113TH CONGRESS
2d Session
HOUSE OF REPRESENTATIVES
REPORT
113–422

PROVIDING FOR CONSIDERATION OF 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

APRIL 28, 2014.—Referred to the House Calendar and ordered to be printed

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Mr. BURGESS, from the Committee on Rules, submitted the following

R E P O R T

[To accompany H. Res. 555]

The Committee on Rules, having had under consideration House Resolution 555, by a nonrecord vote, report the same to the House with the recommendation that the resolution be adopted.

SUMMARY OF PROVISIONS OF THE RESOLUTION

The resolution provides for consideration of H.R. 4414, the Expatriate Health Coverage Clarification Act of 2014, under a closed rule. The resolution provides one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means. The resolution waives all points of order against consideration of the bill. The resolution provides that the amendment printed in this report shall be considered as adopted and the bill, as amended, shall be considered as read. The resolution waives all points of order against provisions in the bill, as amended. The resolution provides one motion to recommit with or without instructions.

EXPLANATION OF WAIVERS

The waiver of all points of order against consideration of the bill includes a waiver of section 311 of the Congressional Budget Act of 1974, which prohibits consideration of legislation that would cause revenues to be less than the level of total revenues for the first fiscal year or for the total of that first fiscal year and the ensuing fiscal years for which allocations are provided.

Although the resolution waives all points of order against provisions in the bill, as amended, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

COMMITTEE VOTES

The results of each record vote on an amendment or motion to report, together with the names of those voting for and against, are printed below:

Rules Committee record vote No. 127

Motion by Mr. McGovern to report an open rule. Defeated: 3–7.

Majority Members	Vote	Minority Members	Vote
Ms. Foxx	Nay	Ms. Slaughter	Yea
Mr. Bishop of Utah		Mr. McGovern	Yea
Mr. Cole	Nay	Mr. Hastings of Florida	
Mr. Woodall	Nay	Mr. Polis	Yea
Mr. Nugent	Nay		
Mr. Webster	Nay		
Ms. Ros-Lehtinen			
Mr. Burgess	Nay		
Mr. Sessions, Chairman	Nay		

SUMMARY OF THE AMENDMENT CONSIDERED AS ADOPTED

Nunes (CA), Carney (DE): Clarifies that an expatriate health plan offered by an employer must be actuarially similar or better than a domestic plan offered by the employer that meets the minimum value test defined in the Internal revenue code section 36B or in the case where the employer does not offer a domestic plan, the expatriate plan must at least meet minimum value. Clarifies that an expatriate health plan must make payments in two or more currencies, and the plans must comply with laws that existed prior to the passage of the Affordable Care Act. Clarifies that an individual must be abroad for at least 6 months in any 12 consecutive months to be qualified to enroll in an expatriate plan.

TEXT OF AMENDMENT CONSIDERED AS ADOPTED

Page 2, line 7, strike "2011" and insert "2010".

Page 5, beginning on line 23, amend subparagraph (D) to read as follows:

(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.

Page 6, beginning on line 13, amend subparagraph (F) to read as follows:

(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.

Page 6, after line 22, insert the following:

(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.

Page 7, line 2, insert "an alien residing outside the United States," after "who is".

Page 7, line 8, strike "90 days" and insert "180 days".

Page 7, beginning on line 9, strike "12 consecutive months of enrollment" and all that follows through line 12, and insert "12 consecutive months."

Page 7, beginning on line 20, amend paragraph (4) to read as follows:

(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.

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