

based on hardship, religious beliefs, and certain other factors; or they spend less than three consecutive months without coverage.

Therefore, the Republicans' disingenuous concern that Americans will be punished if they are unable to afford coverage is simply not true!

The Affordable Care Act's individual responsibility provision is a critical component of the additional patient protections and reforms that go into effect in 2014. Health experts have determined that if, beginning in 2014, insurers can no longer deny coverage to people with pre-existing conditions and can no longer charge them higher premiums, premiums in health insurance marketplaces would rise sharply unless all Americans with access to affordable insurance either purchase it or pay a penalty.

This is yet another attempt to obstruct and undermine the successful implementation of the Affordable Care Act.

The result of this bill's delay of the individual responsibility provision would be to limit access to affordable coverage for millions of Americans and thereby, weaken one of the primary premises of the Affordable Care Act.

Don't fall for this trick! I ask my colleagues to stand in with me in solidarity and vote no on this bill.

LETTER TO LEADER REID AND
LEADER PELOSI

HON. MATT SALMON

OF ARIZONA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 18, 2013

Mr. SALMON. Mr. Speaker, I would like to submit the following:

DEAR LEADER REID AND LEADER PELOSI: When you and the President sought our support for the Affordable Care Act (ACA), you pledged that if we liked the health plans we have now, we could keep them. Sadly, that promise is under threat. Right now, unless you and the Obama Administration enact an equitable fix, the ACA will shatter not only our hard-earned health benefits, but destroy the foundation of the 40 hour work week that is the backbone of the American middle class.

Like millions of other Americans, our members are front-line workers in the American economy. We have been strong supporters of the notion that all Americans should have access to quality, affordable health care. We have also been strong supporters of you. In campaign after campaign we have put boots on the ground, gone door-to-door to get out the vote, run phone banks and raised money to secure this vision.

Now this vision has come back to haunt us. Since the ACA was enacted, we have been bringing our deep concerns to the Administration, seeking reasonable regulatory interpretations to the statute that would help prevent the destruction of nonprofit health plans. As you both know first-hand, our persuasive arguments have been disregarded and met with a stone wall by the White House and the pertinent agencies. This is especially stinging because other stakeholders have repeatedly received successful interpretations for their respective grievances. Most disconcerting of course is last week's huge accommodation for the employer community—extending the statutorily mandated "December 31, 2013" deadline for the employer mandate and penalties.

Time is running out: Congress wrote this law; you voted for you. We have a problem; you need to fix it. The unintended consequences of the ACA are severe. Perverse incentives are already creating nightmare scenarios:

First, the law creates an incentive for employers to keep employees' work hours below 30 hours a week. Numerous employers have begun to cut workers' hours to avoid this obligation, and many of them are doing so openly. The impact is two-fold: fewer hours means less pay while also losing our current health benefits.

Second, millions of Americans are covered by non-profit health insurance plans like the ones in which most of our members participate. These non-profit plans are governed jointly by unions and companies under the Taft-Hartley Act. Our health plans have been built over decades by working men and women. Under the ACA as interpreted by the Administration, our employees will be treated differently and not be eligible for subsidies afforded other citizens. As such, many employees will be relegated to second-class status and shut out of the help the law offers to for-profit insurance plans.

And finally, even though non-profit plans like ours won't receive the same subsidies as for-profit plans, they'll be taxed to pay for those subsidies. Taken together, these restrictions will make non-profit plans like ours unsustainable, and will undermine the health-care market of viable alternatives to the big health insurance companies.

On behalf of the millions of working men and women we represent and the families they support, we can no longer stand silent in the face of elements of the Affordable Care Act that will destroy the very health and wellbeing of our members along with millions of other hardworking Americans.

We believe that there are common-sense corrections that can be made within the existing statute that will allow our members to continue to keep their current health plans and benefits just as you and the President pledged. Unless changes are made, however, that promise is hollow.

We continue to stand behind real health care reform, but the law as it stands will hurt millions of Americans including the members of our respective unions.

We are looking to you to make sure these changes are made.

JAMES P. HOFFA,
General President,
International Brotherhood of Teamsters.

JOSEPH HANSEN,
International President, UFCW.

D. TAYLOR,
President, UNITE-
HERE.

TRIBUTE TO RAJ NARAYANAN

HON. KEN CALVERT

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 18, 2013

Mr. CALVERT. Mr. Speaker, I rise today to honor and pay tribute to an individual whose dedication and contributions to the community of Murrieta are exceptional. The City of Murrieta has been fortunate to have dynamic and dedicated community leaders who willingly and unselfishly give their time and talent and make their communities a better place to live and work. Raj Narayanan is one of these individuals. On July 20, 2013, Raj will be hon-

ored as the "Citizen of the Year" at the Murrieta Chamber of Commerce Annual Awards Celebration.

Raj is the epitome of the values that the Murrieta Chamber of Commerce holds true, with a focus on strengthening the local economy, providing networking opportunities, promoting the community, representing business and government, and political advocacy. Currently, Raj serves as a Board Member of the Chamber, where he will soon serve on the Ambassador and Membership Committees. He is a highly motivated community builder and hardworking professional with proven organizational abilities. During his time at the Chamber, Raj has proven to be an effective leader.

Raj's involvement and vision have grown during his time serving on the Murrieta Chamber Board. Raj has always been quick to accept a challenge, especially if it means betterment for the community. He is co-chair for both the Chamber Golf Tournament and Chamber Installation Dinner. While serving as co-chair for the Chamber Golf Tournament, Raj effectively rebranded the tournament as the "Brew Masters Tournament" and successfully raised more money than in previous years. His success does not stop there. As co-chair of the Installation Dinner, Raj has tirelessly worked to rebrand the event as the "Awards Celebration" hosted at the Pechanga Resort and Casino with the hope of growing it annually. Raj has always been eager to help new Chamber members and is an active volunteer in Chamber events, including the Murrieta Chamber Reverse Drawings and the Special Olympic Games Bocce Ball Tournament.

In addition to the Murrieta Chamber of Commerce, Raj is a member of many other community organizations whose programs help fundraise for businesses and organizations in the area. These organizations include the Temecula Valley Chamber of Commerce and the Valley Young Professionals. He was recently appointed to the Advisory Council of the Assistance League of Temecula Valley. He has helped events come to life through multiple planning stages, including the Boys and Girls Club Annual "Field of Dreams" Dinner, the Juvenile Diabetes Research Foundation Walk which raised over \$90,000, and the Reality Rally. Raj has also been a participant in the Murrieta Veteran's Day Parade, Field of Honor, Boys and Girls Club "Our Kids Rock" fundraiser, and the Susan G. Komen for the Cure Walk/Run. He is also an active participant in the Temecula Noon Rotary Club where he serves as a member of the International Committee and is the Membership Co-Chair. For the Past three years, Raj has been committed to his title as "Food Chair" for the annual Rotary Taste of the World Fundraiser, which helped generate over \$40,000 in 2013.

In light of all Raj has done for Murrieta, the Murrieta Chamber of Commerce named Raj their Citizen of the Year. His tireless passion for community service has contributed immensely to the betterment of Murrieta and the surrounding area. He has been the heart and soul of many organizations and events and I am proud to call him a fellow community member and American. I know that many are grateful for his service and salute him as he receives this prestigious award.

PERSONAL EXPLANATION

HON. MICHAEL G. GRIMM

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 18, 2013

Mr. GRIMM. Mr. Speaker, on rollcall No. 363 I was unable to vote due to a recent medical procedure. Had I been present, I would have voted "yes."

INTRODUCTORY STATEMENT FOR
H.R. _____, THE LONG TERM
CARE VETERANS CHOICE ACT

HON. JEFF MILLER

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 18, 2013

Mr. MILLER of Florida. Mr. Speaker, today, I am introducing H.R. _____, the Long Term Care Veterans Choice Act, to amend title 38, United States Code, to authorize the Secretary of Veterans Affairs to enter into contracts and agreements for the transfer of veterans to non-Department medical foster homes for certain veterans who are unable to live independently.

Medical foster homes are private homes in which a trained caregiver provides twenty-four-hour, around-the-clock, care to a few individuals.

They are designed to provide a non-institutional long-term care alternative to those who prefer a smaller, more home-like and familial care setting than many traditional nursing homes are able to provide.

The Department of Veterans Affairs, VA, has been helping to place veterans in medical foster homes for over a decade.

VA, as part of the placement process, inspects and approves all medical foster homes, limits care to no more than three veterans at a time, and provides veterans living in such homes with home-based primary care services.

VA also provides safeguards to ensure veterans receive safe, high-quality care by requiring medical foster home caregivers to pass a federal background check and VA screening, agree to undergo annual training, and allow VA medical foster home coordinators and members of a VA home care team to make both announced and unannounced home visits.

Today, according to VA, over four hundred approved caregivers provide medical foster home care in their homes to over five hundred veterans daily in over thirty five states.

The problem, however, is that VA does not have the authority to pay for the cost of the medical foster home.

So, the veteran who chooses to live in a medical foster home must pay out of pocket with personal funds—regardless of whether or not such veteran is eligible for VA-paid nursing home care.

This creates a situation where many service-connected veterans with limited financial resources, who would prefer to live in a medical foster home, go to a nursing home institution instead because VA will cover the cost of

the nursing home, but not the medical foster home.

And, while traditional nursing homes will always be a vital component of long-term care, medical foster homes provide a worthy alternative for many veterans.

According to the Department, many more veterans would elect to receive care in a medical foster home should VA be granted the authority to pay for such care.

As the veteran population continues to age, the need for long-term care services will continue to grow.

I am sure we all agree that one thing we owe our veterans, particularly those who are service-connected and in need of long-term care, is the luxury of choice—the choice to decide where and how to receive the care they need.

The Long-Term Care Veterans Choice Act which would authorize VA to enter into a contract or agreement with a certified medical foster home to pay for the residential long-term care of service-connected veterans who are eligible for VA-paid nursing home care and would expand the long-term care choices offered to veterans beyond traditional services.

In addition to being beneficial for the health and well-being of veterans, the average cost of a medical foster home is approximately half the monthly cost of a nursing home, making this legislation a very cost effective health care option.

This is a commonsense, veteran-centric bill that will free many veterans from financial turmoil, and allow them to make their own decisions about what kind of long-term care they want to receive.

I strongly encourage my colleagues to join me in co-sponsoring the Long Term Care Veterans Choice Act.

H.R. 2667 AND H.R. 2668, TO AMEND
THE PATIENT PROTECTION AND
AFFORDABLE CARE ACT

HON. DEREK KILMER

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 18, 2013

Mr. KILMER. Mr. Speaker, as Congress considers two pieces of legislation related to the Affordable Care Act, I rise today to point out the silly exercise we're going through. On days like today, the American public gets to see exactly why Congress' approval rating is at historic lows.

Today, we're voting on two bills that would amend provisions of the Affordable Care Act. The first bill before us, H.R. 2667, would delay the so-called employer mandate provision until January 1, 2015. Given that the Administration has already said that they are delaying the employer mandate provision until that time, this bill won't actually do anything.

Mr. Speaker, the other bill we're voting on, H.R. 2668, would delay the implementation of the so-called individual mandate for one year. This bill would severely undermine the integrity of the Affordable Care Act. While I wasn't in Congress when the Affordable Care Act was passed into law, it is clear that this provision is needed to help make insurance afford-

able for all Americans and finally end the ability for insurance companies to deny coverage to those who have pre-existing conditions. By delaying the individual mandate, this bill would raise premiums on working class families and cause significant harm to our efforts to make health insurance accessible to all Americans.

I am proud of the work the State of Washington has done, through its state-based exchange and Medicaid expansion efforts, to make health insurance accessible for more than half a million uninsured Washingtonians. This will not only lead to a healthier population, but save Washington State an estimated \$280 million by the end of 2015, and add 10,000 new jobs as a result of the coming health care changes.

Before today's vote, I reached out to Washington State's Office of the Insurance Commissioner to discuss the individual insurance marketplace and the proposal to delay the individual mandate. I was assured that the marketplace is moving forward, full steam ahead. Insurance Commissioner Mike Kreidler said in a statement, "Delaying the mandate would be unwise. It's an issue of personal responsibility. It's unfair for people who can afford coverage to not have it, and to expect the rest of us to cover the cost of their care if they become seriously sick or injured."

The decision to bring both of these bills to the floor in this manner is not guided by some public policy concern. It is not to put forward credible solutions to legitimate problems. It is nothing more than a cynical attempt to play politics and mock the notion that we should implement the Affordable Care Act in a thoughtful, pragmatic way.

Mr. Speaker, I reject this false dichotomy. I support H.R. 2667, the Authority for Mandate Delay Act, not because I believe it solves an urgent problem, but for the same reason that I supported the Administration when they made this decision in the first place: the provisions have been determined to be too complex to implement prior to the existing deadline. I've met with several dozen employers in recent months who have asked for more time and greater certainty. That's what this bill does.

On the other hand, I oppose H.R. 2668, the Fairness for American Families Act, because the individual marketplace is moving forward and is in a fundamentally different place. In fact, this bill would severely undermine our ability to provide affordable, comprehensive health insurance to Americans.

[From the Washington State Office of the Insurance Commissioner Updates, July 17, 2013]

"Delaying the mandate would be unwise. This is an issue of personal responsibility. It's unfair for people who can afford coverage to not have it, and to expect the rest of us to cover the cost of their care if they become seriously sick or injured."

"A critical part of the Affordable Care Act was the provision requiring that insurers take all applicants. No more screening out people because they have pre-existing medical conditions. But to make that work, you have to have as many people as possible in the insurance pool."

"Without an individual mandate to have coverage, people would likely just buy insurance when they knew they needed it. That's like letting people get homeowners insurance only when their house catches fire."