

Ms. CLARK of Massachusetts. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. NORCROSS).

Mr. NORCROSS. Mr. Speaker, I thank the gentlewoman for yielding.

I rise in support of H.R. 5587.

First, I want to thank the Members for coming together and certainly their staffs for recognizing the important piece of this legislation where we are going.

As we heard before, a 4-year college is a great pathway for some, but it certainly isn't for everyone. I, myself, am a product of the other 4-year school, an apprenticeship out of the IBEW that allowed me for many, many years to support my family being an electrician.

In New Jersey, my home State, 7 out of 10 jobs that are coming up in the next few years will require less than that 4-year degree, and that reemphasizes why we are here today.

This important bill will go a long way to provide students with alternative pathways to earn a fair day's pay for a fair day's work. I, along with Representative MCKINLEY, formed the Congressional Building Trades Caucus to work on these issues, and we will be meeting later this week to discuss these important items. Apprenticeships are a partnership between employers and employees. They come together and will increase the outcomes.

Once again, I want to thank all those involved for their hard work. I urge the Senate to take this up quickly.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I have no other speakers, so I reserve the balance of my time.

Ms. CLARK of Massachusetts. Mr. Speaker, I yield myself the balance of my time.

Today we have heard Democrats and Republicans from across the United States speak in support of H.R. 5587. This legislation builds upon the investments this Chamber has made in the education system and updates CTE to allow our students to be competitive in a global economy.

I want to give special thanks to the Committee on Education and the Workforce staff, who worked so hard to support Members in drafting this bill that has received such broad bipartisan support.

I urge my colleagues on both sides of the aisle, as well as our Senate colleagues, to quickly take up and approve this commonsense legislation.

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

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

Mr. Speaker, career and technical education helps men and women across the country achieve the American Dream of finding and seizing opportunities to work hard and to succeed within the workforce.

The Strengthening Career and Technical Education for the 21st Century Act makes the positive reforms necessary to ensure more Americans are

able to access life-changing education and experience that will allow them to do just that, to achieve the American Dream.

□ 1530

I am pleased that we have been able to work across the aisle in a bipartisan manner—my hope is that we will be able to work in a bicameral manner with the Senate, and I encourage swift action in the Senate—to ensure that this generation is equipped with the tools needed to remain competitive in today's workforce. I believe this is an effort that we can all support.

Mr. Speaker, the title of this bill is Strengthening Career and Technical Education for the 21st Century Act. Normally, we usually find some kind of an acronym—something short and catchy—to call this. Those initials don't lend to that process, but I would have to say I like to refer to this legislation as the opportunity bill. It is the opportunity for those young people who are looking to enter the workforce and want to go on to a path to be able to earn a family-sustaining wage, to be successful through career and technical education training.

It is an opportunity bill for those families who today find themselves depressed and caught in unemployment and looking to get back into the workforce and greater opportunity. It is an opportunity bill. It is an opportunity bill for those families that, maybe, for generations have found themselves trapped in poverty and without an exit strategy, Mr. Speaker. This bill is an opportunity bill. It is an exit ramp from poverty for those families, those Americans.

For those who are job creators who can't grow or maybe even start their business or sustain their business because they can't find qualified and trained workers, this is an opportunity bill, Mr. Speaker. I urge my colleagues to vote "yes" on H.R. 5587.

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

The SPEAKER pro tempore (Mr. DUNCAN of Tennessee). The question is on the motion offered by the gentleman from Pennsylvania (Mr. THOMPSON) that the House suspend the rules and pass the bill, H.R. 5587, 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.

Ms. CLARK of Massachusetts. 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.

HALT TAX INCREASES ON THE MIDDLE CLASS AND SENIORS ACT

Mr. BRADY of Texas. Mr. Speaker, pursuant to House Resolution 858, I

call up the bill (H.R. 3590) to amend the Internal Revenue Code of 1986 to repeal the increase in the income threshold used in determining the deduction for medical care, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 858, the amendment in the nature of a substitute recommended by the Committee on Ways and Means, printed in the bill, is adopted, and the bill, as amended, is considered read.

The text of the bill, as amended, is as follows:

H.R. 3590

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 "Halt Tax Increases on the Middle Class and Seniors Act".

SEC. 2. REPEAL OF INCREASE IN INCOME THRESHOLD FOR DETERMINING MEDICAL CARE DEDUCTION.

(a) IN GENERAL.—Section 213(a) of the Internal Revenue Code of 1986 is amended by striking "10 percent" and inserting "7.5 percent".

(b) CONFORMING AMENDMENTS.—

(1) Section 213 of such Code is amended by striking subsection (f).

(2) Section 56(b)(1)(B) of such Code is amended by striking "without regard to subsection (f) of such section" and inserting "by substituting '10 percent' for '7.5 percent'".

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2015.

The SPEAKER pro tempore. The bill, as amended, shall be debatable for 1 hour, equally divided and controlled by the chair and the ranking minority member of the Committee on Ways and Means.

The gentleman from Texas (Mr. BRADY) and the gentleman from Michigan (Mr. LEVIN) each will control 30 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BRADY of Texas. 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. 3590, currently 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.

Over the last few months, the American people have witnessed one ObamaCare failure after another. Major insurers are fleeing the exchanges, healthcare premiums are continuing to just skyrocket, and only 7 of ObamaCare's 23 public option co-ops remain. After New Jersey's announcement yesterday that it will close its co-op, we will be down to merely 6 at the end of the year. That means nearly three-quarters of a million Americans have been or will soon be kicked off their current healthcare insurance.

Every week, the news about this law gets worse. That is why House Republicans are taking action right now to protect seniors across our country from another looming negative consequence of the President's healthcare law. I am honored today to speak in support of Congresswoman MARTHA MCSALLY's Halt Tax Increases on the Middle Class and Seniors Act.

Before the Affordable Care Act, Americans could find some relief in their ability to deduct high-cost, out-of-pocket medical expenses from their taxes, but this important source of relief is about to get further out of reach for seniors, thanks to ObamaCare.

For Americans under 65 years of age, a provision of the Affordable Care Act has already raised the previous 7.5 percent income threshold up to 10 percent. Starting January 1, just 3 months from now, the provision will go into effect for America's seniors and elderly as well.

In fact, the American Association of Retired Persons—or AARP, as many know them—in their letter endorsing this legislation stated that “56 percent of all returns claiming the deduction had at least one member of the household age 65 or older.” In other words, this is hitting seniors in retirement years, where every dollar matters.

This ObamaCare provision is a tax hike, plain and simple. It makes paying for care even more difficult for individuals, families, and seniors who may already be struggling to afford the care they need.

Mr. Speaker, this law gets more unaffordable and burdensome every day, and it is the middle class and seniors who are being hurt most. With the Halt Tax Increases on the Middle Class and Seniors Act, we can repeal this provision and stop another painful ObamaCare tax hike in its tracks.

I am grateful for Representative MCSALLY's leadership on this important, bipartisan legislation. I would note that, as AARP said, more than half of those impacted are seniors. Nearly half are the middle class. They make between \$40,000 and \$70,000 a year. Every dollar in their family budget matters as well.

This solution, this targeted ObamaCare repeal, is another example of how House Republicans are delivering the patient-focused solutions Americans deserve. Most importantly, this repeal takes meaningful steps to make health care more affordable and accessible for the American people.

I am proud of the leadership of Congresswoman MCSALLY on behalf of our seniors and our middle class.

Mr. Speaker, I reserve the balance of my time, and I ask unanimous consent that the gentleman from Ohio (Mr. TIBERI), the chairman of the Health Subcommittee, be permitted to control the remainder of the time.

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

There was no objection.

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

Mr. Speaker, this bill is going nowhere, but there are lessons to be learned from it being voted on today. It is an exercise Republicans hope will help them politically, and yet another one of their attempts to undermine the Affordable Care Act.

The Joint Committee on Taxation estimates that this bill would increase the deficit by nearly \$33 billion over the next 10 years. This bill does not include any offsets to address this cost. This is a vivid contradiction of worn-out Republican rhetoric claiming time and time again to be concerned about the deficit of this country.

Earlier this year, the President requested \$1.9 billion to address the growing threat of the Zika virus in this country. Republicans ignored this request, disregarded our Nation's top public health officials, and, instead, combined lower funding levels with poison pill policy riders.

Nearly 12,000 Americans, including nearly 1,400 pregnant women, have confirmed cases of Zika in this country. The Centers for Disease Control and prevention has stated it is running out of resources to fight the virus. So far, no action.

Zika is an emergency. The Republicans say, Pay for it. Oh, but not a dime for this \$35 billion tax cut. How can we afford to provide for an enormous tax cut, like the one before us today, but we can't afford to spend just one-fifteenth of that amount to protect Americans from a devastating disease impacting families and children?

The opioid epidemic. We passed some important legislation to address it, but no money, no action to make sure that it would really be meaningful. But today, we can pass an unpaid-for tax cut of \$35 billion?

Flint, Michigan. Thousands of kids were poisoned. Drinking water still cannot be consumed, and water can't be otherwise used in Flint—but no action today. No action, but we can pass this \$35 billion bill, unpaid for?

Let's be clear about the ACA, which, once again, the Republicans are trying to repeal, in part. The ACA was fully paid for—fully. And since the ACA passed 6 years ago, the majority has failed to offer any meaningful alternative to the ACA to reduce the ranks of the uninsured and provide affordable coverage to American families. Their response has been “nada,” in terms of anything meaningful.

According to the JCT data, approximately two-thirds of the tax benefits from H.R. 3590 will accrue to taxpayers earning \$100,000 and more over the next 10 years.

In 2013, only 6.1 percent of all returns claimed the medical expense deduction, and only 11 percent of seniors did so. We know that the higher a household's income, the more likely it is to itemize deductions. So low-income seniors would receive little or no benefit from this bill since much of their income comes from Social Security.

For these reasons, the administration has issued a Statement of Administration Policy. I want to read it because it underlines how, as I said at the beginning, the Republicans here, once again, are going through the motions. This isn't going to become law, but it says something important: don't pay for, be reckless, claim you care, and also take another step to undo ACA.

I quote from the Statement of Administration Policy:

“The Administration strongly opposes House passage of H.R. 3590. It would repeal a provision of the Affordable Care Act that limits a regressive, poorly targeted tax break for health care spending. This repeal would disproportionately benefit high-income Americans, while increasing national health care spending. Additionally, it would increase the Federal deficit by \$32.7 billion over ten years, according to the Congressional Budget Office.

“The Administration is always willing to work with the Congress on fiscally responsible ways to further improve health care affordability and the Affordable Care Act. The President's Budget offers a number of proposals to do so. However, H.R. 3590 would be a step in the wrong direction because it would increase health care spending and increase the Federal deficit, while doing little to improve the affordability of health care for middle-class families.

“If the President were presented with H.R. 3590, his senior advisors would recommend that he veto the bill.”

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

□ 1545

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

H.R. 3590, the Halt Tax Increases on the Middle Class and Seniors Act, is a commonsense bill that repeals an onerous tax on 3.8 million households in America; 3.8 million households in America in 2016 alone.

We should encourage patients to seek the care they need, not to create more burdens and restrict access to medical care, as this ObamaCare tax does.

Now, if Americans out there watching listened to the previous speaker say things like “politically motivated bill,” “undermine Affordable Care Act,” “a contradiction,” here is the contradiction. This bill was introduced over a year ago by Congresswoman MARTHA MCSALLY from Arizona, but this isn't the first time this bill has been introduced. It was introduced in the last session of Congress by a gentleman whose name is Ron Barber, a former Congressman from Arizona and a Democrat. How interesting. What a contradiction that is.

So, this so-called politically motivated bill, according to AARP—this is AARP saying this, which supports the legislation—56 percent of all returns claiming this deduction had at least one member of their household age 65 years or older. My mom and dad, over

65, on a fixed income. But, yet, some are opposed to this bill.

Let me tell you who is for it. AARP, Americans for Prosperity, National Taxpayers Union, Americans for Tax Reform, 60 Plus, Association of Mature American Citizens, Campaign for Liberty, Small Business & Entrepreneurial Council.

Mr. Speaker, I am a proud cosponsor of this bill, and I would like to thank Congresswoman MARTHA MCSALLY from Arizona for her passion for this legislation, her tireless work for this legislation, testifying before the Ways and Means subcommittee on this legislation, and trying to help those 3.8 million households in America, many low-income and middle-income households in America, and bringing this important issue to light today.

Mr. Speaker, I yield 4 minutes to the gentlewoman from Arizona (Ms. MCSALLY).

Ms. MCSALLY. Mr. Speaker, I thank Chairman TIBERI as well as Chairman BRADY. I truly appreciate their willingness to work with me on this legislation that will peel back this lesser-known tax increase buried in the Affordable Care Act that is already hurting middle class families and will begin to hurt seniors early next year.

H.R. 3590, the Halt Tax Increases on the Middle Class and Seniors Act, is a bill I introduced earlier in this Congress, and it will protect seniors from this tax hike and it will roll it back for middle class families.

With the costs of health care rising and becoming significantly harder for families and seniors to find, this legislation is necessary to provide relief to Americans with expensive medical bills. Since 2005, healthcare costs have steadily risen faster than inflation in every year except one.

Additionally, the trend towards rising health insurance deductibles and premiums are leaving people exposed to increased out-of-pocket costs. We should be working to reduce this burden, not making it worse; but that is not what this hidden tax hike in the Affordable Care Act would do.

Currently, the IRS allows Americans with high healthcare costs to deduct certain out-of-pocket expenses from their taxes. Prior to 2013, individuals could deduct out-of-pocket costs that exceed 7.5 percent of one's adjusted gross income, or AGI. The Affordable Care Act changed this for Americans under the age of 65 already by moving that threshold to 10 percent, effectively raising taxes on middle class Americans.

To make matters worse, that same tax increase is scheduled to hit Americans 65 and older starting January 1, 2017. This is particularly concerning to me because, according to the Census Bureau's 2014 American Community Survey, approximately 140,000 individuals, roughly one-fifth of my constituents, are over the age of 65.

Though it has not received much attention, the medical expense deduction

means a great deal to some of the most vulnerable Americans. According to recent data from the IRS, more than 8 million people use this deduction, with more than 80 percent earning less than \$100,000 a year and 49 percent earning less than \$50,000 a year. This deduction is extremely important for low-and middle-income Americans who have already spent thousands in out-of-pocket costs and cannot afford another shock to their wallets and pocketbooks.

The same goes for seniors, many who already live on fixed incomes and struggle to make ends meet. According to the AARP, seniors make up 56 percent of all claimants of the medical expense deduction. If the threshold is raised, many seniors who have saved for their whole lives and have carefully planned for retirement will suddenly be faced with hundreds of dollars in extra taxes on top of the out-of-pocket medical costs they already pay.

That is why I introduced this bill. It is a bipartisan bill to stop this tax increase for seniors and roll it back for those under 65.

The impetus for this legislation came from one of my constituents in Green Valley, Arizona. His name is Loren Thorsen. Tragically, Loren passed away earlier this year, but he knew the importance of raising awareness of this tax hike and he was committed and passionate to doing what he could do to stop it. I am honored to be standing here today in order to advance this effort, Loren's effort, one step further.

In closing, I want to thank the 17 cosponsors, including Chairman TIBERI, Congresswoman LYNN JENKINS, Congressman BOB DOLD, and Congressman JASON SMITH, all members of the Ways and Means Committee, as well as my colleague, the gentlewoman from Arizona (Ms. SINEMA).

I would also like to thank the various supporting groups, including the AARP, Americans for Prosperity, 60 Plus, Americans for Tax Reform, the Association of Mature American Citizens, and the National Taxpayers Union.

I would urge all Members to join me in supporting this bill in order to ensure we protect the American people from another harmful healthcare tax increase that they simply cannot afford.

Mr. LEVIN. Mr. Speaker, I yield 4 minutes to the gentleman from Oregon (Mr. BLUMENAUER), a member of our committee.

Mr. BLUMENAUER. Mr. Speaker, I appreciate the gentleman's courtesy for permitting me to add my voice to this discussion. I think we are all deeply concerned about impacts that we have on our constituents, whether it is in terms of tax, expenses in terms of health care, or challenges in their day-to-day life.

What is deeply concerning to me is an inability for us to step back and look at these things in a broader context to be able to prioritize and deal with these items in a way that actually provides some sense of balance.

Now, I will be the first to admit that I had some reservations about some of the funding elements that were part of the Affordable Care Act. I would not have used exactly the same structure, but bear in mind that the investment in the Affordable Care Act has provided significant healthcare subsidies for millions of Americans, which my friend and colleague, Congressman LEVIN, can go through in great detail. But what we are looking at here are three problems.

One, if this bill were to move forward, it would invest \$33 billion, either added to the deficit or cutting other programs.

Now, I think it is important to bear in mind that this Congress has been tied in knots, unable to come up with a billion or two to deal with the Zika crisis, the infections that are taking place, the potential of an epidemic starting in places like Florida and Puerto Rico, but putting people at risk around the country. This is an immediate healthcare crisis.

Congress is paralyzed, and we can't come up with a billion or two, let alone \$33 billion over the next 10 years. We have watched, on an ongoing basis, people picking away at items of the Affordable Care Act, which was developed as a comprehensive package that had things that some people supported, some people were opposed, but collectively was able to provide these benefits that resulted in having the lowest uninsured rate in American history. We are watching people starting to try and pick away at elements here that either add to the deficit or undermine the integrity of the Affordable Care Act.

Now, one of the things that has been frustrating for me is that we had a complete collapse of the legislative process. There were many things that we could have done to refine and improve the Affordable Care Act. Nobody would have designed the bill exactly like it went through, but that is what happened when the Senate Republicans stopped legislating, and we used the reconciliation package to take what we had, enable it to go forward with the expectation over the course of the last 6 years we would be working together to refine it, like we have done with every single major piece of social legislation in our history.

We work on it. None of these things are perfect. We refine it. We look at the changes that can come forward and try to improve it for the American people. That has not been what has happened in the 6 years that my Republican friends have been in charge of the House of Representatives.

I have deep affection and respect for my friend, Mr. TIBERI. We work on lots of things together. One thing we haven't been able to work on in 6 years is an opportunity to refine the Affordable Care Act, to be able to work together cooperatively to build on it.

We have had an agenda. I lost track at 65 the number of times the votes were to repeal it, not to be able to work together.

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

Mr. LEVIN. I yield the gentleman an additional 2 minutes.

Mr. BLUMENAUER. But to repeal it and to get rid of it, to try to high-light—in fact, there were a number of votes that have taken place to actually make it worse, to have a bigger impact on low- and moderate-income families, have a bigger cliff for people who have changes in their economic circumstances, to have a larger penalty rather than smoothing, refining, and making it better.

We have an opportunity to be able to deal meaningfully with things that will improve the health of the American people. If we don't agree on the refinement of the Affordable Care Act—I am hoping that we might have a more responsible and slightly better Congress next time, but there are things we could do right now in areas of medical research. I mentioned Zika.

We have opportunities to move forward. This takes off the top something that has been in the legislation for some time that focuses one element, but doesn't improve the quality of health care; that doesn't deal with refining and strengthening the Affordable Care Act; that doesn't deal with the crisis of Zika; doesn't beef up medical research.

We have many priorities. We have many opportunities. The easiest thing in the world to do is come in and try to cut taxes, add more deductions, make changes, particularly if we are not going to pay for those changes, if we are just going to add to the deficit greater borrowing for the future.

This is cotton candy. This is not serious legislation. There are no tradeoffs involved here. It is just making it out of whole cloth, moving forward and letting somebody else bear the consequences. I don't think that is what we should be doing. I do think there are people who are serious about reducing the deficit. I think there are people who are serious about improving health care for the American people. There are people who are deadly serious about dealing with the Zika crisis. There are things that we could be doing cooperatively to make things better and focus on priorities. This bill is not that. This bill is cotton candy, unpaid for; cut taxes and let the consequences fall to somebody else.

I think we can do better. I hope we do better. I hope people get this out of their system and make their point. I understand it. In a perfect world, there are things that we would have done differently.

□ 1600

Mr. TIBERI. Mr. Speaker, I have great affection for my colleague from Oregon as well, but today we are making this piece of legislation, this thing called the Affordable Care Act, better. In fact, JCT says that, in 10 years, nearly 10 million households in America will be paying this new tax—again,

moderate- and low-income households. For those 10 million people, we are making it better.

Mr. Speaker, I yield 3 minutes to the gentleman from Illinois (Mr. DOLD). He is from suburban Chicago, a member of the Ways and Means Committee, and has been active in supporting this legislation and helping get it passed out of committee.

Mr. DOLD. Mr. Speaker, I want to thank the chairman for yielding the time. I also want to join him in saying to my colleague and good friend from Oregon that I welcome the opportunity to try to dive in to the Affordable Care Act to make it better, and I look at the legislation that is in front of us as a step to be able to do some of those things.

Now, again, this is just one step, so I don't believe that it is cotton candy because, as we look at premiums that are going right through the roof, deductibles that have gone sky high, hardworking American taxpayers are looking and saying: What is going on?

Mr. Speaker, the debate today, which I am pleased to join, about H.R. 3590, the Halt Tax Increases on the Middle Class and Seniors Act, is a commonsense piece of legislation and a bipartisan piece of legislation that actually is talking about rolling back a tax that was put into the Affordable Care Act. What is interesting is that this tax, in essence, enabled people to be able to deduct expenses that were over 7.5 percent of their adjusted gross income. Think about that. That is a pretty sizeable amount of resources.

So as of 2013, Mr. Speaker, the Affordable Care Act raised the floor of this 7.5 percent to 10 percent. They raised it on individuals—hardworking American taxpayers—that are out there that are trying to get by and make ends meet to provide a better life for their family.

Currently, seniors age 65 and older still are able to deduct those that are above 7.5 percent of the adjusted gross income. But that is not going to be for very long because, beginning in 2017, they are also going to lose that ability, and it is going to go up to 10 percent.

Here is why that seemingly very small change is a big problem. Individuals, families, and seniors claiming this deduction are already spending a large amount of resources of their personal income on medical bills. Those who depend on this deduction most often have complex, high-cost health conditions.

The bill in front of us today will fix the Affordable Care Act's counterproductive tax increase that has already been imposed on individuals and families, and it will protect seniors from facing the same tax increase by permanently allowing everyone to deduct qualified medical expenses above the pre-ACA level, the Affordable Care Act level, of 7.5 percent.

This isn't cotton candy, I hope. I certainly hope this isn't cotton candy, as my friend from Oregon said. This is a

meaningful and, I do believe, important piece of legislation as families all across our country are looking at healthcare costs that are going through the roof, and they are saying: Wait a second; can I please get some relief?

According to the Joint Committee on Taxation, 40 percent of those who would receive immediate relief from this piece of legislation, from this bill, make between \$40,000 and \$75,000 per year. This is not millionaires and billionaires—\$40,000 to \$75,000 a year.

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

Mr. TIBERI. Mr. Speaker, I yield the gentleman an additional 1 minute.

Mr. DOLD. Additionally, according to the AARP, 56 percent of all tax returns claiming this as an expense are seniors, have a senior in the household making that claim. Fixing this counterproductive tax puts in place, I believe, the right message that we want people to be able to pay for their medical expenses.

Ultimately, what we are doing is we are seeing these costs continue to rise. I know I am not the only Member of Congress that hears it from their constituents. In talking to my colleagues, frankly, on both sides of the aisle, I know they hear it. The costs are going up, premiums and deductibles.

Ultimately, we want to provide good, quality coverage and health care to families, hardworking taxpayers, and seniors all across our country. This is a commonsense, bipartisan piece of legislation.

Mr. Speaker, I urge my colleagues to step forward and support this legislation.

Mr. LEVIN. Mr. Speaker, I yield 2 minutes to the gentlewoman from Arizona (Ms. SINEMA).

Ms. SINEMA. Mr. Speaker, I thank Congressman LEVIN for yielding, and I thank Congresswoman MCSALLY for working with me on introducing this bipartisan legislation.

Mr. Speaker, I rise today in support of H.R. 3590, the Halt Tax Increases on the Middle Class and Seniors Act.

As the cost of health care shifts onto households, Congress must act to make sure that hardworking families can make ends meet. This bill provides commonsense and needed relief for hardworking Arizona families. It lowers the adjusted gross income threshold for claiming the medical expense deduction back to 7.5 percent and prevents a looming tax hike on Arizona seniors.

According to a 2014 CRS report, medical expenses are the second largest deduction for taxpayers with adjusted gross incomes of under \$50,000. Middle-income families who itemize deductions are more likely and more able to claim this deduction than high-income earners.

According to 2014 IRS data, 98 percent of those claiming this deduction have incomes less than \$200,000, and 84 percent claiming this deduction make

less than \$100,000 a year. More than half of those who claim this deduction earn less than \$55,000 a year. So if we talk dollars, 94 percent of the dollars that go back to hardworking families to cover medical expenses went to filers who earn under \$200,000 a year.

While the annual growth in healthcare spending has slowed to historically low rates, the out-of-pocket costs for hardworking families continue to rise. This legislation provides modest relief for middle class families and seniors, and that is why it is strongly supported by the AARP.

Again, Mr. Speaker, I thank my colleague from Arizona for her bipartisan work on this bill, and I urge my colleagues to support H.R. 3590.

Mr. TIBERI. Mr. Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACK), who is a leader on the Ways and Means Committee on healthcare issues.

Mrs. BLACK. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I rise today in strong support of the Halt Tax Increases on the Middle Class and Seniors Act, and I thank the sponsor, Ms. MCSALLY, for her work on this important legislation.

Under ObamaCare, more Americans have been pushed into high deductible plans that force them to incur massive out-of-pocket costs before insurance kicks in. Yet, just as Americans are shelling out more for health costs, ObamaCare upped the amount of money you have to spend on medical expenses in order to qualify for a tax deduction.

Seniors initially got a reprieve from this ObamaCare tax hike, but that ends next year. This means that, on top of dealing with ObamaCare's cuts to Medicare, the harmful medical device tax, and the looming threat of the law's Independent Payment Advisory Board—or, commonly called, IPAB—seniors will also be forced to adjust to a new tax rule that hits them right in their pocketbook. This is yet another example of how the President's healthcare law hurts the very people that it pretends to help.

Mr. Speaker, I have always said that, until we can repeal and replace ObamaCare altogether, we must act to ease the damage of this law wherever possible. That is why I am supporting today's legislation.

This bill repeals the ObamaCare tax increase and reinstates the previous threshold of medical expenses as a portion of income that qualify for a tax deduction. It just makes sense that, if Americans are already paying more for their health expenses, Washington shouldn't pile on with a tax hike to make matters worse.

Mr. Speaker, I urge a "yes" vote on this bill.

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

Mr. TIBERI. Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. MCCARTHY), our majority leader.

Mr. MCCARTHY. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I want to thank the gentleman for his work in this House and for the American people.

Mr. Speaker, many words have been said on this floor about ObamaCare, about losing doctors and insurance, about losing jobs and hours at work, and about premium increases and deductibles so high it makes insurance nearly worthless.

Do you know what? It is all true. ObamaCare only makes worse two of the biggest problems holding America back: jobs and cost of living. For America to succeed, we need good-paying jobs for people to make ends meet, and we need costs for services like health care to be low enough so people can afford it.

I have spoken too many times, Mr. Speaker, on how ObamaCare is hurting job growth and keeping people from full employment. I wish I didn't have to keep talking about it, but as long as people continue to be hurt by this law, they need a voice. With insurers dropping out of the marketplace in droves, insurance premiums are going up, some by as much as 50 percent more than the year before.

On top of that, before ObamaCare, the rule was that if you spent 7.5 percent of your income on medical expenses, you could start deducting however much you paid above that from your taxes. The idea was that, if you are really sick, the last thing you need is government making your medical costs even more difficult.

Well, I am sure you will be surprised, but ObamaCare wasn't happy with lowering your taxes, so they moved it up. President Obama and the Democrats in this Congress that passed this terrible bill raised taxes on the sickest people in America, those who spend the most on medical expenses.

Now, I don't understand how they could accept this. I know they didn't read the bill before they passed it, but now they can try to do something about it. They can make one thing right. MARTHA MCSALLY's bill today, part of the House's Better Way agenda, brings that threshold back down to where it was before, 7.5 percent.

Now, it doesn't solve the problem, but at least it gives the American people a break. Seniors and the middle class, those facing the highest medical bills, will all finally get some relief.

Frankly, Mr. Speaker, I don't see how anyone in this body can be against this. We all know ObamaCare is failing. We all know the American people and our country can't afford this law. So let's pass this bill and help those that need it the most.

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

Mr. TIBERI. Mr. Speaker, I yield 2 minutes to the gentleman from Louisiana (Mr. BOUSTANY). Dr. BOUSTANY is the Tax Policy Subcommittee chairman of the Ways and Means Committee, but more importantly, an ex-

pert on healthcare policy, due to his life's work as a physician.

Mr. BOUSTANY. Mr. Speaker, I thank Chairman TIBERI for yielding time to me.

Mr. Speaker, I rise in strong support of the Halt Tax Increases on the Middle Class and Seniors Act. This is a critical piece of legislation that addresses one—just one—of many contradictory and damaging provisions of ObamaCare.

ObamaCare was passed in 2009 in a very partisan way, and we have seen steady increases in health insurance premium rates, double-digit increases year upon year, as well as out-of-pocket deductible costs that Americans must cover before their health insurance coverage even kicks in. Now, we have to do something about this.

Unfortunately, many American families have had to forgo the ability to deduct the majority of their total medical expenses since 2013 when this ObamaCare provision took effect for those under age 65. Yet to make matters worse, on January 1, 2017, America's cash-strapped seniors will also be hit with this harmful provision.

Today, more than 56 percent of those claiming the medical expense deduction are aged 65 or older. This is punitive. This is damaging. It is destructive, and it is unacceptable.

□ 1615

That is why I stand in support of Representative MCSALLY's critical piece of legislation, which will afford American families and seniors a small measure of the financial relief they desperately need right now. For people on a fixed income this is difficult. We should be doing everything we can to help them and not hurt them and especially protect them from the ravaging consequences of this horrible law that has devastated and really wrecked our health care system.

I urge my colleagues to join me in supporting this important bill, and I urge passage.

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

I think we are fortunate that the majority leader spoke. It is very clear from his remarks what this is all about, at least in good measure, or I should say bad measure.

This is another effort to attack ACA, the healthcare reform bill. Let me just mention the latest information we have about ACA that came out in today's Census report. Prior to the ACA, there were nearly 50 million uninsured in the United States. That was disgraceful, and the Republicans twiddled their thumbs while those uninsured remained uninsured.

That number dropped to 29 million in 2015. The uninsured rate fell sharply in 2015 from 10.4 percent to 9.1 percent. Four million fewer Americans were uninsured in 2015 than in 2014—4 million—and it was the fifth straight year the uninsured rate has fallen since health reform's enactment in 2010.

The bill, in terms of this provision, has been in effect for nonseniors for several years. It won't go into effect as to seniors until next year. If there is a need to look at ACA, it can be done next year. Why the rush here? It is because we are just a couple of months away from an election.

I want to say one thing about the balance here in terms of this provision. If you look at the information that we received from the Joint Tax Committee on the distributional effect, here is what it would look like in 2024. This bill would provide less than \$100 million in tax relief for those earning less than \$40,000, while providing over \$2.7 billion in tax relief for those earning over \$100,000. That shows another real problem with this bill.

I want to close by just talking about the lack of any kind of perspective, any kind of balance, and any real sensitivity. Essentially, this House majority is saying this: pay-for money for Zika, pay for it; pay-for money for the people of Flint; pay-for money to carry out and implement opioid legislation. But don't pay for this tax bill, don't pay for it—\$33 billion.

All of this shows the bankruptcy of the House majority, bankrupt in terms of sensitivity to an action for the overwhelming needs of the people of this country, whether it is Zika, whether it is the opioid epidemic, whether it is Flint, or other issues. And also in terms of bankruptcy just spiraling this Nation towards more and more debt, a party that once said it cared but, once again, just goes forth recklessly.

I urge very much that we vote "no" on this. We are going through the motions, but motions that are very ill-conceived and motions that will be reckless if ever carried out. That will not happen because the Senate will not act, and it will not happen because if the Senate ever did, the President would veto and his veto would be sustained.

I yield back the balance of my time. Mr. TIBERI. Mr. Speaker, I yield myself such time as I may consume.

Let's go through the latest of the ACA. I concur. More Americans have insurance today. Many have it through Medicaid. In my State, we tried to apply for a Medicaid waiver program that the administration denied. In my district, there are people who have Medicaid today, but that doesn't mean they have better health care.

In fact, you could have insurance, but not have access to your doctor. You can have insurance, but not have access to the hospital where your doctor practices. That is an increasing problem throughout my district. You could have insurance, but the deductible is too high. You could have insurance, but the premiums are going up.

In fact, the average proposed rate hike in the individual market is 24.3 percent. In the 17 States that have approved final rates for next year, the average increase is 26 percent. You are paying more oftentimes and getting

less. That is an update that I haven't heard from the other side. Paying for it. Picking away at it.

In December of 2015, just last year, this Congress voted in a bipartisan way to delay the medical device tax, to delay the excise tax on high cost employer health care plans, known as the Cadillac tax, delay the tax on health insurance, none of it paid for, and, oh, by the way, signed by President Barack Obama.

Ladies and gentlemen watching today—Bob and Betty Buckeye in Ohio—this must be a surreal debate that you are listening to. Yes, this Republican bill, sponsored by MARTHA MCSALLY, was first introduced by a Democrat last session of Congress, a Democrat from Arizona. But yet, today, someone will make this partisan.

That is unfortunate to the 3.8 million households, Mr. Speaker, who would be positively impacted by this bill if it became law this year, or the 10 million households, most of whom are middle class and low-income. That is why the AARP supports this bill.

This is about commonsense legislation. This is about helping regular people. This is about fixing a problem within the Affordable Care Act, which has been bipartisan until today, apparently.

With healthcare costs continuing to rise, Mr. Speaker, Congresswoman MARTHA MCSALLY takes a step in the right direction with this bill by providing relief from ObamaCare taxes. Among all of the harmful policies included in the President's health care law, this one is really unsettling because it targets our sickest Americans and our seniors.

The only way you benefit from this is if you have thousands of dollars of out-of-pocket costs. We could strive to make it easier for these people, most of whom are middle- and low-income, to afford their complex and expensive care. But instead, the Affordable Care Act makes it more difficult. This is easy. This shouldn't be partisan. This is common sense.

Join me, Congresswoman MCSALLY, and groups like the AARP in supporting this commonsense legislation to help our most vulnerable.

I yield back the balance of my time.

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

Pursuant to House Resolution 858, the previous question is ordered on the bill, as amended.

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.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. LEVIN. 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, this 15-minute vote on passage of the bill will be followed by 5-minute votes on the motion to suspend the rules and pass H.R. 5587 and the motion to suspend the rules and agree to H. Res. 729.

The vote was taken by electronic device, and there were—yeas 261, nays 147, not voting 23, as follows:

[Roll No. 502]

YEAS—261

Abraham	Gohmert	Mulvaney
Aderholt	Goodlatte	Murphy (FL)
Aguilar	Gosar	Murphy (PA)
Allen	Gowdy	Neugebauer
Amash	Graham	Newhouse
Amodei	Granger	Noem
Ashford	Graves (GA)	Nolan
Babin	Graves (LA)	Norcross
Barletta	Graves (MO)	Nugent
Barr	Griffith	Nunes
Barton	Grothman	Olson
Benishek	Hanna	Palmer
Bera	Hardy	Pascrell
Bilirakis	Harper	Paulsen
Bishop (MI)	Harris	Pearce
Bishop (UT)	Hartzler	Perry
Black	Heck (NV)	Peters
Blackburn	Hensarling	Peterson
Blum	Herrera Beutler	Pittenger
Bost	Hice, Jody B.	Pitts
Boustany	Hill	Poe (TX)
Brady (TX)	Holding	Poliquin
Brat	Hudson	Pompeo
Bridenstine	Huelskamp	Posey
Brooks (AL)	Huizenga (MI)	Price, Tom
Brooks (IN)	Hultgren	Ratcliffe
Brownley (CA)	Hunter	Reichert
Buchanan	Hurd (TX)	Renacci
Buck	Hurt (VA)	Rice (SC)
Bucshon	Issa	Rigell
Burgess	Jenkins (KS)	Roby
Byrne	Jenkins (WV)	Roe (TN)
Calvert	Johnson (OH)	Rogers (AL)
Carter (GA)	Jolly	Rogers (KY)
Carter (TX)	Jordan	Rohrabacher
Chabot	Joyce	Rokita
Chaffetz	Katko	Rooney (FL)
Clawson (FL)	Kelly (MS)	Ros-Lehtinen
Coffman	Kelly (PA)	Roskam
Cohen	King (IA)	Ross
Cole	King (NY)	Rothfus
Collins (GA)	Kinzinger (IL)	Rouzer
Collins (NY)	Kline	Royce
Comstock	Knight	Ruiz
Conaway	Kuster	Ruppersberger
Cook	Labrador	Russell
Costello (PA)	LaHood	Salmon
Courtney	LaMalfa	Sanford
Cramer	Lamborn	Scalise
Crawford	Lance	Schweikert
Crenshaw	Larson (CT)	Scott, Austin
Cuellar	Latta	Sensenbrenner
Culberson	Lipinski	Sessions
Curbelo (FL)	LoBiondo	Shimkus
Davidson	Long	Shuster
Davis, Rodney	Loudermilk	Simpson
Delaney	Love	Sinema
DeLauro	Lucas	Smith (MO)
Denham	Luetkemeyer	Smith (NE)
Dent	Lujan Grisham	Smith (NJ)
DeSantis	(NM)	Smith (TX)
Diaz-Balart	Lummis	Stefanik
Dold	MacArthur	Stewart
Donovan	Marchant	Stivers
Duffy	Marino	Stutzman
Duncan (SC)	Massie	Thompson (PA)
Duncan (TN)	McCarthy	Thornberry
Ellmers (NC)	McCaul	Tiberi
Emmer (MN)	McClintock	Tipton
Esty	McHenry	Trott
Farenthold	McKinley	Turner
Fitzpatrick	McMorris	Upton
Fleischmann	Rodgers	Valadao
Fleming	McSally	Wagner
Flores	Meadows	Walberg
Forbes	Meehan	Walden
Fortenberry	Messer	Walker
Fox	Mica	Walorski
Franks (AZ)	Miller (FL)	Walters, Mimi
Frelinghuysen	Miller (MI)	Walz
Garrett	Moolenaar	Weber (TX)
Gibbs	Mooney (WV)	Webster (FL)
Gibson	Mullin	Wenstrup

Westerman Womack
Westmoreland Woodall
Williams Yoder
Wilson (SC) Yoho
Wittman Young (AK)

NAYS—147

Adams Fudge
Bass Gabbard
Beatty Gallego
Becerra Garamendi
Beyer Grayson
Bishop (GA) Green, Al
Blumenauer Green, Gene
Bonamici Grijalva
Boyle, Brendan Gutiérrez
F. Hahn
Brown (FL) Hastings
Bustos Heck (WA)
Butterfield Higgins
Capps Himes
Capuano Honda
Cárdenas Hoyer
Carney Huffman
Carson (IN) Jackson Lee
Cartwright Jeffries
Castor (FL) Johnson (GA)
Castro (TX) Johnson, E. B.
Chu, Judy Jones
Clark (MA) Kaptur
Clarke (NY) Keating
Clay Kelly (IL)
Cleaver Kennedy
Clyburn Kildee
Connolly Kilmer
Conyers Kind
Cooper Langevin
Costa Larsen (WA)
Crowley Lawrence
Cummings Lee
Davis (CA) Levin
Davis, Danny Lewis
DeFazio Lieu, Ted
DeGette Loeb sack
DelBene Lofgren
DeSaulnier Lowenthal
Deutch Lowey
Dingell Lynch
Doggett Maloney,
Doyle, Michael Carolyn
F. Maloney, Sean
Edwards Matsui
Ellison McCollum
Engel McDermott
Eshoo McGovern
Farr McNeerney
Foster Moore
Frankel (FL) Moulton

NOT VOTING—23

Brady (PA) Israel
Cicilline Johnson, Sam
DesJarlais Kirkpatrick
Duckworth Luján, Ben Ray
Fincher (NM)
Guinta Meeks
Guthrie Meng
Hinojosa Palazzo

□ 1648

Messrs. SIREs and ELLISON changed their vote from “yea” to “nay.”

Mr. NOLAN changed his vote from “nay” to “yea.”

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

STRENGTHENING CAREER AND TECHNICAL EDUCATION FOR THE 21ST CENTURY ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 5587) to reauthorize the Carl D. Perkins Career and Technical Education Act of 2006, as amended, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Pennsylvania (Mr. THOMPSON) that the House suspend the rules and pass the bill, as amended.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 405, nays 5, not voting 21, as follows:

[Roll No. 503]

YEAS—405

Abraham Curbelo (FL)
Adams Davidson
Aderholt Davis (CA)
Agular Davis, Danny
Allen Davis, Rodney
Amodei DeFazio
Ashford DeGette
Babin Delaney
Barletta DeLauro
Barr DelBene
Barton Denham
Bass Dent
Beatty DeSantis
Becerra DeSaulnier
Benishch Deutch
Bera Diaz-Balart
Beyer Dingell
Bilirakis Doggett
Bishop (GA) Dold
Bishop (MI) Donovan
Bishop (UT) Doyle, Michael
Black F.
Blackburn Duffy
Blum Duncan (SC)
Blumenauer Duncan (TN)
Bonamici Edwards
Bost Ellison
Boustany Ellmers (NC)
Boyle, Brendan Emmer (MN)
F. Engel
Brady (TX) Eshoo
Brat Esty
Bridenstine Farenthold
Brooks (AL) Farr
Brooks (IN) Fitzpatrick
Brown (FL) Fleischmann
Brownley (CA) Fleming
Buchanan Flores
Bucshon Forbes
Burgess Fortenberry
Bustos Foster
Butterfield Foy
Byrne Frankel (FL)
Calvert Franks (AZ)
Capps Frelinghuysen
Capuano Fudge
Cárdenas Gabbard
Carney Gallego
Carson (IN) Garamendi
Carter (GA) Garrett
Carter (TX) Gibbs
Gibson Gibson
Gohmert Gohmert
Castro (FL) Goodlatte
Castro (TX) Goodlatte
Chabot Gosar
Chaffetz Gowdy
Chu, Judy Graham
Clark (MA) Granger
Clarke (NY) Graves (GA)
Clawson (FL) Graves (LA)
Clay Graves (MO)
Cleaver Grayson
Clyburn Green, Al
Coffman Green, Gene
Cohen Griffith
Cole Grijalva
Collins (GA) Grothman
Collins (NY) Gutiérrez
Comstock Hahn
Conaway Hanna
Connolly Hardy
Conyers Harper
Cook Harris
Cooper Hartzler
Costa Hastings
Costello (PA) Heck (NV)
Courtney Heck (WA)
Cramer Hensarling
Crawford Herrera Beutler
Crenshaw Hice, Jody B.
Crowley Higgins
Cuellar Hill
Culberson Himes
Cummings Holding

McSally Rice (NY)
Meadows Rice (SC)
Meehan Richmond
Messer Rigell
Mica Roby
Miller (FL) Roe (TN)
Miller (MI) Rogers (AL)
Moolenaar Rogers (KY)
Mooney (WV) Rohrabacher
Moore Rokita
Moulton Rooney (FL)
Mullin Ros-Lehtinen
Mulvaney Roskam
Murphy (FL) Ross
Murphy (PA) Rothfus
Nadler Rouzer
Napolitano Roybal-Allard
Neal Royce
Neugebauer Ruiz
Newhouse Ruppertsberger
Noem Russell
Nolan Ryan (OH)
Norcross Salmon
Nugent Sánchez, Linda
Nunes T.
O'Rourke Sanchez, Loretta
Olson Sanford
Pallone Sarbanes
Palmer Scalise
Pascrell Schakowsky
Paulsen Schrader
Pearce Schweikert
Perlmutter Scott (VA)
Perry Scott, Austin
Peters Scott, David
Peterson Sensenbrenner
Pingree Serrano
Pittenger Sessions
Katko Pitts
Keating Sherman
Kelly (IL) Shimkus
Kelly (MS) Shuster
Kelly (PA) Simpson
Polis Sinema
Pompeo Sires
Posey Slaughter
Price (NC) Smith (MO)
Price, Tom Smith (NE)
Quigley Smith (NJ)
Rangel Smith (TX)
Ratcliffe Smith (WA)
Reed Speler
Reichert Stefanik
Renacci Stewart
Ribble Stivers

NAYS—5

Amash Jones
Buck Massie

NOT VOTING—21

Brady (PA) Israel
Cicilline Johnson, Sam
DesJarlais Kirkpatrick
Duckworth Luján, Ben Ray
Fincher (NM)
Guinta Meeks
Guthrie Meng
Hinojosa Palazzo

□ 1655

Mr. SANFORD changed his vote from “nay” to “yea.”

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

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Ms. WILSON of Florida. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “nay” on rollcall 502 and “yea” on rollcall 503.

EXPRESSING SUPPORT FOR A NEW MEMORANDUM OF UNDERSTANDING ON MILITARY ASSISTANCE TO ISRAEL

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and agree to