

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?

There was no objection.

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

Before I yield to my good friend, who helped coauthor this bill with me, I just have a brief statement.

The Expatriate Health Coverage Clarification Act is a result of close bipartisan collaboration and extensive discussions with the Obama administration.

I would like to thank Mr. CARNEY for his work on this important bill, along with our numerous bipartisan cosponsors, our original cosponsors.

The bottom line is that this is a jobs bill, one that has been carefully drafted to address the unique problems related to expat health insurance.

Madam Speaker, I yield 6 minutes to the gentleman from Delaware (Mr. CARNEY).

Mr. CARNEY. Madam Speaker, I want to thank the gentleman for yielding, and thank him for his hard work on this very serious issue that affects both our States, Delaware and California.

Madam Speaker, in a State of 900,000 people, losing 500 jobs is a serious blow. That is how many jobs we will lose in my home State of Delaware if we don't pass this legislation 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 Affordable Care Act 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 high-end, robust coverage to people working outside their home country, giving them access to global networks of health care providers. Individuals on the plan could be foreign employees working here in America, Americans working abroad, or, for instance, a German working in France.

These employees can be NGO and foreign aid workers, pilots, cruise ship workers, and contractors sent to support our troops on deployment around the globe.

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. The employees who write those policies generally work here in the United States and make up several thousand U.S. jobs, including 500 in my State.

These insurance companies compete with foreign insurance companies that also sell expatriate health insurance plans. The issue is, these foreign plans don't have to comply with the Affordable Care Act.

Forcing U.S. expatriate insurance plans to comply with the Affordable Care Act gives their foreign competitors a distinct advantage. It makes plans written in the U.S. more expensive, which gives companies an incentive to purchase foreign-based plans instead.

As a result, it makes more sense for U.S. expatriate insurers to move their business overseas, resulting in a potential loss of a few thousand jobs. In Delaware, that is going to mean 500 jobs. In California, it is 700.

The good news is that we have bipartisan legislation here today that will level the playing field.

The Obama administration has already recognized that it is burdensome and unnecessary to require expatriate insurance plans to comply with the Affordable Care Act. In fact, the administration has provided temporary regulatory relief for expat 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 permanent without a legislative fix.

Our legislation clarifies that the Affordable Care Act does not apply to expatriate health insurance plans. It ensures that American expatriate insurance carriers are on a level playing field with their foreign competitors, so that American jobs stay here in America.

You may hear on the floor today that this bill is about destroying the ACA, or changing our immigration laws, or giving a handout to insurance companies.

But let me assure you, that is not what it is about. It is about jobs, pure and simple.

If we don't pass this legislation today, people who have the expatriate plans, and their companies that offer them, will continue to do so, the same as they are today. The only difference is that the companies will buy these plans from insurance carriers that write the plans from abroad.

That means those insurance jobs will go to foreign workers instead of workers in America. They will go to workers based in Singapore instead of those based in Delaware.

I understand as well as anyone that the Affordable Care Act is a political weapon in a larger political war on both sides of the aisle. But that is not what this bill is about today.

All I am asking today is that we take action so 500 hardworking Americans in my district don't become collateral damage in this partisan political fight. Let's call a temporary truce in that battle today to protect these jobs.

I thank Congressman NUNES and Ways and Means staff for their hard work on these issues, and I want to thank the leadership on both sides of the aisle for recognizing this as a serious problem that needs to be fixed.

I ask my colleagues to vote "yes" on H.R. 4414.

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

The Republicans have branded this bill as clarification. But what demands clarification is the cold, hard fact that this legislation is a bailout for insurance companies.

This has never had a hearing in the House. It has never been discussed. We have never had witnesses. No regular order whatsoever. This appeared out of nowhere.

This bill, pure and simple, is a case of Republicans seeking special treatment for certain insurance companies who would like nothing more than to avoid the responsibilities under the law and sell inferior insurance policies to Americans and foreign workers and their families in the United States, which is exactly why the American people are fortunate to have the ACA as the law of the land.

It is currently protecting them from these kinds of intolerable insurance company practices.

Republicans have focused on coming out against bailouts for insurance companies in several other ACA contexts, but it is all sound and fury because it means nothing.

With this legislation, however, Republicans want a bailout for a few insurance companies that sell so-called expatriate coverage. But why should this situation be any different?

Why do the Republicans get to pick and choose?

As the Republicans are now in the business of picking and choosing winners in this case, the losers are going to be the patients.

Republicans claim this bill is a simple fix intended to clarify the ACA when it comes to expatriate coverage, and perhaps there is a need for that. Perhaps there is a need. We might have found it out if we had had one hearing.

The current guidance defines individuals under expat plans as those who are out of the country for at least 6 months during the year. The theory is that the people are gone more than they are here.

But this bill overrides current regulations and ignores the comments given by the administration to define a covered individual, and it does it and says, you are an expat if you are out of the country for as few as 90 days, or 15 trips.

Now, I don't know how many people in Seattle make 15 trips out of the country in a year when they are working for Boeing or working for Microsoft or all the international companies. I have got those people in my district.

This means that to serve people who move across the border daily, or frequent fliers for work, they would be exempt from the enrollees who are gone for only a few weeks.

In addition, the legislation says that all foreigners who are living and working in the United States but are outside their own country for 90 days or 15 trips can also be covered by these plans.

As a result, the provisions of this bill would severely undermine current H1B visa requirements that level the playing field with American workers. If you are bringing people in from the outside and they go home, or they are gone for only 90 days, well, you can somehow pay them less.

This legislation will open the door for U.S. employers who wish to avoid the ACA to hire foreign workers rather than American citizens. That is why the United Farm Workers are against this bill.

The United Farm Workers do a pretty good job of clarifying this bill when they say "Congress should not pass laws that create an economic incentive to hire guest workers over professional U.S. agricultural workers."

The AFL-CIO is against this bill because it would undermine the health security of 13 million green card holders, people with work visas, and individuals who are granted visas for humanitarian reasons.

□ 1245

The National Immigration Law Center is against this bill because it eliminates minimum essential standards for "expatriate health insurance plans provided to individuals who travel abroad." As a result, this bill would deny health coverage security for low-wage immigrant workers, including farm workers and caregivers.

This bill contains too many loopholes that amount to an extraordinary bailout for insurance companies. This bill also establishes a precedent for employers to hire guest workers. It is being brought here as a suspension bill with no opportunity to amend it. It might be that we could make it a better bill if it had been through the process, but it is being rammed through here by insurance companies who want to get a benefit.

This bill is yet another attempt on the part of the Republicans to repeal the Affordable Care Act. They want to drill another hole in the bottom of the bill. They are going to keep drilling holes—trying—this is number 53.

I reserve the balance of my time.

Mr. NUNES. Madam Speaker, just to clarify the RECORD here, this has been worked on in a bipartisan way, including the two Senators from Delaware and a Senator from New Jersey, who happen to be Democrats.

A lot of the language that was in here was worked out so that, in fact, this could not only gather bipartisan support in the House, but also quickly pass in the Senate because, as my colleague from Delaware pointed out, if this doesn't pass and doesn't pass quickly, these jobs are going to leave overseas. That is why this is just a clarification.

At this time, I yield 1 minute to the gentleman from Vermont (Mr. WELCH), my good friend and former Dairy Caucus cochair.

Mr. WELCH. I thank the gentleman for yielding.

Madam Speaker, I am a strong ACA supporter. We have got to improve it. We have got to make it work, and that is the reason why I am supporting this legislation.

Some efforts that are brought to the floor about the ACA are about unraveling it, but those of us who are the strong supporters—when an issue is identified that can help jobs and make some improvements, we have the responsibility, in my view, Madam Speaker, to advocate for those changes.

We have the Member from Delaware (Mr. CARNEY), a strong supporter of the ACA, who has identified a specific problem, and I understand the concerns of the opponents because many efforts are being made to unravel the law, but there has been an acknowledgement that there is a problem, and that is what is being addressed by Mr. CARNEY.

If the language is not as good as it should be—and part of that may be because we didn't have as much time to consider it—we have strong allies in the Senate. Senator CARPER and Senator COONS are both very strong ACA supporters who are willing to make the adjustments over there, not to mention the majority leader, Senator REID.

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

Mr. NUNES. I yield to the gentleman from Vermont an additional 1 minute.

Mr. WELCH. So this is not perfect; but we have got a situation here where it is acknowledged by both sides, the opponents of this bill and the proponents of this bill, that there is an issue because of the language in the ACA bill.

If this Congress were working the way, ideally, it would, when there is a problem that we could identify, we would come up with a specific solution.

If we had more time, it might be better language, but the fact that we would act here to keep this alive, give some hope to those folks that Mr. CARNEY is concerned about whose jobs are at stake, and then work with our colleagues in the Senate to make whatever improvements can be made, we could maintain the strength of the Affordable Care Act; preserve the jobs that may be lost in Delaware, California, and elsewhere; and demonstrate some flexibility to make all our legislation that, by definition, is imperfect better.

That can be done on a bipartisan basis.

I thank the gentleman from Delaware, and I thank my colleague from California.

Mr. McDERMOTT. Madam Speaker, I yield 4 minutes to the gentleman from California (Mr. WAXMAN).

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

Madam Speaker, I want to say to my friend from Vermont, a member of my committee, that this is not the way to pass laws. This is not the way to correct problems. Problems should be worked out through narrow fixes in a public setting.

This is a bill for an insurance company that is threatening to fire people in Delaware and a little small part of California, so that insurance company is saying: well, we are going to fire these people unless you correct our problem.

The Republicans will not correct their problem. They want to put a big hole in the Affordable Care Act. Well, you can believe the Senate may fix it, but the suspension calendar should not be used for bills that have never been considered in an open hearing and that cannot be amended on the floor of the House.

This bill goes far beyond a narrow, sensible fix. It says that Americans who are out of this country for a matter of weeks can be sold policies with harsh annual limits on their coverage, no minimum quality standards, and it says the families of these Americans—who may not even be overseas, but be living here—will get a plan that would be of lower quality than other Americans, even though they live here 365 days of the year.

This bill's supporters say these expatriate plans are of very high quality, but the insurers and Republicans refuse to accept a bill that subjects the plan even to the most basic standards of quality and affordability.

Why? There is no reason for that, except that they want the ACA to be in competition with plans that are of lower quality. This raises real concerns.

Worse yet, this bill goes far beyond its stated goal of addressing coverage for Americans who live overseas. It is not that narrow. It creates a whole new second class health insurance system for foreign workers and legal permanent residents.

These individuals currently have access to ACA-compliant plans, putting them on an even footing with U.S. workers. It would undercut current law. It would weaken the rights of immigrants and foreign workers. It would create powerful incentives for employers to hire foreign workers instead of U.S. workers.

So this bill isn't about a narrow thing to fix some possible unemployment in these two States. That is why this bill is opposed by organized labor. It is opposed by immigrant advocacy organizations.

There were long negotiations in back rooms between Republicans, Democrats, the administration, and the insurance companies, but there was no agreement on this bill. No one would compromise, and that is disappointing. It is mainly because of the intransigence of one insurance company and the Republican leadership.

We should not advance a deeply flawed bill because an insurance company is making threats. We shouldn't advance a deeply flawed bill with the expectation that somebody else is going to solve the problem. That is why we are here in this House, to make sure the legislation is as good as it can possibly be.

If all parties are ready to act in good faith, they should go back to the negotiating table and solve the narrow problem that we can agree on, rather than opening a troublesome loophole in the ACA.

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

Mr. McDERMOTT. Madam Speaker, I yield 4 minutes to the gentleman from California (Mr. BECERRA).

Mr. BECERRA. I thank the gentleman for yielding.

Madam Speaker, let me first acknowledge the work that has been done by so many of our colleagues here bipartisanship, the gentleman from Delaware, the gentleman from California, the committees of jurisdiction, and leadership, I suspect, on both sides of the aisle. I, too, have been involved in trying to deal with this.

If you take a look at the title of the bill, it tells you what they are trying to do. The bill is called the Expatriate Health Coverage Clarification Act, so the bill tells us that it is to deal with the issue of expatriates.

Well, who are expatriates, and how are they impacted by the Affordable Care Act?

An expatriate, I think most of us would acknowledge, is an American who is told by his or her employer, we need to send you abroad to go work—whatever the task is—but I need you to go; so that expatriate, now living abroad, will be told that he or she must have an insurance policy that abides by the Affordable Care Act's protections for Americans who get health care here.

The insurers will say: well, we may have to deal with different standards in that other country, so give us some flexibility.

That is very fair. We should make sure that any company that has to send a worker abroad has the flexibility to make sure that they are providing good coverage, but that they are not strapped by the regulations that apply to coverage here in the U.S. Everyone agrees with that.

Here is the problem: this bill doesn't do that. It doesn't do that, and I say that with all due respect to my colleague from Delaware. It doesn't do that.

Let me ask you this: Is someone who works in this country 365 days of the year someone who we would consider an expatriate? Is an American who spends most of his time—three-quarters of his time working in the U.S. an expatriate?

Should the family of that American who goes abroad, but the family never leaves the U.S., be denied the protections of the Affordable Care Act, so that a preexisting condition can now be used to discriminate against the child of that American worker?

That is the difficulty with this bill. This bill talks about expatriates, but the reality is a lot of Americans who never leave this country and a lot of foreign workers, including green card

holders who are on their way to becoming citizens, who have every lawful right to be here because they have gone about it the right way, they are just waiting their time so they can qualify to become U.S. citizens—many of them could be denied the protections that we all now have.

We cannot be discriminated against based on a preexisting condition. We must be provided minimal protections. We have a right, now, to make sure that an insurance company doesn't use what we are paying in premiums to put in the pockets of executives and big salaries. That money has to now be spent, by law, on health care coverage.

This bill would say no, those who are expatriates would qualify for different plans that don't have to meet those Affordable Care standards.

Why should more than 13 million people who are in this country legally and are on their way to becoming U.S. citizens—who today have the same protections you and I have to not be discriminated against for preexisting conditions—because this bill that is supposed to be for expatriates, now be told no, you might be offered a policy that doesn't have to meet the Affordable Care standards?

Why should an American family that sees one of its breadwinners, father or mother, be sent abroad to work for 90 days be told no, we no longer have to offer you an Affordable Care health care policy that prevents discrimination against your child because he or she has asthma?

If this were a bill to focus on the issue of expatriates who go work abroad, where I think it is a legitimate concern of the insurance company to not impose upon the insurance company costs that are beyond what are paid here, I would agree that this goes well beyond that, and I would urge my colleagues to think twice before voting for this bill this way.

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

Mr. McDERMOTT. Madam Speaker, I will yield myself the balance of my time to close, having no further requests for time.

I have been an expat. I was in the State Department. The State Department sent me overseas. I lived over there. I came home 1 month a year. I would leave. The rest of the time, I was an expat. That is pretty clearly an expat.

My daughter teaches at the King's Academy in Amman, Jordan. She is an expat. She lives over there. She comes home in the summertime for a month or so. She is an expat. Everybody understands that.

What this bill says is, if you live in Seattle and you make 15 trips a year out of the country, then you are an expat, or you could be considered an expat. Now, that is not exactly what I think most people think of when they think of an expat—or somebody who works as a contractor.

Suppose you work for the Federal Government for 3 months overseas. Are

you an expat? According to this, you are. You can easily be put in that category and not be offered the protections. That means you don't have any protections around the issues of preexisting conditions. You can't necessarily put your kids on your insurance up until age 26.

Your lifetime limits, all of the things that are built into the Affordable Care Act, the insurance companies now can say: we don't have to offer that to you because you are out of the country 15 times a year, or you have worked overseas for 90 days.

As Mr. WAXMAN said, you are creating a second class of citizen in this country, and Mr. BECERRA raised the issue on the reverse side. People who come from other countries are expats, right, because they came from somewhere else, so they can be put into a plan that does not give them the protections of the ACA.

□ 1300

That is not what I think my friend from Delaware or my friend from California really wanted to do. What is missing here is that we did a backroom deal. We had Members of Congress sit in a back room somewhere with somebody from the White House, talk about something and decide something, and here it is, fait accompli, no chance to change it, no chance to make it better or make it closer to what people really thought.

And most interestingly for Republicans is you are sending a bill to the House and expecting that the Senate is going to fix it. Now, our experience here on the floor and in the Congress the last few months, expecting the Senate to do something is, well, it is probably—it is not like wishing for the tooth fairy, but it is certainly putting your trust in a rather weak situation. The House sent over—what?—500 bills in the last session and got 12 or 15 back? And you are saying that this one is going to be fixed? I doubt it.

I yield back the balance of my time.

AMERICAN FEDERATION OF STATE,
COUNTY AND MUNICIPAL EMPLOYEES,
Washington, DC, April 8, 2014.

DEAR REPRESENTATIVE: On behalf of the 1.6 million members of the American Federation of State, County and Municipal Employees (AFSCME), I urge you to oppose the Expatriate Health Coverage Clarification Act which is scheduled for a vote tomorrow. While the bill may be intended to address concerns of health plans covering those who work part of the year outside the United States, the reach of the bill is much greater.

The bill's definition of expatriate workers include 13 million individuals who are lawful permanent residents, people with work visas and individuals who were granted visas for humanitarian reasons. The bill exempts employers and insurance plans from meeting Affordable Care Act (ACA) coverage standards for these millions of people living and working in the United States. Instead, the bill would allow these employers to use their own judgment in determining whether coverage is adequate.

This bill does much more than simply clarify a technical matter of the ACA. It defines a large group of people who will be treated

differently by the ACA and afforded weaker protections than others. The bill undermines the premise that all families are entitled to a minimum standard of coverage and could lead to erosion in standards for other groups and eventually all families.

We urge you to oppose the Expatriate Health Coverage Clarification Act.

Sincerely,

CHARLES M. LOVELESS,
Director, Federal Government Affairs.

NATIONAL IMMIGRATION LAW CENTER,
April 8, 2014.

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

Hon. NANCY PELOSI,
Democratic Leader,
Washington, DC.

DEAR SPEAKER BOEHNER AND DEMOCRATIC LEADER PELOSI: We urge you to oppose H.R. 4414, the Expatriate Health Coverage Clarification Act. Although intended to address the concerns of health plan issuers serving expatriate workers, the bill's impact would be much larger and deny important plan protections for millions of low-wage immigrants and nonimmigrant workers in the U.S.

H.R. 4414 would eliminate the Affordable Care Act's (ACA)'s minimum essential standards for "expatriate health insurance plans" provided to individuals who travel "abroad." The bill defines an "expatriate" as anyone who travels "abroad" for 90 days or more in the course of 12 months, or who takes 15 or more trips "abroad" over 12 months. This overly broad definition would include lawfully present, foreign-born workers living and working in the U.S., including lawful permanent residents (LPRs or green card holders), individuals with work visas for more highly skilled work, and dozens of other nonimmigrant categories. Also, the definition of "abroad" in the legislation captures lawfully present noncitizens who are living and working in the U.S.—or any country outside of their native country—for this same time period. These definitions are so broad that it leaves the bill vulnerable to legal challenges.

The U.S. Department of Health and Human Services (HHS) is addressing the expatriate insurance issue and has issued proposed regulations (79 FR 15808) that would relax the onerous administrative burdens imposed by the ACA on expatriate insurance issuers. In contrast to H.R. 4414's overly broad definition of "expatriate," HHS has proposed a more common sense definition which requires workers to be abroad for at least 6 months out of the year.

H.R. 4414 would have an unintentional, disastrous impact on low-wage immigrant workers, including farm workers and caregivers. 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.

UNITED FARM WORKERS,
Keene, CA, April 8, 2014.

DEAR REPRESENTATIVE: The United Farm Workers opposes legislation introduced by Congressman Carney and Congressman Nunes, the stated purpose of which is "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."

While the purpose appears to be to clarify the situation of expatriate workers who are working for U.S. corporations abroad, and who are covered under a different health care plan than the corporation's U.S. workers, the

definition of qualified expatriate workers is over-broad and would extend to guest workers, and possibly legal permanent residents, working in the United States.

The legislation as drafted would have the effect of allowing agricultural employers in the United States who hire so-called guest workers to escape the ACA requirements that would apply to professional farm workers currently living in the United States, thus making it cheaper to employ a guest worker than to employ a U.S. citizen or legal permanent resident.

The position of the UFW is, and always has been, equal pay and benefits for equal work. If two workers are working side by side in a field, and one is an H-2A (or other "guest") worker and the other is a worker with US citizenship or Legal Permanent Resident status, then both should be entitled to enroll in the same health care plan. One worker should not receive fewer health care benefits than the other.

Congress should not pass laws that create an economic incentive to prefer H-2A or other types of "guest" workers over professional US workers already working in agriculture.

Please vote NO on the "Carney-Nunes" health care legislation.

Sincerely,

GIEV KASHKOOL,
Political/Legislative Director,
National Vice President.

AMERICAN FEDERATION OF LABOR
AND CONGRESS OF INDUSTRIAL OR-
GANIZATIONS,

Washington, DC, April 8, 2014.

DEAR REPRESENTATIVE: On behalf of the AFL-CIO, I urge you to vote against the Expatriate Health Coverage Clarification Act. The bill is intended to make adjustments to the Affordable Care Act (ACA) to address the concerns of health plans serving expatriate workers and to retain American jobs, but we are concerned it could create serious gaps in important benefit protections for lawful permanent residents (green card holders) and people with nonimmigrant visas living and working in the United States.

As you know, this bill is intended to accommodate health plans serving workers who perform their jobs in multiple countries. It is reasonable that some flexibility be granted to these health plans to ensure that compliance with the insurance laws of more than one country does not create unreasonable inefficiencies and new costs.

Unfortunately, the bill could undermine benefit protections for 13 million green card holders, people with work visas, and individuals who were granted visas for humanitarian reasons. The bill exempts employers and insurers from abiding by ACA insurance coverage standards for these workers, allowing them to employ their own judgment in determining if coverage is adequate. Provisions to limit the exemption to plans solely-focused on covering expatriate workers are inadequate.

The primary goals of the Affordable Care Act include making major advances toward universal coverage and providing new guarantees of benefit coverage standards. We look forward to working with you to find ways of adjusting the ACA in a manner which preserves the insurance protections it offers to working families.

Sincerely,

WILLIAM SAMUEL,
Director,
Government Affairs Department.

SERVICE EMPLOYEES
INTERNATIONAL UNION.

DEAR REPRESENTATIVE, On behalf of SEIU, I write to ask you to vote against the Expa-

triante Health Coverage Clarification Act. While the legislation aims to address the treatment of plans that cover, expatriate workers under the Affordable Care Act (ACA), the legislation as drafted could result in insufficient coverage for lawful permanent residents and those with non-immigrant visas working and living in the United States.

For those plans that truly serve workers who preform jobs in multiple countries, certain accommodations under the law may be appropriate but this legislation is overly broad. The current legislative language allows for employers and insurers to offer coverage that does not include vital ACA protections to millions of lawful permanent residents and non-immigrant visa holders—individuals and families that would not normally be defined as expatriate workers.

Some of the most popular provisions of the ACA are the consumer protections the law creates, including the end to discriminatory practices by insurers. We want to guarantee that as many people as possible benefit from these important provisions. Unfortunately, the Expatriate Health Coverage Clarification Act is not narrowly tailored to ensure that is the case.

If you have any questions, please contact Ilene Stein, Assistant Legislative Director.

Sincerely,

STEPH SERLING,
Legislative Director.

Mr. NUNES. Mr. Speaker, sometimes in this body and with the Senate we can sit down for the common good of the American people. Sometimes we can sit down with Democrats and Republicans working together not only in the House but also in the Senate. And also, sometimes, Mr. Speaker, the arguments that are made on the floor are so ridiculous that they don't deserve a response.

I am going to submit for the RECORD a letter from American Benefits Council.

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

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

HON. JOHN BOEHNER,
The 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.

Mr. NUNES. I will also submit a letter from the U.S. Chamber of Commerce, also in support of this clarification.

CHAMBER OF COMMERCE,
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 for-

eign 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.

Mr. NUNES. I will also submit a rebuttal argument for the RECORD so that people can really get to the bottom of this legislation.

I want to address some of the misperceptions and concerns that have been raised about this bill.

First, this bill has nothing to do with what type of plan insurers can write and sell to expatriates. The question is where they are going to write these same plans. Here in the United States, or overseas. The same companies are going to purchase the same plans regardless of whether this bill passes. The only question is whether or not the U.S. jobs associated with these plans will be saved.

Next, the bill does not allow U.S. employers to escape the ACA and offer substandard plans. These plans are incredibly generous by their very nature. They offer coverage in multiple countries and administration of plans that include multiple currencies, languages, and coverage mandates.

But let me quote from the legislation itself. Page 6, lines 1–6, "the plan sponsor [must] reasonably believe 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."

Mr. Speaker, the legislation requires that the expatriate health plan be as good as the domestic health plan that is covered by the ACA. Any suggestion otherwise does not reflect what the legislation clearly states.

There is an employer mandate in the ACA. Employers are required to offer a domestic plan. If they don't, they are fined \$2,000 per employee. Employers aren't going to drop their current plan for their U.S. employees, pay the \$2,000 penalty for every employee on their payroll, just so they can offer their subset of green card employees a substandard plan. That is a completely unrealistic scenario.

This bill does not allow, as has been suggested, nonimmigrant farm workers to be offered substandard plans. Under the scenario envisioned by opponents of this bill, a farmer would have to drop his or her own plan and that of its U.S. workers to be allowed to offer

an expat plan that somehow is less than the ACA standard. Who is going to do that? That's cutting off your nose to spite your face. But even if they were crazy enough to do that—the expat plan would still have to provide coverage in countries outside of the United States—they couldn't save money by doing this—it would likely cost the farmer more money to provide this type of plan.

Mr. Speaker, the ACA is a complicated piece of legislation, but this bill is not. This bill will allow the jobs to stay in the United States—and nothing else. This bill does not legally or practically make changes beyond this narrow scope which is why there is such strong bipartisan support.

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

Mr. DeFAZIO. Mr. Speaker, I commend Representative CARNEY for proposing fixes to the Affordable Care Act. Since the law was passed, I have said that parts of the Affordable Care Act need to be improved or changed. As Representative CARNEY has identified, there is no question that Congress needs to clarify how the law is applied to expatriate plans. The Administration has correctly exempted these plans from some ACA requirements that do not make sense for plans used primarily overseas, but the Administration is only able to provide temporary exemptions without congressional action. I am confident that the Senate will be able to make the needed targeted changes to H.R. 4414 so that it can pass both houses of Congress and gain the support of the Administration. I look forward to working with Representative CARNEY to make sure that legislation providing proper clarity to expatriate plans is signed in to law.

The SPEAKER pro tempore (Mr. MARCHANT). The question is on the motion offered by the gentleman from California (Mr. NUNES) that the House suspend the rules and pass the bill, H.R. 4414.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. McDERMOTT. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2015

The SPEAKER pro tempore. Pursuant to House Resolution 544 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the further consideration of the concurrent resolution, H. Con. Res. 96.

Will the gentleman from Washington (Mr. HASTINGS) kindly resume the chair.

□ 1304

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the further consideration of the concurrent