

under EPA's control. These policies have hit pocketbooks, paychecks, and families.

House Republicans have advanced hundreds of solutions that will help get America back to work.

Madam Speaker, we are 5 years into this administration, and it is no longer anything but a joke to blame President Bush for these challenges in our economic workplace. We need the Senate and the President to join us in providing solutions so we can create freedom so Americans can get back to work.

HOUSE REPUBLICAN BUDGET

(Mr. MARCHANT asked and was given permission to address the House for 1 minute.)

Mr. MARCHANT. Madam Speaker, every American family has to live within its means. It is time for Washington to do the same.

The House Republican budget deals with our debts and builds an economy that rewards Americans who work hard and want to get ahead.

I support the conservative budget for three simple reasons: the plan balances the budget within 10 years, cuts wasteful government spending over 10 years by \$5.1 trillion, and pays down the national debt.

In addition, the Republican budget proposal grows the economy, repeals ObamaCare, strengthens Medicare, secures Social Security for the long term, simplifies the broken Tax Code, promotes American energy production, and enhances national and diplomatic security.

In contrast, President Obama's budget never balances, hikes taxes by \$1.8 trillion, and adds \$8.3 trillion more to the national debt of \$17.5 trillion.

My constituents know that we can't afford more of the same Big Government spending that has buried our economy and our country in debt.

I encourage my colleagues to join me in supporting the House Republican budget and getting our Nation's fiscal house in order.

BUDGETING FOR MEDICAL BREAKTHROUGHS

(Mr. YARMUTH asked and was given permission to address the House for 1 minute.)

Mr. YARMUTH. Madam Speaker, budgets don't heal the sick or solve centuries-long medical challenges, but the programs budgets prioritize can.

In my district in Louisville, Kentucky, medical researchers at the University of Louisville and the Frazier Rehab Institute have made an incredible breakthrough. Thanks to an electronic implant that stimulates the spinal cord, four paralyzed men are now moving their legs on command. With continued therapy, they are confident they will walk again.

The Human Locomotor Research Center in Louisville is funded in part

through investments made by the National Institutes of Health. More than 80 percent of NIH funding goes to the broader research community, fueling the innovation that makes breakthroughs like those in Louisville possible.

The Republican budget reduces the number of new NIH grants by 1,400, on top of hundreds of projects NIH has already had to turn down because of last year's reckless, across-the-board spending cuts.

Madam Speaker, when you see a man paralyzed for years lift his legs, you can't help but share in the enthusiasm for breaking boundaries we once thought impassible. But if we approve this Republican budget and these cuts, we extinguish that enthusiasm and the hopes of millions of families waiting for the next medical breakthrough.

□ 1230

CONGRATULATING THE UNIVERSITY OF CONNECTICUT MEN'S AND WOMEN'S BASKETBALL TEAMS FOR THEIR NCAA CHAMPIONSHIP VICTORIES

(Mr. COURTNEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COURTNEY. Madam Speaker, the State of Connecticut is bursting with Huskie pride this morning as the UConn men and the UConn women basketball teams did what was, I think, almost unimaginable: they both won a national championship.

It would be great to stand here today and talk about how the women accomplished a perfect season and beat a team that was undefeated until last night, or the men, who defied every pundit, every odds-maker, every NCAA know-it-all and again won the national championship against all odds.

But I want to really focus for a second on the fact that Geno Auriemma, his women's program over the years has almost a perfect graduation rate in terms of the women who have played in that program.

And Kevin Ollie has three dean's list players on the starting five. His all-star, Shabazz Napier, is going to graduate with a full degree. He is an amazing person, and I am glad the country got a chance to see him.

I want to conclude by reading his final comment that he said to the press the other night:

Basketball is second to me. I want them to be better people once they leave Storrs campus. If I did that, forget about the wins and losses, national championships, all that stuff, I think I've done my job.

Coach Ollie, Coach Auriemma, you have done your job. We are so proud of you.

Go, Huskies.

WOMEN DESERVE EQUAL PAY FOR EQUAL WORK

(Ms. EDWARDS asked and was given permission to address the House for 1 minute.)

Ms. EDWARDS. Madam Speaker, I rise today to acknowledge as a simple fact that women deserve equal pay for equal work. Same job, same experience, same pay. But that is not happening.

On the aggregate, women earn just 77 cents on the dollar. For African American women, it is only 64 cents, and for Latinas, it is a staggering 54 cents on the dollar for every dollar earned by white men, white non-Hispanic men doing the same job.

As we know, the consequences are great. These pay gaps translate into a loss for African American women of more than \$18,000 a year, and for Latinas, more than \$24,000 a year that they lose to this pay gap.

Families increasingly rely on women's wages to make ends meet. The pay gap is about our Nation's overall economy, and it is about women's retirement security.

The fact is that when women succeed, America succeeds, and it is time to address the pay and work-family balance disparities that affect women.

Some have said that the argument for equal pay for equal work is politics.

Well, Madam Speaker, it is not. It is about pay.

It is time for 25 courageous Republicans to step up and join 197 Democrats to end wage discrimination and give women what women have earned: equal pay for equal work.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The SPEAKER pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, April 9, 2014.

Hon. JOHN A. BOEHNER,
The Speaker, U.S. Capitol, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, the Clerk received the following message from the Secretary of the Senate on April 9, 2014 at 9:48 a.m.:

That the Senate agreed to without amendment. H. Con. Res. 90.

Appointments:
International conferences.
With best wishes, I am

Sincerely,

KAREN L. HAAS.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on the motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which

the vote incurs objection under clause 6 of rule XX.

Any record vote on the postponed question will be taken later.

EXPATRIATE HEALTH COVERAGE CLARIFICATION ACT OF 2014

Mr. NUNES. Madam Speaker, I move to suspend the rules and pass 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.

The Clerk read the title of the bill.

The text of the bill 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 2011 (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 also offers a 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 domestic group health plan offered by that plan sponsor.

(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 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.

(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 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 90 days during any period of 12 consecutive months of enrollment in the group health plan, or travels abroad on not less than 15 occasions during such a 12-month period.

(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) DOMESTIC GROUP HEALTH PLAN.—The term “domestic group health plan” means a group health plan that is offered in the United States and in which substantially all of the primary enrollees are not qualified expatriates, with respect to such plan, and 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.

(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. Pursuant to the rule, the gentleman from California (Mr. NUNES) and the gentleman from Washington (Mr. McDERMOTT) each will control 20 minutes.

The Chair recognizes the gentleman from California.

GENERAL LEAVE

Mr. NUNES. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the subject of the bill under consideration.

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