□ 1425

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

EXPATRIATE HEALTH COVERAGE CLARIFICATION ACT OF 2014

Mr. NUNES. Mr. Speaker, pursuant to House Resolution 555, I call up the bill (H.R. 4414) to clarify the treatment under the Patient Protection and Affordable Care Act of health plans in which expatriates are the primary enrollees, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. HARRIS). Pursuant to House Resolution 555, the amendment printed in House Report 113–422 is considered adopted, and the bill, as amended, is considered read.

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

H.R. 4414

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 ''Expatriate Health Coverage Clarification Act of 2014''.

SEC. 2. TREATMENT OF EXPATRIATE HEALTH PLANS UNDER ACA.

(a) IN GENERAL.—Subject to subsection (b), the provisions of (including any amendment made by) the Patient Protection and Affordable Care Act (Public Law 111–148) and of title I and subtitle B of title II of the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152) shall not apply with respect to—

(1) expatriate health plans;

(2) employers with respect to any such plans for which such employers are acting as plan sponsors; or

(3) expatriate health insurance issuers with respect to coverage offered by such issuers under such plans.

(b) MINIMUM ESSENTIAL COVERAGE AND ELIGIBLE EMPLOYER-SPONSORED PLAN.—For purposes of section 5000A(f) of the Internal Revenue Code of 1986, and any other section of the Internal Revenue Code of 1986 that incorporates the definition of minimum essential coverage provided under such section 5000A(f) by reference, coverage under an expatriate health plan shall be deemed to be minimum essential coverage under an eligible employer-sponsored plan as defined in paragraph (2) of such section.

(c) QUALIFIED EXPATRIATES AND DEPENDENTS NOT UNITED STATES HEALTH RISK.—

(1) IN GENERAL.—For purposes of section 9010 of the Patient Protection and Affordable Care Act (26 U.S.C. 4001 note prec.), for calendar years after 2014, a qualified expatriate (and any dependent of such individual) enrolled in an expatriate health plan shall not be considered a United States health risk.

(2) SPECIAL RULE FOR 2014.—The fee under section 9010 of such Act for calendar year 2014 with respect to any expatriate health insurance issuer shall be the amount which bears the same ratio to the fee amount determined by the Secretary of the Treasury with respect to such issuer under such section for such year (determined without regard to this paragraph) as—

(A) the amount of premiums taken into account under such section with respect to such issuer for such year, less the amount of premiums for expatriate health plans taken into account under such section with respect to such issuer for such year, bears to

(B) the amount of premiums taken into account under such section with respect to such issuer for such year.

(d) DEFINITIONS.—In this section:

(1) EXPATRIATE HEALTH INSURANCE ISSUER.—The term ''expatriate health insurance issuer'' means a health insurance issuer that issues expatriate health plans.

(2) EXPATRIATE HEALTH PLAN.—The term ''expatriate health plan'' means a group health plan, health insurance coverage offered in connection with a group health plan, or health insurance coverage offered to a group of individuals described in paragraph (3)(B) (which may include dependents of such individuals) that meets each of the following standards:

(A) Substantially all of the primary enrollees in such plan or coverage are qualified expatriates, with respect to such plan or coverage. In applying the previous sentence, an individual shall not be taken into account as a primary enrollee if the individual is not a national of the United States and resides in the country of which the individual is a citizen.

(B) Substantially all of the benefits provided under the plan or coverage are not excepted benefits described in section 9832(c) of the Internal Revenue Code of 1986.

(C) The plan or coverage provides benefits for items and services, in excess of emergency care, furnished by health care providers—

(i) in the case of individuals described in paragraph (3)(A), in the country or countries in which the individual is present in connection with the individual's employment, and such other country or countries as the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor, may designate; or

(ii) in the case of individuals described in paragraph (3)(B), in the country or countries as the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor, may designate.

(D) In the case of an expatriate health plan that is a group health plan offered by a plan sponsor that—

(i) also offers a qualifying minimum value domestic group health plan, the plan sponsor reasonably believes that the benefits provided by the expatriate health plan are actuarially similar to, or better than, the benefits provided under a qualifying minimum value domestic group health plan offered by that plan sponsor; or

(ii) does not also offer a qualifying minimum value domestic group health plan, the plan sponsor reasonably believes that the benefits provided by the expatriate health plan are actuarially similar to, or better than, the benefits provided under a qualifying minimum value domestic group health plan.

(E) If the plan or coverage provides dependent coverage of children, the plan or coverage makes such dependent coverage available for adult children until the adult child turns 26 years of age, unless such individual is the child of a child receiving dependent coverage.

(F) The plan or coverage—

(i) is issued by an expatriate health plan issuer, or administered by an administrator, that maintains, with respect to such plan or coverage—

(I) network provider agreements with health care providers that are outside of the United States; and

(II) call centers in more than one country and accepts calls from customers in multiple languages; and

(ii) offers reimbursements for items or services under such plan or coverage in more than two currencies.

(G) The plan or coverage, and the plan sponsor or expatriate health insurance issuer with respect to such plan or coverage, satisfies the provisions of title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.), chapter 100 of the Internal Revenue Code of 1986, and part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181 et seq.), which would otherwise apply to such a plan or coverage, and sponsor or issuer, if not for the enactment of the Patient Protection and Affordable Care Act and title I and subtitle B of title II of the Health Care and Education Reconciliation Act of 2010.

(3) QUALIFIED EXPATRIATE.—The term ''qualified expatriate'' means any of the following individuals:

(A) WORKERS.—An individual who is a participant in a group health plan, who is an alien residing outside the United States, a national of the United States, lawful permanent resident, or nonimmigrant for whom there is a good faith expectation by the plan sponsor of the plan that, in connection with the individual's employment, the individual is abroad for a total of not less than 180 days during any period of 12 consecutive months.

(B) OTHER INDIVIDUALS ABROAD.—An individual, such as a student or religious missionary, who is abroad, and who is a member of a group determined appropriate by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor.

(4) QUALIFYING MINIMUM VALUE DOMESTIC GROUP HEALTH PLAN.—The term ''qualifying minimum value domestic group health plan'' means a group health plan that is offered in the United States that meets the following requirements:

(A) Substantially all of the primary enrollees in the plan are not qualified expatriates, with respect to such plan.

(B) Substantially all of the benefits provided under the plan are not excepted benefits described in section 9832(c) of the Internal Revenue Code of 1986.

(C) The application of section 36B(c)(2)(C)(ii) of such Code to such plan would not prevent an employee eligible for coverage under such plan from being treated as eligible for minimum essential coverage for purposes of section 36B(c)(2)(B) of such Code.

(5) ABROAD.—

(A) UNITED STATES NATIONALS.—

(i) IN GENERAL.—Except as provided in clause (ii), for purposes of applying paragraph (3) to a national of the United States, the term ''abroad'' means outside the 50 States, the District of Columbia, and Puerto Rico.

(ii) SPECIAL RULE.—For purposes of applying paragraph (3) to a national of the United States who resides in the United States Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, or Guam, the term ''abroad'' means outside of the 50 States, the District of Columbia, Puerto Rico, and such territory or possession.

(B) FOREIGN CITIZENS.—For purposes of applying paragraph (3) to an individual who is not a national of the United States, the term ''abroad'' means outside of the country of which that individual is a citizen.

(6) UNITED STATES.—The term ''United States'' means the 50 States, the District of Columbia, Puerto Rico, the United States Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, and Guam.

(7) MISCELLANEOUS TERMS.—

(A) GROUP HEALTH PLAN; HEALTH INSURANCE COVERAGE; HEALTH INSURANCE ISSUER; PLAN SPONSOR.—The terms ''group health plan'', ''health insurance coverage'', ''health insurance issuer'', and ''plan sponsor'' have the meanings given those terms in section 2791 of the Public Health Service Act (42 U.S.C. 300gg–91), except that in applying such terms under this section the term ''health insurance issuer'' includes a foreign corporation which is predominantly engaged in an insurance business and which would be subject to tax under subchapter L of chapter 1 of the Internal Revenue Code of 1986 if it were a domestic corporation.

(B) FOREIGN STATE; NATIONAL OF THE UNITED STATES; NONIMMIGRANT; RESIDE; LAWFUL PERMANENT RESIDENT.—The terms ''national of the United States'', and ''nonimmigrant'' have the meaning given such terms in section 101(a) of the Immigration and Nationality Act (8 U.S.C. 1101(a)), the term ''reside'' means having a residence (within the meaning of such term in such section), and the term ''lawful permanent resident'' means an alien lawfully admitted for permanent residence (as defined in such section).

The SPEAKER pro tempore. The gentleman from California (Mr. NUNES) and the gentleman from Michigan (Mr. LEVIN) each will control 30 minutes.

The Chair recognizes the gentleman from California (Mr. NUNES).

GENERAL LEAVE

Mr. NUNES. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on H.R. 4414.

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

There was no objection.

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

Mr. Speaker, the bill before the House today comes down to one simple question: Will we allow American companies to offer expatriate plans or will we force the offshoring of these plans? Will we support employment in America or stimulate employment overseas?

Mr. CARNEY and I have worked carefully and in good faith on a bipartisan basis to craft a bill that is limited in scope while at the same time remaining true to our commitment to save American jobs.

There have been a few changes to the bill since a bipartisan majority of the House supported it a few weeks ago. We clarified that an expatriate plan must be a comprehensive health care health plan and not a mini-med or other substandard plan.

□ 1430

We tightened the definition of an expatriate. The bill says that an expatriate must be abroad for at least 6 months. This is a much tougher standard, and it will guard against potential abuse.

The bill now also requires an expatriate plan to offer reimbursements in more than two currencies. Plans meet this requirement today, but the addition of this provision protects against the possible abuse of the expatriate exemption in the future.

Finally, Mr. Speaker, the bill now makes explicit that the expatriate plans must continue to comply with relevant laws enacted prior to ACA, specifically ERISA and the Public Health Service Act.

Mr. Speaker, this bill is a good bill. It is a bipartisan bill, and I urge the support of the House.

I reserve the balance of my time.

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

There is no doubt about where Democrats stand. We have taken the lead to make sure there is no offshoring, and there has been a good faith effort here, up to a point. Surely, that has been true of Mr. CARNEY in all of his efforts, working with Mr. NUNES.

But the problem is that there remain some serious shortcomings in this bill, and unfortunately, we cannot try to remedy it through an amendment, so the notion there is an open process here isn't correct.

The definition of expatriate has been tightened. I think there remain some issues, at least one regarding it; but the major problem relates to the language and how it would impact, potentially, health insurance for an estimated 13 million legal permanent residents and others who are lawfully present foreign workers in the U.S.

Let me just give you examples of where the standards remain weak. For example, under this legislation, expat plans would have dispensation to be weaker than other employer plans in this country.

They could, for example, impose cost sharing on preventive benefits. They could impose annual and lifetime limits on coverage. They could impose unduly long waiting periods.

Indeed, the only ACA provision that would clearly remain in effect would be that they would have to offer coverage to young adults under 26.

So the bottom line is, unfortunately, that the legislation, in its present form, could substantially undermine health security for foreign workers, as well as American dependents who remain in this country.

Also, what it does is provide unprecedented special treatment for these plans in terms of exempting them from financing mechanisms.

Let me say further, as we found out from the Joint Tax Committee and CBO, they confirm this bill would cause some employers who would offer ACA-compliant plans under present law to offer less generous expatriate plans that are no longer subject to the ACA. This is the reason the administration issued, I think just today, a Statement of Administration Policy, and they say they do not support H.R. 4414.

The ACA gives people, it continues, greater control over their health care; and what they say is that this is not true sufficiently in this case.

It says, because of the ACA, Americans who have previously been denied coverage due to a preexisting medical condition now have access to coverage, and that may well not continue.

So the administration concludes it remains willing to work with Congress to improve H.R. 4414 to address those issues and to maintain basic consumer protections for all workers. There are straightforward changes to the legislation, which we have shared with the Congress, that would satisfy these goals, and the Congress should pursue a solution.

Unfortunately, because of this rule, we cannot propose an amendment which would essentially implement these proposals from the administration that they have shared with the Congress. That is why I, unfortunately, have no choice but to suggest a ''no'' vote on the floor of this House.

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

Mr. NUNES. Mr. Speaker, at this time, I yield 2 minutes to the gentleman from Ohio (Mr. RENACCI), a member of the Ways and Means Committee.

Mr. RENACCI. Mr. Speaker, I rise today in support of H.R. 4414, the Expatriate Health Coverage Clarification Act, a bill introduced by my good friend, JOHN CARNEY.

When Mr. CARNEY and I first came to Congress, we looked around in search of others who, like us, were interested in finding common ground. Mr. CARNEY and I now meet regularly for breakfast with a group of Members from both sides of the aisle.

We come together to discuss commonsense ways to solve our Nation's problems that Members on both sides of the aisle can get behind. The bill that is on the floor today is an example of this type of commonsense approach to making policy.

The purpose of the bill is to fix a problem created by the President's health care law. If we don't fix it, 1,200 jobs will be lost across the country.

Mr. CARNEY and I may not agree on everything. In fact, the President's health care law is one thing we disagree on; but we do agree this specific provision is another example of one of the law's unintended consequences.

This bill before us today will keep America competitive and save American jobs. I encourage my colleagues on both sides of the aisle to support this important legislation.

Mr. LEVIN. Mr. Speaker, I yield 4 minutes to the gentleman from Delaware (Mr. CARNEY), a colleague and friend who is a sponsor of this legislation.

Mr. CARNEY. Mr. Speaker, last week, when I was back home in my district in Delaware getting a workout at the YMCA in my hometown of Wilmington, a man came up to me as I was on the exercise bike and said: Excuse me, do you mind if I interrupt?

I said: Of course not, I work for you. He said: I wanted to see if you know about the status of H.R. 4414 because I write expatriate health insurance plans

for Cigna, and I don't want to lose my job.

Losing even one job like this in my State keeps me up at night. The prospect of losing 500 jobs is a punch to the gut. That is how many jobs we will lose in my home State of Delaware if we don't pass this bill on the floor today.

I am a strong supporter of the Affordable Care Act, so are a lot of people in my State; but no law is perfect, and in a law as important, as complicated, and as technical as the Affordable Care Act, there are bound to be a few things that needed to be fixed.

The ACA was unintentionally written in a way that subjects U.S. expatriate health insurance plans to all the provisions of the ACA, which places a unique burden on these types of plans.

Expatriate health insurance plans offer a high-end, robust coverage to people working outside their home country, giving them access to a global network of health care providers. Individuals on the plan could be foreign employees working here in America, Americans working abroad, or, say, a German working in France.

Expatriate plans ensure that these employees have worldwide access to quality health care while working outside their home country.

Several U.S. health insurance companies—Cigna, MetLife, Aetna, and United Health—offer expatriate health insurance plans. These insurance companies compete with foreign insurance companies that also sell the same kind of plan. The issue is these foreign plans don't have to comply with the ACA.

Forcing U.S. expatriate insurance plans to comply with the ACA thereby gives their foreign competitors a distinct advantage. As a result, to stay competitive, a U.S. expatriate insurer will move their business overseas, taking the jobs with them; and that is why I am here on the floor today.

The good news is that we have bipartisan legislation here today that will level the playing field. In fact, the administration has already provided temporary relief for expatriate plans from nearly every Affordable Care Act provision that has gone into effect so far. The problem is this relief is only partial and only temporary. The administration can't make this relief without this legislative fix.

Our legislation ensures that American expatriate insurance carriers are on a level playing field with their foreign competitors, so that American jobs stay here in America.

Many of you know that this is our second go-round at this legislation. Over the past few weeks, we have worked painstakingly to improve our bill, and we have.

We are confident that our original version of the bill wouldn't have negatively impacted green card holders or create loopholes in the ACA, but we have worked hard over the past few weeks to address the concerns we heard.

We heard concerns the bill would let insurance companies create low-quality plans. Our bill now requires expat plans to meet the same value standard as any other employer-based plan under the ACA, and if the plan doesn't meet that standard, the expat can use subsidies to buy coverage on the exchange, just like any other American.

We heard concerns that the definition of an expat was too broad, that it could be taken advantage of. We changed that definition, tightened it up, and it is identical to the HHS regulations today.

We now make explicit that expat plans must follow all ERISA and Public Health Service Act requirements that were in place before the ACA.

We have been working on this issue for 3 years. The crafting of this bill has been a more collaborative bipartisan process than I think this Chamber has seen in quite a while, and I want to thank my friends and colleagues on both sides of the aisle for that effort.

This bill isn't perfect. The Affordable Care Act wasn't perfect. No bill is perfect, but if there was ever a case where the perfect was being made the enemy of the good, we are hearing it from my colleagues today.

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

Mr. LEVIN. I yield the gentleman an additional minute.

Mr. CARNEY. So if we don't pass this legislation today, people who have expatriate plans and the companies that offer them will continue to do so. The question is whether they will do so here in the United States and keeping those workers here or whether they will move those operations overseas.

I understand, as well as anyone, that the ACA is a political weapon in a larger political war on both sides of the aisle. All I am asking today is that we take actions so that 500 hard-working Americans in my district don't become collateral damage in that partisan political fight. Let's call a temporary truce in that battle today to protect those jobs.

Finally, I want to thank my colleague, Congressman NUNES, and the Ways and Means staff on both sides of the aisle for their hard work on this issue, and I want to thank leadership on both sides of the aisle for recognizing this is a very serious problem that needs fixing.

I ask my colleagues on both sides of the aisle to support us and vote ''yes'' on this legislation today. Vote ''yes'' on H.R. 4414.

Mr. NUNES. Mr. Speaker, at this time, I yield 3 minutes to the gentleman from Pennsylvania (Mr. DENT).

Mr. DENT. Mr. Speaker, I rise today in strong support of H.R. 4414, the Expatriate Health Care Coverage Clarification Act.

I do want to point out that the American people do expect us to work together in a responsible manner to solve real problems, and that is what this bill we are talking about today does.

I certainly want to thank my colleagues, Representative CARNEY of Delaware and Representative NUNES of California, for taking the initiative to craft this really important piece of legislation.

I also know it is really difficult to look at any bill dealing with the health care law without considering the broader context of the law. However, it is also difficult to look at the state of our economy today and be nonchalant about the fact that 1,200 of our fellow Americans stand to lose their jobs if we don't act and pass this legislation.

Many of those folks live in the State of Delaware. Many of them live in the State of Pennsylvania, just over the Delaware State line. So our constituents are hearing about it, just like the story you heard from Mr. CARNEY and he is stopped by his constituents. We are hearing about this at home.

So that is really what this bill introduced by Mr. CARNEY and Mr. NUNES does. It saves jobs, it is that simple, and it does so without jeopardizing anybody's health care.

No one is going to be affected by this in a negative way. The bill on the floor today simply allows American companies to continue selling insurance to people who live and work overseas, many of our neighbors and friends. That happens to them.

□ 1445

If we don't pass this bill, the business will go to foreign insurance companies who will be selling these plans and possibly getting many of these jobs. Why would we want to do that? More importantly, why would we even allow that?

So this bill represents a very narrow change to the law and saves jobs. This bill simply amends the law. It does not end the law. This is not a partisan bill. This bill is a vote to keep jobs here in America and Pennsylvania and Delaware and California and other places and would take sensible steps to fix a law that we all know needs to be fixed.

Again, I know it is difficult, but we need to focus on the trees here and look past the forest, so to speak, on this bill. We need to take action and save jobs for American workers. And most important of all, we need to demonstrate to the American people that we can work together to solve very specific problems that need to be fixed. That is what we are doing. That is why everybody, whether you are a Republican or a Democrat, should stand up and enthusiastically support this bill that will not harm anyone's health care and will save American jobs.

Mr. LEVIN. It is now my pleasure to yield 4 minutes to the gentleman from California (Mr. WAXMAN), the ranking member of the Committee on Energy and Commerce.

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

Mr. Speaker, my colleagues, this is a bill that could have been worked out. This is a bill that could have accomplished the purpose that I know that our colleague from Delaware wants to see put into place, and I applaud him

for working hard to improve the bill under very difficult circumstances.

In trying to allow the American insurance companies to sell policies to expats, we could craft a bill that is narrow, but we are not getting cooperation to get to that point. The reason we are not getting cooperation is we are told we must pass a bill right away. Well, we were told that 2 weeks ago when we had the bill under suspension, and we couldn't consider any amendments under suspension. Now we have the bill under a rule. Oh, and the rule provides for no amendments either.

There is a bill to be crafted, but this bill before us does not accomplish the goal in a way that really doesn't hurt some people's insurance coverage.

There are still two major problems with the legislation before us today. First, it does not have enough safeguards to guarantee that these expatriate plans are high quality, and the second issue is the bill creates problems for millions of other people who are legal permanent residents here in the United States and others working in this country who are currently protected by the Affordable Care Act.

On the first issue, the insurers tell us that their expatriate plans are going to be extremely generous. They say they cover people in dozens of countries around the world and they have comprehensive benefits, but we don't see any language to verify that claim. Supporters of the bill claim to guarantee the plans are as high quality as the insurers say they are. But it is one thing to say that their plans will be of high quality; it is another thing to actually require them to offer comprehensive benefits. As President Reagan used to say, ''Trust, but verify.''

The second issue has nothing to do with the expatriate plans and the companies that are threatening to shut down their operations here in the United States. It has to do with millions of other people who are legal permanent residents and workers on visas who currently benefit from the ACA's protections. But this bill creates a loophole that could allow these people to be sold plans here in the United States that do not meet ACA standards. That is why a lot of people looking at this legislation are saying—such as major labor unions, immigration advocacy organizations—that this bill is not one they can support, and they urge that we vote against it.

So I think we can fix both of those issues. We should have fixed both of those issues before this bill was brought up on the House floor. But as it stands, we don't know if the Senate can pass any bill, and I don't believe the President can sign this bill.

My colleague from Delaware and my other colleagues have already helped make important improvements for the bill. Changing the definition of an expatriate to someone who is outside of the country for 6 months is an important step. We should continue to make progress.

There have been productive negotiations on the legislation in recent days. We need to reach an agreement, and we should bring that compromise to the House floor; but without that compromise, I don't feel I can vote for the bill as it presently stands. There are these two glaring problems that need to be fixed; and without it, we will not know if those expatriate plans really are the high quality they claim to be, and we will not know if legal residents of the United States will be able to get the kind of high-quality plan that everybody else in the United States will have.

So I urge a ''no'' vote and suggest that we get back to the negotiating table.

Mr. NUNES. Mr. Speaker, I yield myself 14 seconds.

Mr. Speaker, we have waited for 4 years. For 4 years, we have been trying to fix this problem. Four years, time is up. We have got to pass this bill and send it to the Senate so that it can be signed into law.

I will continue to reserve the balance of my time.

Mr. LEVIN. I now yield 2 minutes to the gentleman from Vermont (Mr. WELCH).

Mr. WELCH. Mr. Speaker, I support this bill.

There are really two issues at stake. One is preserving the integrity of the ACA, the Obama health care bill. There is huge division in this Congress as to whether that bill should have been passed. It was passed. But there is unity of purpose now that where there is an identified problem, we should fix it rather than just having the ideological battle about whether the law should have been passed in the first place. That is actually progress because, as my friend from Pennsylvania said, there is a legitimate expectation on the part of the people we represent to solve concrete, discrete problems when, in the solving of them, we are going to keep 1,200 people working. And that is the real goal of this.

Is there a way where both sides—those who agree with the health care bill and those who disagree with it—can come together with a narrow fix that allows 1,200 people—500 in Delaware and 700 in other parts of the country—to keep doing their work? And, of course, we can.

There is a second question that has come up, and that is whether this bill right now goes as far as it needs to go. Is this crafted as well as it needs to be crafted? And that is debatable. The points that the gentleman from California (Mr. WAXMAN) made were heartfelt, but there has been real progress because there has been engagement.

You have had Mr. CARNEY and Mr. NUNES working very closely with colleagues on both of their sides to deal with practical issues that have come up. You have had the White House meeting with Cigna, and both sides understood. Cigna understood that the White House had had some legitimate concerns as proponents of the ACA; the White House understood that Cigna had real and legitimate concerns about their business and their jobs.

So the progress is reflected in this bill. There is now a debate about whether that is enough progress. So we have to make a decision: Do we wait and try to keep negotiating here or do we move it on to the Senate?

In my view, we move it on to the Senate, partly because, as Mr. NUNES said, we have been grappling with this for 3 to 4 years. Second, we have got ACA supporters—and this gives me comfort—on the Senate side, Senator CARPER and Senator COONS from Delaware, who are committed to making certain that the fix doesn't compromise the health care bill. That is important to folks like me who voted for the ACA.

So this is a practical step that we can take, working together in order to save jobs without compromising the underlying legislation.

Mr. NUNES. Mr. Speaker, I yield myself 21 seconds.

Mr. Speaker, I would like to submit for the RECORD three letters: one from the Council for Affordable Health Coverage in support of our bill, the other from the National Association of Health Underwriters in support of our bill, and the last one from the Business Roundtable in support of our bill.

COUNCIL FOR AFFORDABLE HEALTH COVERAGE,
April 29, 2014.

Hon. JOHN CARNEY,
Longworth House Office Building, Washington, DC.
Hon. DEVIN NUNES,
Longworth House Office Building, Washington, DC.

DEAR CONGRESSMEN CARNEY AND NUNES: We write to endorse H.R. 4414, the Expatriate Health Coverage Clarification Act of 2014. We strongly support this modification of the Affordable Care Act (ACA) because it will prevent Americans workers abroad and American companies providing health coverage internationally from being disadvantaged compared to their foreign counterparts.

Employers are not alone in their concerns about the application of the ACA to expatriates. The Department of Labor in a Frequently Asked Questions document stated, ''The Departments recognize that expatriate health plans may face special challenges in complying with certain provisions of the Affordable Care Act. In particular, challenges in reconciling and coordinating the multiple regulatory regimes that apply to expatriate health plans might make it impossible or impracticable to comply with all the relevant rules at least in the near term.'' The Center Consumer Information and Insurance Oversight (CCIIO) concurred with the Department of Labor by posting the same document on their website.

It is clear that the ACA never envisioned the impact of the law on expatriate plans. For example, CCIIO and the Department of Labor used the following example to illustrate the impracticality of applying the ACA to expatriate plans. ''For example, independent review organizations may not exist abroad, and it may be difficult for certain preventive services to be provided, or even be identified as preventive, when such services are provided outside the United States by clinical providers that use different code sets

and medical terminology to identify services.''

Because of the challenges and impracticalities associated with this aspect of the Affordable Care Act, we urge you to quickly pass this legislation to protect American workers abroad and American insurers selling insurance on the international market.

Sincerely,

Communicating for America;
Council for Affordable Health Coverage;
National Association of Health Underwriters;
National Retail Federation;
Retail Industry Leaders Association;
Small Business & Entrepreneurship Council; and
U.S Chamber of Commerce.

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS,
Washington, DC, April 28, 2014.

Congressman JOHN CARNEY,
Longworth House Office Building,
Washington, DC.

DEAR CONGRESSMAN CARNEY: On behalf of the National Association of Health Underwriters (NAHU), representing 100,000 licensed agents and brokers who are engaged in the sale and service of health insurance and other ancillary products and serving employers and consumers around the country, I want to commend you on your efforts to pass the Expatriate Health Coverage Clarification Act as amended.

NAHU members work to help millions of employers of all sizes finance administer and utilize their group health benefit plans on a daily basis. Expatriate health insurance plans offer high-end, robust coverage to executives and others working outside their home country, giving them access to a global network of health care providers.

U.S. insurance companies compete with foreign insurance companies that also sell expatriate health insurance plans, but these foreign carriers are not required to comply with the Affordable Care Act (ACA). This imbalance gives foreign competitors an unfair advantage. The bill narrowly clarifies that the Affordable Care Act does not apply to expatriate health insurance plans.

Since the legislation's original introduction, it has been amended and now requires an expatriate plan to meet minimum value requirements as defined under the ACA (60 percent actuarial value). This is the same standard all other employer-provided plans must meet in order to comply with the laws employer shared responsibility provisions. Should an expatriate plan offered under this bill fail to meet minimum value requirements, an employee would be eligible to seek coverage on the exchange and could be eligible for income-based subsidies.

Further, the amended bill tightens the definition of an expatriate. It says that an expatriate must be abroad for at least six months. The previous version of the bill said that an expatriate only had to be abroad for three months, or travel outside the country 15 times in a year. This bill requires a much tougher standard that will guard against potential abuse. Finally, the amended bill explicitly states that expatriate plans must continue to comply with relevant laws enacted prior to the ACA—specifically the Employee Retirement Income Security Act and the Public Health Service Act.

We appreciate your leadership on this important issue for businesses and their employees so that the law can help all Americans get quality health insurance. We look forward to working with you and your colleagues in enacting this bipartisan legislation this year.

Best regards,

JANET TRAUTWEIN,
Executive Vice President and CEO.

BUSINESS ROUNDTABLE,
Washington, DC, April 28, 2014.

Hon. HARRY REID,
Majority Leader, U.S. Senate,
Washington, DC.

Hon. MITCH MCCONNELL,
Minority Leader, U.S. Senate,
Washington, DC.

Hon. JOHN BOEHNER,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR LEADERS: The Business Roundtable encourages you to support legislation that does not apply Affordable Care Act (ACA) requirements upon employer-sponsored health care coverage for those employees and their families who work outside of the United States. Business Roundtable is an association of chief executive officers of leading U.S. companies with $7.4 trillion in annual revenues and more than 16 million employees.

Business Roundtable companies provide health coverage to over 40 million Americans around the globe. We consider our employees to be among our strongest competitive assets and are committed to a benefits strategy that enhances their health, well-being, and sense of security wherever they may be. We have also advocated for reforms that will improve quality and make health care more affordable and more efficient.

As companies expand operations internationally, we face challenges in a global competitive environment, one of which is the application of ACA requirements to our globally mobile employees and their families. As currently interpreted, the complex and prescriptive requirements of the ACA apply to U.S.-based expatriate plans, which means U.S.-based international plans must comply with the domestic law's requirements in all parts of the world and for all employees outside the United States covered on those plans, regardless of their citizenship and work location. Many of these requirements are difficult to implement in other countries and may not be relevant in other locations.

For example, the Summary of Benefit Coverage notification uses terminology and data that is specifically tailored to types of benefits, costs, and care offered in the United States. This form is not relevant to those who live outside the country. There are numerous examples of these types of requirements in the law that are unique to our health care system and should not be applied to benefits offered to employees who are residing outside of the United States.

Expatriate health care benefits are highly valued by our employees and ensure they can continue to benefit from an American health care option. This, in turn, assures the competitiveness of U.S. jobs in the global market. For these reasons, we urge Congress to pass narrow, common sense relief that provides certainty and clarity for multinational corporations and their ability to continue providing comprehensive health benefits for those employees outside the United States.

Sincerely,

GARY LOVEMAN,
Chairman, Chief Executive Officer and President, Caesars Entertainment Corporation; Chair, Health and Retirement Committee, Business Roundtable.

Mr. NUNES. I will continue to reserve the balance of my time.

Mr. LEVIN. I now yield 4 minutes to the gentleman from California (Mr. BECERRA), a member of our committee and also the chair of our Caucus.

Mr. BECERRA. I thank the gentleman for yielding me the time.

Mr. Speaker, let me say in advance that I appreciate the work that has been done by any number of Members with regard to this legislation. Many people have engaged in a good faith effort to try to find an acceptable solution that resolves issues which are legitimate and have raised a concern for a lot of us with regard to how we move forward with the Affordable Care Act and make sure that not only Americans are covered, but that our companies can continue to offer insurance coverage for those Americans that are not only affordable but have high quality.

And many of us have recognized that in the case of Americans who are out of the country for more time than they are in the country in a year, that we may have to make some exceptions for them so that the company that is offering them health insurance can offer a policy that is competitive. We don't want to price out our American companies that offer health insurance coverage simply because they are trying to meet domestic care standards for health care that are required as a result of the Affordable Care Act but that may not work as well abroad.

So you take a look at the name of this bill, the Expatriate Health Coverage Clarification Act of 2014. You think, okay, that is what we are trying to do. We are trying to help expatriates, Americans who work abroad more time than they are here at home. But when you take a close look at the bill, that is not what it does.

We are told by the Congressional Research Service that there are probably about 285,000 Americans who have expatriate health care coverage. This bill wouldn't impact just those 285,000 Americans. This bill impacts millions because it impacts U.S. citizens who are here in the country, not abroad for more than half of the time, and it could have an impact on every single legal immigrant who is in this country.

So I think all of us agree. We want to make sure that the Affordable Care Act and its patient protections work, and if we could tweak things to make it work better, we should. But this is not a bill for expatriates. This is a bill that goes way beyond.

So let's not fool ourselves. We have to take care of trying to deal with the narrow exception that we are looking at for expatriates, not create a giant loophole by which we can now remove the protection against discrimination for preexisting conditions that right now all Americans and legal immigrants can now know that they have.

We want to make sure that all of those people who now have protection from the plans that don't provide coverage after a certain amount of money, where all of a sudden, boom, you go bankrupt because you didn't know that your insurance company would only

cover $50,000 of your health care costs, that protection might be gone. What we don't want is to create a giant loophole in trying to help a narrow band of Americans and companies that offer these Americans health insurance coverage.

The White House has said there is a fix here. And I know the White House has been trying to work with the proponents of this bill to come up with a fix. But as they said the last time this was up, this needs work, and it should not come up for a vote.

But what are they saying now? The administration issued this today:

> The administration does not support House passage of H.R. 4414 in its current form because it would reduce consumer protections and create even more loopholes in the Tax Code.

There is a fix, but this is not it because it goes way beyond. And what we also have to do is recognize that there are other things involved.

This bill will cost the American taxpayers money. How much? We are told by the Congressional Budget Office and Joint Tax Committee, $1.4 billion. Is it paid for? Are the $1.4 billion that we would take away from—or have to take from other taxpayers covered so that we won't have to have other Americans pay for this? No. This bill is unpaid for.

And so for any number of reasons, we should sit down and get this resolved the right way because the White House says there is a fix. Those of us who oppose this bill say there is a fix. But to create more loopholes which allow American citizens and immigrants who are lawfully here, working hard, to all of a sudden be deprived of their protections——

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

Mr. LEVIN. I yield the gentleman from California an additional 1 minute.

Mr. BECERRA. To deprive American citizens who don't know about this, to deprive those immigrants who came to this country legally and are working in this country and today have the same protections to make sure they are not discriminated against for a preexisting condition, who also have a chance to get offered a plan that has those protections against that fine print we used to see in the health policies, to all of a sudden tell them that they are going to be denied that because we were trying to fix a problem for Americans who work abroad for more than a half a year, that is not what we should be doing.

There is a fix. This should not cost the taxpayers more money. And I believe we could do this pretty quickly because it is a narrow issue.

If we really want to help expats, take out the language in the bill that talks about legal immigrants who are in the country. It talks about workers who come to this country to work under worker visa categories, like in the high-tech field or in agriculture. We can do this very simply. And I just appeal to my colleagues and friends on both sides of the aisle: Let's not open up bigger loopholes that cost the taxpayers money simply to try to fix a narrow version of this that we know we can do.

So with that, I hope that sanity will prevail before this goes too far.

□ 1500

Mr. NUNES. Mr. Speaker, before I yield to my friend from Pennsylvania again, I just want to say that as someone who used to work in the fields, I would much prefer an expatriate plan over ObamaCare.

At this time, I will yield 2 minutes to the gentleman from Pennsylvania (Mr. DENT).

Mr. DENT. Mr. Speaker, just in response to some of the comments I heard from my colleagues from California, I think it is pretty clear, the Joint Committee on Taxation, JCT, has been quoted here, but under this bill, the Joint Committee on Taxation confirms that all plans are ACA compliant. The JCT also confirms that more U.S. employers—American employers—will offer employer-sponsored insurance as a result of this bill.

Further, the Joint Committee on Taxation confirms that the impacts of this legislation are under 1 million people, closer to 300,000 at best. That is what we are talking about here.

Let's be very clear. The Nunes amendment that was offered to this bill actually does help solve many of the problems I believe that have been raised here in the last few minutes. Mr. WAXMAN from California also raised his concerns. But I must say that if we don't move on this bill, we are not going to have to worry about any of this, because Americans working overseas as expats will be buying insurance from German insurance companies or British or some other European concern. These Americans may be working in places like Ghana, Ethiopia, or Poland. Frankly, the ACA, the health care law, really has no standing in those countries.

So, please, this is a very targeted piece of legislation. These Americans will have good, quality health care as they are working overseas in countries that really don't recognize the health care law. So it is a commonsense proposal. The JCT, the Joint Committee on Taxation, confirms that this is going to affect fewer than 300,000 people. We know that all these plans are ACA compliant, and we know that more U.S. employers are going to offer employer-sponsored health insurance as a result of passing this bill.

I say vote for the bill, do the right thing, get the bill to the Senate and ultimately to the President's desk.

Mr. LEVIN. I now yield 2 minutes to the gentleman from California (Mr. COSTA).

Mr. COSTA. Mr. Speaker, I thank the ranking member, Mr. LEVIN, for the 2 minutes.

I rise today to speak in favor of H.R. 4414, the Expatriate Health Coverage Clarification Act. I am a cosponsor of this bill because I think it provides a targeted fix to the unintended consequences of the Affordable Care Act. It is too bad, though, that we cannot work together in fixing other flaws in the ACA instead of trying to repeal it over 50 times over the last 2 years.

I think, though, this bill will save American jobs, including many in the San Joaquin Valley. There have been some concerns that this bill would negatively impact green card holders and other immigrants to our country. I think this bill does provide safeguards to ensure that that will not happen.

An expat plan, by its nature, offers robust benefits across the globe. No one should be concerned that this bill will somehow erode coverage or quality for non-Americans living here in the U.S. or for Americans living abroad, for that matter.

With more than 1,000 jobs at stake, passing this bill will signal to the American people that, yes, on occasion Congress can work together and that we do care about more than business as usual.

I am pleased to join my colleagues, Mr. CARNEY and Mr. NUNES, in standing up for this effort to protect some American jobs. But let's remind ourselves that it is a work in progress and the author knows that this legislation, I suspect, would not be signed into law in its current form. But it is a work in progress. We move it along, we work with the Senate and get the concerns addressed the administration has raised. That is what it takes working together on a bipartisan basis to get legislation done.

I urge my colleagues to vote ''yes'' on the bill when it comes up for a vote today.

Mr. NUNES. Mr. Speaker, at this time, I yield myself 15 seconds.

Mr. Speaker, I would like to submit a letter from the American Benefits Council, a letter from the U.S. Chamber of Commerce, and also a letter from CHCC, Corporate Health Care Coalition.

AMERICAN BENEFITS COUNCIL,
Washington, DC, April 8, 2014.

Re Support for H.R. 4414—Expatriate Health Coverage Clarification Act.

Hon. JOHN BOEHNER,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER BOEHNER AND LEADER PELOSI: I write on behalf of the American Benefits Council (''Council'') to express support for H.R. 4414, the Expatriate Health Coverage Clarification Act of 2014 (''Act''). The Act provides important clarification regarding application of the Affordable Care Act (ACA) to health coverage that is provided to globally mobile employees. These are issues of significant concern to multinational employers, their employees and families.

The Council is a public policy organization representing principally Fortune 500 companies and other organizations that assist employers of all sizes in providing employee

benefits. Collectively, our members either sponsor directly or provide services to health and retirement plans that cover more than 100 million Americans both within the United States and abroad.

Most of our member companies sponsor health coverage for a workforce that includes globally mobile employees. Council members rely on expatriate health plans to provide benefits that meet the unique needs of this employee population and their families. Multinational employers value expatriate health plans for many reasons, including the role they play in recruiting and retaining a productive globally mobile workforce by ensuring coverage of their employees' and families' health care needs while abroad.

The ACA was intended to reform the U.S. health care system. Its application to expatriate health plans and to the employer sponsors and people covered by such plans, has created compliance uncertainty with respect to the law's individual and employer mandates and certain other health plan requirements. Although some of these matters have been addressed in transition guidance issued by the agencies, the guidance is temporary and does not fully address the outstanding concerns.

H.R. 4414 provides needed statutory clarification with respect to the application of the ACA to expatriate health plans and the employers, employees and family members that rely on such plans to meet the health benefits needs of a globally mobile workforce.

We appreciate your consideration of these important issues.

Sincerely,

JAMES A. KLEIN,
President.

CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA,
Washington, DC, April 9, 2014.

TO THE MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES: The U.S. Chamber of Commerce, the world's largest business federation representing the interests of more than three million businesses of all sizes, sectors, and regions, as well as state and local chambers and industry associations, and dedicated to promoting, protecting, and defending America's free enterprise system, strongly supports H.R. 4414, ''The Expatriate Health Coverage Clarification Act of 2014,'' to preserve the ability of our country's businesses to provide, and our citizens to obtain appropriate health care coverage as they conduct business and live overseas. This important bill protects the ability of American companies to provide and workers to obtain coverage abroad that have historically been offered and valued.

The PPACA was designed to improve access to coverage and health care services for people in the United States and to strengthen this nation's health care system. Whether it will accomplish these goals remains to be seen. However, it was certainly not intended and must not be misconstrued to disadvantage American companies either operating or employing individuals in other countries or selling products abroad. It is important to ensure that this unintended consequence does not occur. This bill would protect the coverage and opportunities of American workers, American employers, and American products abroad. Congress must pass this bill to explicitly exempt expatriate plans from the myriad of PPACA requirements.

Applying these new mandates to international plans would not only be extremely difficult and complex from an operations standpoint due to the global nature of this type of coverage but would also be bad policy. They would place American businesses and expatriate American employees at a disadvantage in the global marketplace. Requiring American companies that operate around the globe and their foreign-based employees to buy more costly coverage would unfairly benefit foreign competitors and foreign employees. Such PPACA-compliant expatriate plans are not likely to be cost-competitive. In many instances, they may not provide global coverage and would in fact not comply with applicable local laws. Because of conflicting requirements between these new mandates and the laws of other countries, an employer may also have to purchase multiple policies with overlapping coverage or risk noncompliance with one or more nations' laws. Congress must protect the ability of American companies and their expatriates to purchase and offer appropriate and valued plans that have long been part of how our country operates in the global marketplace.

U.S. jobs are at stake. If this legislation does not get enacted, American jobs associated with writing, servicing and administering these plans will be shipped overseas.

The Chamber continues to champion health care reform that builds on and reinforces the employer-sponsored system while improving access to affordable, quality coverage. The Chamber urges you and your colleagues to support H.R. 2575, and may consider including votes on, or in relation to, this bill in our annual How They Voted scorecard.

Sincerely,

R. BRUCE JOSTEN.

CORPORATE HEALTH CARE COALITION,
Washington, DC, April 28, 2014.

Hon. JOHN BOEHNER,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER BOEHNER AND LEADER PELOSI: The Corporate Health Care Coalition is writing to convey its support for H.R. 4414, ''The Expatriate Health Coverage Clarification Act of 2014.'' CHCC is a public policy organization comprised of leading companies from varying industries that compete in the global marketplace and sponsor health plans for the benefit of eligible employees and dependents located in every state in the nation and across the globe.

CHCC members are leaders in providing high quality health benefits in an efficient and effective manner. A healthy workforce is critical to our competitiveness both domestically and globally. Expatriate health plans play a particularly vital role in recruiting and retaining a productive, globally mobile workforce, by ensuring that the health care needs of employees and their families are met while overseas.

The Expatriate Health Coverage Clarification Act of 2014 would provide needed clarification with respect to the Affordable Care Act's application to expatriate health plans, thereby preserving these plans as a viable means of providing health coverage to employees who reside outside of the United States. Therefore, CHCC urges Congress to pass the Expatriate Health Coverage Clarification Act of 2014.

Sincerely,

KATE HULL,
Executive Director.

Mr. NUNES. I continue to reserve the balance of my time.

Mr. LEVIN. I now yield 3 minutes to the gentleman from Wisconsin (Mr. KIND), another member of our committee.

Mr. KIND. Mr. Speaker, I thank my friend and colleague for yielding me this time.

Mr. Speaker, I rise in support of this legislation before us today not because I believe it is a perfect answer to a problem that needs to be fixed but in order to make sure that the process moves forward. I want to commend my colleagues who have worked tirelessly over the ensuing weeks to try to address the concerns—legitimate concerns, I view—of some of the shortcomings of the legislation before us, Mr. NUNES and my good friend, Mr. CARNEY from Delaware.

This is, I think, emblematic of how we should be addressing reform within the health care system, having the wisdom as a body to recognize what is working with health care reform and what isn't working and then try to deal with that with fixes and needed adjustments along the way.

This was an unintended consequence affecting expat health insurance plans. In my view, there are competitiveness issues from those insurance plans offering expat coverage compared to what other foreign plans are offering, but also the ability of people to be able to work and live effectively abroad.

Even the administration has admitted in their Statement of Administration Policy that there is a problem that needs to be addressed. They have identified certain shortcomings of this legislation, from consumer protections to issues affecting the Tax Code, but I am sure that as we move forward today, hopefully with bipartisan support, the Senate will have an opportunity to address many of these concerns, and we will have to continue to work with the administration with the legitimate concerns that they continue to raise.

Again, this is, I think, an approach that we should be taking as a nation right now, having the wisdom to understand what is working and also dealing with the unintended consequences of health care reform, which affects one-fifth of the entire U.S. economy. You are not going to change that overnight. If you try, you are going to introduce shocks to the system that aren't going to work for people.

I think this is an honest approach done in a bipartisan fashion with a lot of listening on both sides and a lot of vetting of issues that I think are legitimately being raised right now in order to address one of those small, unintended consequences of the health care reform.

I think, clearly, everyone recognizes more work needs to go into this legislative package in order to allay some of the concerns. The Senate, again, will have an opportunity to address and will continue to engage the administration in order to address some of the concerns that they are raising, as well. But this is a good, I think, first honest approach in order to find that solution so we don't see the detrimental job impact occurring right here in the United

States and that we do allow affordable and quality health care coverage for those workers overseas.

Again, I commend my friends, Mr. CARNEY and Mr. NUNES, for the outreach and the work that they have put into this legislation. I encourage my colleagues to support this legislation as it moves forward.

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

Mr. LEVIN. Can I ask my colleague, are you ready to close?

Mr. NUNES. Yes, I am ready to close.

Mr. LEVIN. So I will do the same.

I would like to place in the RECORD a letter of opposition to this bill as presently formulated from the AFL–CIO, the American Federation of State, County and Municipal Employees, the American Federation of Teachers, Farmworker Justice, the UAW, the National Council of La Raza, the National Education Association, the National Immigration Law Center, the Service Employees International Union, the UNITE HERE, the United Farm Workers, and the United Food and Commercial Workers International Union.

APRIL 28, 2014.

DEAR REPRESENTATIVE: We write today regarding the Expatriate Health Coverage Clarification Act (H.R. 4414), scheduled for floor debate on Tuesday. Although negotiations are apparently occurring behind closed doors on a final version of the bill, it is our understanding that these discussions are unlikely to address major shortcomings of the bill. Barring substantial revisions to the bill, we urge you to oppose it.

As you know, the bill is intended to accommodate health plans providing coverage for workers that work in multiple countries, and it is reasonable to grant these plans some flexibility to pursue this role. We understand that these ''expatriate'' health care plans currently cover fewer than 300,000 workers. However, the current draft of the bill could impact a much wider population, resulting in a lower standard of health care coverage for 13 million lawful permanent residents (LPRs or green card holders), as well as individuals with visas for more highly skilled work and people in dozens of other nonimmigrant categories.

It is important that these workers, who live and work beside other U.S. workers, enjoy the same coverage protections provided by the Affordable Care Act (ACA). It would simply be unfair to provide them a lower level of protection, and it would exert downward pressure on the benefits offered to all other workers.

We do believe it is possible to accommodate the needs of expatriate health plans while avoiding this impact on millions of workers. First, the Department of Health and Human Services (HHS) can continue its work developing regulatory approaches to easing the administrative burdens faced by these plans. Second, more work can be done on a legislative approach that appropriately reduces the burden faced by legitimate expatriate health plans, without creating a loophole that could be exploited by plans seeking to skirt the coverage standards of the ACA.

The bill has been improved in some ways since it was first considered on the House floor. U.S. citizens may only be included in the plans if they travel out of the country for more than 180 days a year, and a benchmark has been added to encourage employers to offer coverage with an actuarial value of 60 percent or higher.

It remains imperative, however, to ensure that LPRs and individuals in nonimmigrant visa categories are not exposed to a gap in ACA coverage protections. More must be done to exclude these groups from the populations covered by this bill. Additional employer reporting and enforcement provisions would help ensure that employers would not stretch the definition of expatriate employees to offer substandard coverage to workers.

We welcome the opportunity to help improve this legislation to address the concerns of the expatriate health plans without having a negative impact on workers who live and work in the U.S. It is unlikely that H.R. 4414 will be amended to meet these goals before the scheduled floor vote, however, and we urge you to vote against the bill.

Sincerely,

AFL-CIO,

American Federation of State, County and Municipal Employees (AFSCME);

American Federation of Teachers;

Farmworker Justice;

International Union, United Automobile, Aerospace and Agricultural Implement Workers of America (UAW);

National Council of La Raza (NCLR);

National Education Association (NEA);

National Immigration Law Center;

Service Employees International Union (SEIU);

UNITE HERE;

United Farm Workers;

United Food and Commercial Workers International Union (UFCW).

Mr. LEVIN. Also, I submit for the RECORD a letter in opposition to this bill as presently formed from the National Immigration Law Center.

NATIONAL IMMIGRATION LAW CENTER,
Los Angeles, CA, April 30, 2014.

DEAR SPEAKER BOEHNER AND DEMOCRATIC LEADER PELOSI: As the House of Representatives considers the Expatriate Health Coverage Clarification Act (H.R. 4414) again today, we urge you to oppose it. Already defeated in the House on April 9, 2014, this bill, absent key changes, will lead to an erosion of Affordable Care Act (ACA) standards and lower quality health coverage for immigrants who are unreasonably and mistakenly classified as expatriates under the legislation.

Supporters of the bill claim that the problems contained in the original bill have been adequately addressed. This is simply not true. While some positive changes have been made, the most egregious provisions remain firmly in place, including those with broad implications for low-income immigrants living and working in the U.S. These remaining problems leave the bill vulnerable to legal challenges.

H.R. 4414 would eliminate the ACA's group plan consumer protections for ''expatriate health insurance plans,'' including for U.S.-regulated issuers, provided to individuals who travel ''abroad.'' This blanket exemption alone should be cause for concern. However, what is far more troubling is that the bill uses a broad definition for ''expatriate'' that includes many immigrants who live in the U.S. permanently and do not travel abroad for work. This definition extends far beyond the purported objectives of the legislation and must be fixed.

Specifically, the definition of ''expatriate'' in H.R. 4414 includes lawful permanent residents (LPRs or green card holders), most of whom spend the vast majority of their time in the United States. These individuals reside in the U.S., are on a path to citizenship, and have built their lives in the U.S. Simply put, they should not be defined as ''expatriates'' if they do not travel outside of the United States for work for extended periods. Instead, their health insurance plans should have the same consumer protections codified by the ACA as others who live and work in the U.S. This bill would create a loophole that could lead to inferior coverage for these individuals.

H.R. 4414 would have an unintentional, disastrous impact on LPRs and other low-wage immigrant workers. We urge you to oppose the bill, and we look forward to working with members of Congress to close its loopholes and find workable solutions.

Sincerely,

MARIELENA HINCAPIÉ,
Executive Director.

Mr. LEVIN. Finally, I submit into the RECORD the Statement of Administration Policy from the Obama administration.

STATEMENT OF ADMINISTRATION POLICY
H.R. 4414—EXPATRIATE HEALTH COVERAGE CLARIFICATION ACT

(Rep. Carney, D-Delaware, and 24 cosponsors)

The Administration does not support House passage of H.R. 4414, the Expatriate Health Coverage Clarification Act, in its current form, because it would reduce consumer protections and create even more loopholes in the tax code.

The Affordable Care Act gives people greater control over their own health care. Since October 1, eight million have signed up for private insurance and millions more have been enrolled in Medicaid. Because of the Affordable Care Act, Americans who have previously been denied coverage due to a pre-existing medical condition now have access to coverage. Additionally, the law helps millions of Americans stay on their parents' plans until age 26, and helps provide access to free preventive care like cancer screenings that catch illness early on.

The Administration remains willing to work with the Congress to improve H.R. 4144 to address these issues and to maintain basic consumer protections for all workers. There are straightforward changes to the legislation, which we have shared with the Congress, that would satisfy these goals, and the Congress should pursue a solution.

Mr. LEVIN. So let me close, and I yield myself such time as I may consume.

I think it is regrettable that we are here in this predicament when we don't need to be. I think we do need to fix the expat issue, but not by unfixing health care reform for millions of people. This is more than about 300,000 people. We are talking about the health care protections and provisions applicable to 13 million people in this country who are here legally.

It has been said, and I very much respect this, it has taken 3 years to try to fix this problem, and Mr. CARNEY and others have truly been working, and Mr. NUNES, and there have been bipartisan discussions.

But here is the problem: If we are really going to continue effectively to work together when there is an outstanding issue, when there has been this aura of good faith, the majority should have let the minority place on the floor an amendment to the bill and let us debate it.

In fact, it only works against bipartisanship in this kind of circumstance to say it is essentially a closed rule. What is there to fear? The only thing to fear is that we would have discussion that

might make this a still more bipartisan bill. So instead of getting a likely minority of members on the Democratic side, we would have, I think, an overwhelming majority on both sides determined to keep jobs here, but not at a price of undoing necessary protections in terms of the health of millions and millions of Americans.

So that is where we are here and essentially so for so many of us placed in a situation where we say we must do better, we shouldn't simply leave it to the other body, we have the abilities within this House with true bipartisanship to continue working, and after 3 years, it might take another week or 2, that would be worth it in terms of trying to restore the reality of bipartisanship that really works.

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

Mr. NUNES. Mr. Speaker, I will close, and I yield myself such time as I may consume.

The need for this bill wasn't conceived by opponents of the Affordable Care Act or ObamaCare. The Obama administration and the army of regulators acknowledged there is a problem and have come to the Congress to fix it. Treasury, HHS, and Labor have all accepted the fact that expat plans should not be regulated the same way domestic plans are regulated.

After 4 years of examining this issue, as I said earlier, the administration issued limited and temporary regulatory relief for expat plans. This bill is necessary because despite the administration's limited and temporary fixes, thousands of jobs are on the chopping block. American businesses can't compete based on the promise of limited and temporary relief.

Mr. Speaker, I want to also remind my colleagues that Mr. CARNEY and I have worked on this for many years, and we have worked not only in a bipartisan way in the House of Representatives, we have also worked with our Senate counterparts where we have bipartisan support in the United States Senate.

So, the Obama administration has said they have concerns, but we don't know what the concerns are and they did not issue a veto threat. So I think that more level heads will prevail. This bill will pass today. It will go to the Senate, it will pass, and I would urge, then, President Obama to sign it into law so that we can save these jobs.

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

Mr. DEFAZIO. Mr. Speaker, the amended version of H.R. 4414 that was brought up today is a marked improvement over the previous version of the bill that was brought up earlier this month. I again commend Representative CARNEY for proposing fixes to the Affordable Care Act. I also commend him for trying to work with House leadership and the Administration to come to an agreement on how to properly treat expatriate plans under the Affordable Care Act. Unfortunately the bill on the House floor today does not have the Administration's support. The potential of lawful permanent residents and other visa holders in the United States to erroneously be considered expatriates under H.R. 4414 still exists. I expect the Senate to fix this potential loophole and look forward to supporting final passage of the bill after the Senate has made targeted changes.

The SPEAKER pro tempore (Mr. STEWART). All time for debate has expired.

Pursuant to House Resolution 555, 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 a 5-minute vote on the motion to suspend the rules and pass H.R. 627.

The vote was taken by electronic device, and there were—yeas 268, nays 150, not voting 13, as follows:

[Roll No. 182]

YEAS—268

Aderholt
Amodei
Bachmann
Bachus
Barber
Barletta
Barr
Barrow (GA)
Barton
Benishek
Bentivolio
Bera (CA)
Bilirakis
Bishop (NY)
Bishop (UT)
Black
Blackburn
Boustany
Brady (TX)
Bridenstine
Brooks (AL)
Brooks (IN)
Buchanan
Bucshon
Burgess
Bustos
Byrne
Calvert
Camp
Cantor
Capito
Carney
Carson (IN)
Carter
Cassidy
Chabot
Chaffetz
Clay
Cleaver
Coble
Coffman
Cole
Collins (GA)
Collins (NY)
Conaway
Connolly
Cook
Cooper
Costa
Cotton
Courtney
Cramer
Crawford
Crenshaw
Cuellar
Culberson
Daines
Davis, Rodney
Delaney
DelBene
Denham
Dent
DeSantis
Diaz-Balart
Duckworth
Duffy
Duncan (TN)
Engel
Enyart
Esty
Farenthold
Fattah
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foster
Foxx
Franks (AZ)
Frelinghuysen
Gabbard
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffith (VA)
Grimm
Guthrie
Gutiérrez
Hall
Hanabusa
Hanna
Harper
Hartzler
Hastings (WA)
Heck (NV)
Herrera Beutler
Higgins
Himes
Holding
Hudson
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (OH)
Johnson, Sam
Jolly
Jones
Joyce
Kelly (PA)
Kilmer
Kind
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kirkpatrick
Kline
Kuster
LaMalfa
Lamborn
Lance
Lankford
Larsen (WA)
Larson (CT)
Latham
Latta
Lipinski
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Maloney, Carolyn
Maloney, Sean
Marchant
Marino
Matheson
McAllister
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McHenry
McIntyre
McKinley
McMorris Rodgers
Meadows
Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Moran
Mullin
Mulvaney
Murphy (FL)
Neal
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Owens
Palazzo
Paulsen
Pearce
Perlmutter
Perry
Peters (CA)
Peters (MI)
Peterson
Petri
Pittenger
Pitts
Poe (TX)
Polis
Pompeo
Posey
Price (GA)
Quigley
Rahall
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross
Rothfus
Royce
Runyan
Ruppersberger
Ryan (WI)
Scalise
Schneider
Schock
Schrader
Schweikert
Scott, Austin
Scott, David
Sensenbrenner
Sessions
Sewell (AL)
Shimkus
Shuster
Simpson
Sinema
Sires
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stewart
Stivers
Stockman
Stutzman
Terry
Thompson (CA)
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Vargas
Wagner
Walberg
Walden
Walorski
Weber (TX)
Webster (FL)
Welch
Wenstrup
Westmoreland
Williams
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Young (AK)
Young (IN)

NAYS—150

Amash
Bass
Beatty
Becerra
Bishop (GA)
Blumenauer
Bonamici
Brady (PA)
Braley (IA)
Broun (GA)
Brownley (CA)
Butterfield
Capps
Capuano
Cárdenas
Cartwright
Castor (FL)
Castro (TX)
Chu
Cicilline
Clark (MA)
Clarke (NY)
Clyburn
Cohen
Conyers
Crowley
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
DeLauro
DesJarlais
Deutch
Dingell
Doggett
Doyle
Duncan (SC)
Edwards
Ellison
Ellmers
Eshoo
Frankel (FL)
Fudge
Gallego
Garamendi
Garcia
Gohmert
Gosar
Grayson
Green, Al
Green, Gene
Grijalva
Hahn
Harris
Hastings (FL)
Heck (WA)
Hensarling
Hinojosa
Holt
Honda
Horsford
Hoyer
Huelskamp
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Jordan
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Labrador
Langevin
Lee (CA)
Levin
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maffei
Massie
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Michaud
Miller, George
Moore
Nadler
Napolitano
Negrete McLeod
Nolan
O'Rourke
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Pingree (ME)
Pocan
Price (NC)
Rangel
Roe (TN)
Roybal-Allard
Ruiz
Rush
Ryan (OH)
Salmon
Sánchez, Linda T.
Sanchez, Loretta
Sanford
Sarbanes
Schakowsky
Schiff
Scott (VA)
Serrano
Shea-Porter
Sherman
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takano
Thompson (MS)
Tierney
Titus
Tonko
Tsongas
Van Hollen
Veasey
Vela
Velázquez
Visclosky
Walz
Waters
Waxman
Wilson (FL)
Yarmuth
Yoho

NOT VOTING—13

Brown (FL)
Campbell
Farr
Goodlatte
Griffin (AR)
Lewis
McKeon
Miller, Gary
Murphy (PA)
Richmond
Schwartz
Wasserman Schultz
Whitfield

□ 1543

Ms. SHEA-PORTER, Messrs. YOHO, MASSIE, SANFORD, and AMASH changed their vote from ''yea'' to ''nay.''

Ms. KUSTER, Messrs. MORAN and SCHOCK changed their 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.

Stated against:

Mr. FARR. Mr. Speaker, on rollcall No. 182, I would have voted "nay" had the Speaker allowed me to vote at the well. Had I been present, I would have voted "nay."

NATIONAL PARK SERVICE 100TH ANNIVERSARY COMMEMORATIVE COIN ACT

The SPEAKER pro tempore. The unfinished business is the vote on the motion to suspend the rules and pass the bill (H.R. 627) to provide for the issuance of coins to commemorate the 100th anniversary of the establishment of the National Park Service, and for other purposes, 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 New Jersey (Mr. GARRETT) 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 403, nays 13, not voting 15, as follows:

[Roll No. 183]

YEAS—403

Aderholt
Amodei
Bachmann
Bachus
Barber
Barletta
Barr
Barrow (GA)
Barton
Beatty
Becerra
Benishek
Bera (CA)
Bilirakis
Bishop (GA)
Bishop (NY)
Bishop (UT)
Black
Blackburn
Blumenauer
Bonamici
Boustany
Brady (PA)
Braley (IA)
Bridenstine
Brooks (AL)
Brooks (IN)
Brownley (CA)
Buchanan
Bucshon
Burgess
Bustos
Butterfield
Byrne
Calvert
Camp
Cantor
Capito
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Carter
Cartwright
Cassidy
Castor (FL)
Castro (TX)
Chabot
Chaffetz
Chu
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Coble
Coffman
Cohen
Cole
Collins (GA)
Collins (NY)
Conaway
Connolly
Conyers
Cook
Cooper
Costa
Cotton
Courtney
Cramer
Crawford
Crenshaw
Crowley
Cuellar
Culberson
Cummings
Daines
Davis (CA)
Davis, Danny
Davis, Rodney
DeFazio
DeGette
Delaney
DeLauro
DelBene
Denham
Dent
DeSantis
DesJarlais
Deutch
Diaz-Balart
Dingell
Doggett
Doyle
Duckworth
Duffy
Duncan (TN)
Edwards
Ellison
Ellmers
Engel
Enyart
Eshoo
Esty
Farenthold
Farr
Fattah
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foster
Foxx
Frankel (FL)
Franks (AZ)
Frelinghuysen
Fudge
Gabbard
Gallego
Garamendi
Garcia
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Gowdy
Granger
Graves (GA)
Graves (MO)
Grayson
Green, Al
Green, Gene
Griffith (VA)
Grijalva
Grimm
Guthrie
Gutiérrez
Hahn
Hall
Hanabusa
Hanna
Harper
Harris
Hartzler
Hastings (FL)
Hastings (WA)
Heck (NV)
Heck (WA)
Hensarling
Herrera Beutler
Higgins
Himes
Hinojosa
Holding
Holt
Honda
Horsford
Hoyer
Hudson
Huelskamp
Huffman
Huizenga (MI)
Hultgren
Hunter
Hurt
Israel
Issa
Jackson Lee
Jeffries
Jenkins
Johnson (GA)
Johnson (OH)
Johnson, E. B.
Johnson, Sam
Jolly
Jordan
Joyce
Kaptur
Keating
Kelly (IL)
Kelly (PA)
Kennedy
Kildee
Kilmer
Kind
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kirkpatrick
Kline
Kuster
Labrador
LaMalfa
Lamborn
Lance
Langevin
Lankford
Larsen (WA)
Larson (CT)
Latham
Latta
Lee (CA)
Levin
Lipinski
LoBiondo
Loebsack
Lofgren
Long
Lowenthal
Lowey
Lucas
Luetkemeyer
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lummis
Lynch
Maffei
Maloney, Carolyn
Maloney, Sean
Marchant
Marino
Matheson
Matsui
McAllister
McCarthy (CA)
McCarthy (NY)
McCaul
McClintock
McCollum
McDermott
McGovern
McHenry
McIntyre
McKinley
McMorris Rodgers
McNerney
Meadows
Meehan
Meeks
Meng
Messer
Mica
Michaud
Miller (FL)
Miller (MI)
Miller, George
Moore
Mullin
Mulvaney
Murphy (FL)
Nadler
Napolitano
Neal
Negrete McLeod
Neugebauer
Noem
Nolan
Nugent
Nunes
Nunnelee
O'Rourke
Olson
Owens
Palazzo
Pallone
Pascrell
Pastor (AZ)
Paulsen
Payne
Pearce
Pelosi
Perlmutter
Perry
Peters (CA)
Peters (MI)
Peterson
Pingree (ME)
Pittenger
Pitts
Pocan
Polis
Pompeo
Posey
Price (GA)
Price (NC)
Quigley
Rahall
Rangel
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross
Rothfus
Roybal-Allard
Royce
Ruiz
Runyan
Ruppersberger
Rush
Ryan (OH)
Ryan (WI)
Sánchez, Linda T.
Sanchez, Loretta
Sanford
Sarbanes
Scalise
Schakowsky
Schiff
Schneider
Schock
Schrader
Schweikert
Scott (VA)
Scott, Austin
Scott, David
Sensenbrenner
Serrano
Sewell (AL)
Shea-Porter
Sherman
Shimkus
Shuster
Simpson
Sinema
Sires
Slaughter
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smith (WA)
Southerland
Speier
Stewart
Stivers
Stockman
Stutzman
Swalwell (CA)
Takano
Terry
Thompson (CA)
Thompson (MS)
Thompson (PA)
Thornberry
Tiberi
Tierney
Tipton
Titus
Tonko
Tsongas
Turner
Upton
Valadao
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Wagner
Walberg
Walden
Walorski
Walz
Waters
Waxman
Webster (FL)
Welch
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (FL)
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yarmuth
Yoder
Young (IN)

NAYS—13

Amash
Bentivolio
Brady (TX)
Broun (GA)
Duncan (SC)
Gosar
Jones
Massie
Poe (TX)
Salmon
Weber (TX)
Yoho
Young (AK)

NOT VOTING—15

Bass
Brown (FL)
Campbell
Goodlatte
Griffin (AR)
Lewis
McKeon
Miller, Gary
Moran
Murphy (PA)
Petri
Richmond
Schwartz
Sessions
Wasserman Schultz

□ 1553

Mr. WEBER of Texas changed his vote from ''yea'' to ''nay.''

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.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 2429

Mr. BRADY of Texas. Mr. Speaker, I ask unanimous consent to remove Congressman DAVID PRICE of North Carolina as a cosponsor from H.R. 2429. His name was inadvertently added.

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

There was no objection.

HONORING FORMER U.S. REPRESENTATIVE MICK STATON

(Mrs. CAPITO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAPITO. Mr. Speaker, I rise here with my fellow Members from West Virginia to honor former U.S. Representative Mick Staton, who passed away on April 14, 2014.

Mick was a lifelong West Virginian who devoted himself to a life of service to our great State, including representing the Third District of West Virginia. Mick's public service began with 8 years in the National Guard, and his passion for serving others and his dedication to Republican principles inspired him to make a run for Congress.

A successful businessman, Congressman Staton also served as a Presidential elector for West Virginia. Then, just last month, he was named as one of only five emeritus members of the West Virginia Republican Party.

More evident than Mick's tremendous dedication to West Virginia was his devotion to his family. He and his wife, Lynn, shared a true partnership in life, giving them faith and support to persevere through his difficult health challenges.

As a friend of Mick's for 30 years, I will miss his bright smile, quick wit, and warm companionship. I offer my deep condolences to Lynn, their two children, and their extended family.

HONORING FORMER U.S. REPRESENTATIVE MICK STATON

(Mr. RAHALL asked and was given permission to address the House for 1