as covered under a health plan described in such subparagraph merely because the individual receives hospital care or medical services under a medical care program of the Indian Health Service or of a tribal organization."

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2016.

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

The Chair recognizes the gentleman from Nebraska.

GENERAL LEAVE

Mr. SMITH of Nebraska. Mr. Speaker, I ask unanimous consent that all

Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on H.R. 5452, currently under consideration.

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

There was no objection.

Mr. SMITH of Nebraska. Mr. Speaker, I yield myself such time as I may consume.

I am happy to stand before you today as we consider H.R. 5452, the Native American Health Savings Improvement Act, a bipartisan bill that makes a commonsense improvement to current rules surrounding health savings accounts and those who get care at Indian Health Services.

Generally, anyone covered solely by a high-deductible plan is allowed to make deductible contributions to a health savings account; but under IRS guidance, an individual who has received medical services at an Indian Health Service facility at any time during the previous 3 months is made ineligible from making contributions to an HSA. This practice could discourage those who rely on care that is delivered at an Indian Health Service facility from participating in an HSA. That is something that must be remedied.

High-deductible health plans and HSAs are critical components of consumer-driven health care. Together, they empower individuals and families to shop around, unleashing the powers of choice and competition to lower costs and improve quality. We want to lower barriers to these types of accounts and encourage individuals who are otherwise eligible to not forgo treatment at an Indian Health Service facility simply because of confusion over when they might be able to resume contributing to their HSAs.

I urge my colleagues to join me in supporting this bipartisan, commonsense measure.

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

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

Currently, contributions to a health savings account may only be made when an account owner is enrolled in a high-deductible health plan. Additionally, the account owner may not be eligible for other health coverage that is not a high-deductible health plan.

This bill would make sure that receiving benefits under an Indian Health Service or a tribal medical care program does not disqualify a taxpayer from HSA eligibility. Furthermore, under this bill, the taxpayer would still have to be covered by a high-deductible health plan to be able to receive or to make HSA contributions.

It is unclear how big of a problem this currently is across the country, particularly in Indian country. I have made it clear that HSAs and high-deductible plans move our country in the wrong direction—away from affordable

NAYS—8

Amash	Grothman	Mulvaney
Duncan (TN)	Jones	Sanford
Gohmert	Massie	

NOT VOTING—79

Babin	Garamendi	Noem
Beyer	Graves (GA)	Nolan
Blumenauer	Grayson	Norcross
Bonamici	Green, Al	Paulsen
Brownley (CA)	Gutiérrez	Perlmutter
Bucshon	Hahn	Pingree
Butterfield	Hanna	Polis
Cárdenas	Harper	Rohrabacher
Carson (IN)	Hartzler	Rush
Castro (TX)	Herrera Beutler	Sánchez, Linda
Clawson (FL)	Higgins	T.
Cohen	Hill	Sanchez, Loretta
Connolly	Hoyer	Sires
Conyers	Huelskamp	Slaughter
Courtney	Hultgren	Speier
Cramer	Jackson Lee	Takai
Crawford	Jeffries	Trott
Culberson	Kind	Velázquez
Curbelo (FL)	Langevin	Wagner
DeSantis	Lee	Walker
Duckworth	Lipinski	Walz
Duffy	Lowenthal	Waters, Maxine
Ellison	Meng	Whitfield
Ellmers (NC)	Mica	Wilson (FL)
Fattah	Miller (MI)	Yoho
Fincher	Moore	Zinke
Forbes	Napolitano	

and comprehensive health coverage—but I don't think individuals who are covered through IHS or tribal medical care programs should be forced to forgo one insurance or the other.

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

□ 1915

Mr. SMITH of Nebraska. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. MOOLENAAR), a member of the Science, Space, and Technology Committee, the Budget Committee, and the Agriculture Committee.

Mr. MOOLENAAR. Mr. Speaker, I thank Chairman BRADY of the House Committee on Ways and Means, Congressman PAULSEN, Congresswoman NOEM, and Congressman BLUMENAUER for cosponsoring this bipartisan legislation. I also thank the gentleman from Michigan (Mr. LEVIN) for his comments.

This legislation today before the House, H.R. 5452, will improve access to health savings accounts for Native Americans who choose to receive care at Indian Health Service facilities by ending an unnecessary penalty against them.

Currently, Native Americans are not allowed to contribute to their own health savings accounts for 3 months after receiving care at an Indian Health Service facility. These accounts can be a useful tool for families to cover the cost of deductibles, copayments, and coinsurance. However, current policy prevents this ability for Native Americans, and the 3-month waiting period limits their access to services that can help with treating high-risk health conditions.

This commonsense legislation eliminates the waiting period so Native Americans don't have to wait to save their hard-earned money to make their own healthcare choices and to receive treatment from Indian Health Service doctors. Today's legislation advances a bipartisan, patient-centered solution to an unfortunate, government-created problem. It will benefit all Native Americans who use HSAs, and I am glad that we can eliminate this unfair Federal penalty against them.

I thank my colleagues for their support of this legislation.

Mr. LEVIN. Mr. Speaker, let me just mention that Mr. BLUMENAUER wanted to be here but, because of the weather, he has just been unable to arrive. I think the majority may have the same problem.

I yield back the balance of my time.

Mr. SMITH of Nebraska. Mr. Speaker, I yield myself such time as I may consume.

I would add that Representative NOEM faced a similar situation with air travel and the weather.

Mr. Speaker, about 20 million Americans are covered by a high deductible health plan with an HSA. These options are an increasingly popular option, and it is a popular option that

many Native Americans would like to take advantage of. So let's come together and make sure that any current law practices that could dissuade tribal members from participation in an HSA-eligible plan would be reversed.

I urge my colleague to join me and support H.R. 5452.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Nebraska (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 5452, 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.

FAMILY FIRST PREVENTION SERVICES ACT OF 2016

Mr. BUCHANAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5456) to amend parts B and E of title IV of the Social Security Act to invest in funding prevention and family services to help keep children safe and supported at home, to ensure that children in foster care are placed in the least restrictive, most family-like, and appropriate settings, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5456

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 "Family First Prevention Services Act of 2016".

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents.

TITLE I—INVESTING IN PREVENTION AND FAMILY SERVICES

Sec. 101. Purpose.

Subtitle A—Prevention Activities Under Title IV—E

Sec. 111. Foster care prevention services and programs.

Sec. 112. Foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse.

Sec. 113. Title IV—E payments for evidence-based kinship navigator programs.

Subtitle B—Enhanced Support Under Title IV—B

Sec. 121. Elimination of time limit for family reunification services while in foster care and permitting time-limited family reunification services when a child returns home from foster care.

Sec. 122. Reducing bureaucracy and unnecessary delays when placing children in homes across State lines.

Sec. 123. Enhancements to grants to improve well-being of families affected by substance abuse.

Subtitle C—Miscellaneous

Sec. 131. Reviewing and improving licensing standards for placement in a relative foster family home.

Sec. 132. Development of a statewide plan to prevent child abuse and neglect fatalities.

Sec. 133. Modernizing the title and purpose of title IV—E.

Sec. 134. Effective dates.

TITLE II—ENSURING THE NECESSITY OF A PLACEMENT THAT IS NOT IN A FOSTER FAMILY HOME

Sec. 201. Limitation on Federal financial participation for placements that are not in foster family homes.

Sec. 202. Assessment and documentation of the need for placement in a qualified residential treatment program.

Sec. 203. Protocols to prevent inappropriate diagnoses.

Sec. 204. Additional data and reports regarding children placed in a setting that is not a foster family home.

Sec. 205. Effective dates; application to waivers.

TITLE III—CONTINUING SUPPORT FOR CHILD AND FAMILY SERVICES

Sec. 301. Supporting and retaining foster families for children.

Sec. 302. Extension of child and family services programs.

Sec. 303. Improvements to the John H. Chafee Foster Care Independence Program and related provisions.

TITLE IV—CONTINUING INCENTIVES TO STATES TO PROMOTE ADOPTION AND LEGAL GUARDIANSHIP

Sec. 401. Reauthorizing adoption and legal guardianship incentive programs.

TITLE V—TECHNICAL CORRECTIONS

Sec. 501. Technical corrections to data exchange standards to improve program coordination.

Sec. 502. Technical corrections to State requirements to address the developmental needs of young children.

TITLE VI—ENSURING STATES REINVEST SAVINGS RESULTING FROM INCREASE IN ADOPTION ASSISTANCE

Sec. 601. Delay of adoption assistance phase-in.

Sec. 602. GAO study and report on State reinvestment of savings resulting from increase in adoption assistance.

TITLE I—INVESTING IN PREVENTION AND FAMILY SERVICES

SEC. 101. PURPOSE.

The purpose of this title is to enable States to use Federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.

Subtitle A—Prevention Activities Under Title IV—E

SEC. 111. FOSTER CARE PREVENTION SERVICES AND PROGRAMS.

(a) STATE OPTION.—Section 471 of the Social Security Act (42 U.S.C. 671) is amended—

(1) in subsection (a)(1), by striking "and" and all that follows through the semicolon and inserting ", adoption assistance in accordance with section 473, and, at the option of the State, services or programs specified in subsection (e)(1) of this section for children who are candidates for foster care or who are pregnant or parenting foster youth and the parents or kin caregivers of the children, in accordance with the requirements of that subsection;"; and

(2) by adding at the end the following:

"(e) PREVENTION AND FAMILY SERVICES AND PROGRAMS.—

"(1) IN GENERAL.—Subject to the succeeding provisions of this subsection, the Secretary may make a payment to a State for providing the following services or programs for a child described