

Kilmer  
King (IA)  
King (NY)  
Kinzinger (IL)  
Kirkpatrick  
Kline  
Knight  
Kuster  
Labrador  
LaHood  
LaMalfa  
Lamborn  
Lance  
Larsen (WA)  
Larson (CT)  
Latta  
Lawrence  
Levin  
Lewis  
Lieu, Ted  
LoBiondo  
Loeback  
Lofgren  
Long  
Loudermilk  
Love  
Lowey  
Lucas  
Luetkemeyer  
Lujan Grisham  
(NM)  
Lujan, Ben Ray  
(NM)  
Lummis  
Lynch  
MacArthur  
Maloney,  
Carolyn  
Maloney, Sean  
Marchant  
Marino  
Matsui  
McCarthy  
McCauley  
McClintock  
McCollum  
McDermott  
McGovern  
McHenry  
McKinley  
McMorris  
Rodgers  
McNerney  
McSally  
Meadows  
Meehan  
Meeks  
Messer  
Miller (FL)  
Moolenaar  
Mooney (WV)  
Moulton  
Mullin  
Murphy (FL)

Murphy (PA)  
Nadler  
Neal  
Neugebauer  
Newhouse  
Nugent  
Nunes  
O'Rourke  
Olson  
Palazzo  
Pallone  
Palmer  
Pascarella  
Payne  
Pearce  
Pelosi  
Perry  
Peters  
Peterson  
Pittenger  
Pitts  
Pocan  
Poe (TX)  
Poliquin  
Pompeo  
Posey  
Price (NC)  
Price, Tom  
Quigley  
Rangel  
Ratcliffe  
Reed  
Reichert  
Renacci  
Ribble  
Rice (NY)  
Rice (SC)  
Richmond  
Rigell  
Roby  
Roe (TN)  
Rogers (AL)  
Rogers (KY)  
Rokita  
Rooney (FL)  
Ros-Lehtinen  
Roskam  
Ross  
Rothfus  
Rouzer  
Roybal-Allard  
Royce  
Ruiz  
Ruppersberger  
Russell  
Ryan (OH)  
Salmon  
Sarbanes  
Scalise  
Schakowsky  
Schiff  
Schradner  
Schweikert  
Scott (VA)

Scott, Austin  
Scott, David  
Sensenbrenner  
Serrano  
Sessions  
Sewell (AL)  
Sherman  
Shimkus  
Shuster  
Simpson  
Sinema  
Smith (MO)  
Smith (NE)  
Smith (NJ)  
Smith (TX)  
Smith (WA)  
Stefanik  
Stewart  
Stivers  
Stutzman  
Swalwell (CA)  
Takano  
Thompson (CA)  
Thompson (MS)  
Thompson (PA)  
Thornberry  
Tiberi  
Tipton  
Titus  
Tonko  
Torres  
Tsongas  
Turner  
Upton  
Valadao  
Van Hollen  
Vargas  
Veasey  
Vela  
Visclosky  
Walberg  
Walden  
Walorski  
Walters, Mimi  
Wasserman  
Schultz  
Watson Coleman  
Weber (TX)  
Webster (FL)  
Welch  
Wenstrup  
Westerman  
Westmoreland  
Williams  
Wilson (SC)  
Wittman  
Womack  
Woodall  
Yarmuth  
Yoder  
Young (AK)  
Young (IA)  
Young (IN)  
Zeldin

□ 1908

So (two-thirds being in the affirmative) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

## PERSONAL EXPLANATION

Mr. CARSON of Indiana. Mr. Speaker, I missed rollcall votes 334 to 336. Had I been present, I would have cast the following votes: Roll call 334, on H.R. 5525, vote "nay." Roll call 335, on H.R. 5388, vote "yea." Roll call 336, on H.R. 5389, vote "yea."

## PERSONAL EXPLANATION

Mr. MICA. Mr. Speaker, due to a weather-related flight delay, I was unavoidably detained and unable to be present to cast my vote. Had I been present, I would have voted "yea" on rollcall votes 334, 335 and 336.

## PERSONAL EXPLANATION

Mr. AL GREEN of Texas. Mr. Speaker, today I missed the following votes: H.R. 5525, End Taxpayer Funded Cell Phones Act of 2016. Had I been present, I would have voted "no" on this bill. H.R. 5388, Support for Rapid Innovation Act of 2016. Had I been present, I would have voted "yes" on this bill. H.R. 5389, Leveraging Emerging Technologies Act of 2016. Had I been present, I would have voted "yes" on this bill.

## NATIVE AMERICAN HEALTH SAVINGS IMPROVEMENT ACT

Mr. SMITH of Nebraska. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5452) to amend the Internal Revenue Code of 1986 to permit individuals eligible for Indian Health Service assistance to qualify for health savings accounts, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5452

*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 "Native American Health Savings Improvement Act".*

**SEC. 2. INDIVIDUALS ELIGIBLE FOR INDIAN HEALTH SERVICE ASSISTANCE NOT DISQUALIFIED FROM HEALTH SAVINGS ACCOUNTS.**

*(a) IN GENERAL.—Section 223(c)(1) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:*

*"(D) SPECIAL RULE FOR INDIVIDUALS ELIGIBLE FOR ASSISTANCE UNDER INDIAN HEALTH SERVICE PROGRAMS.—For purposes of subparagraph (A)(ii), an individual shall not be treated as covered under a health plan described in such subparagraph merely because the individual receives hospital care or medical services under a medical care program of the Indian Health Service or of a tribal organization."*

*(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2016.*

The SPEAKER pro tempore (Mr. ROUZER). Pursuant to the rule, the gentleman from Nebraska (Mr. SMITH) and the gentleman from Michigan (Mr. LEVIN) each will control 20 minutes.

The Chair recognizes the gentleman from Nebraska.

## GENERAL LEAVE

Mr. SMITH of Nebraska. Mr. Speaker, I ask unanimous consent that all

Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on H.R. 5452, currently under consideration.

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

There was no objection.

Mr. SMITH of Nebraska. Mr. Speaker, I yield myself such time as I may consume.

I am happy to stand before you today as we consider H.R. 5452, the Native American Health Savings Improvement Act, a bipartisan bill that makes a commonsense improvement to current rules surrounding health savings accounts and those who get care at Indian Health Services.

Generally, anyone covered solely by a high-deductible plan is allowed to make deductible contributions to a health savings account; but under IRS guidance, an individual who has received medical services at an Indian Health Service facility at any time during the previous 3 months is made ineligible from making contributions to an HSA. This practice could discourage those who rely on care that is delivered at an Indian Health Service facility from participating in an HSA. That is something that must be remedied.

High-deductible health plans and HSAs are critical components of consumer-driven health care. Together, they empower individuals and families to shop around, unleashing the powers of choice and competition to lower costs and improve quality. We want to lower barriers to these types of accounts and encourage individuals who are otherwise eligible to not forgo treatment at an Indian Health Service facility simply because of confusion over when they might be able to resume contributing to their HSAs.

I urge my colleagues to join me in supporting this bipartisan, commonsense measure.

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

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

Currently, contributions to a health savings account may only be made when an account owner is enrolled in a high-deductible health plan. Additionally, the account owner may not be eligible for other health coverage that is not a high-deductible health plan.

This bill would make sure that receiving benefits under an Indian Health Service or a tribal medical care program does not disqualify a taxpayer from HSA eligibility. Furthermore, under this bill, the taxpayer would still have to be covered by a high-deductible health plan to be able to receive or to make HSA contributions.

It is unclear how big of a problem this currently is across the country, particularly in Indian country. I have made it clear that HSAs and high-deductible plans move our country in the wrong direction—away from affordable

## NAYS—8

Amash  
Duncan (TN)  
Gohmert

## NOT VOTING—79

Babin  
Beyer  
Blumenauer  
Bonamici  
Brownley (CA)  
Bucshon  
Butterfield  
Cárdenas  
Carson (IN)  
Castro (TX)  
Clawson (FL)  
Cohen  
Connolly  
Conyers  
Courtney  
Cramer  
Crawford  
Culberson  
Curbelo (FL)  
DeSantis  
Duckworth  
Duffy  
Ellison  
Ellmers (NC)  
Fattah  
Fincher  
Forbes

Grothman  
Jones  
Massie

Mulvaney  
Sanford

Garamendi  
Graves (GA)  
Grayson  
Green, Al  
Gutiérrez  
Hahn  
Hanna  
Harper  
Hartzler  
Herrera Beutler  
Higgins  
Hill  
Hoyer  
Huelskamp  
Hultgren  
Jackson Lee  
Jeffries  
Kind  
Langevin  
Lee  
Lipinski  
Lowenthal  
Meng  
Mica  
Miller (MI)  
Moore  
Napolitano

Noem  
Nolan  
Norcross  
Paulsen  
Perlmutter  
Pingree  
Polis  
Rohrabacher  
Rush  
Sánchez, Linda  
T.  
Sanchez, Loretta  
Sires  
Slaughter  
Speier  
Takai  
Trott  
Velázquez  
Wagner  
Walker  
Walz  
Waters, Maxine  
Whitfield  
Wilson (FL)  
Yoho  
Zinke

and comprehensive health coverage—but I don't think individuals who are covered through IHS or tribal medical care programs should be forced to forgo one insurance or the other.

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

□ 1915

Mr. SMITH of Nebraska. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. MOOLENAAR), a member of the Science, Space, and Technology Committee, the Budget Committee, and the Agriculture Committee.

Mr. MOOLENAAR. Mr. Speaker, I thank Chairman BRADY of the House Committee on Ways and Means, Congressman PAULSEN, Congresswoman NOEM, and Congressman BLUMENAUER for cosponsoring this bipartisan legislation. I also thank the gentleman from Michigan (Mr. LEVIN) for his comments.

This legislation today before the House, H.R. 5452, will improve access to health savings accounts for Native Americans who choose to receive care at Indian Health Service facilities by ending an unnecessary penalty against them.

Currently, Native Americans are not allowed to contribute to their own health savings accounts for 3 months after receiving care at an Indian Health Service facility. These accounts can be a useful tool for families to cover the cost of deductibles, copayments, and coinsurance. However, current policy prevents this ability for Native Americans, and the 3-month waiting period limits their access to services that can help with treating high-risk health conditions.

This commonsense legislation eliminates the waiting period so Native Americans don't have to wait to save their hard-earned money to make their own healthcare choices and to receive treatment from Indian Health Service doctors. Today's legislation advances a bipartisan, patient-centered solution to an unfortunate, government-created problem. It will benefit all Native Americans who use HSAs, and I am glad that we can eliminate this unfair Federal penalty against them.

I thank my colleagues for their support of this legislation.

Mr. LEVIN. Mr. Speaker, let me just mention that Mr. BLUMENAUER wanted to be here but, because of the weather, he has just been unable to arrive. I think the majority may have the same problem.

I yield back the balance of my time.

Mr. SMITH of Nebraska. Mr. Speaker, I yield myself such time as I may consume.

I would add that Representative NOEM faced a similar situation with air travel and the weather.

Mr. Speaker, about 20 million Americans are covered by a high deductible health plan with an HSA. These options are an increasingly popular option, and it is a popular option that

many Native Americans would like to take advantage of. So let's come together and make sure that any current law practices that could dissuade tribal members from participation in an HSA-eligible plan would be reversed.

I urge my colleague to join me and support H.R. 5452.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Nebraska (Mr. SMITH) that the House suspend the rules and pass the bill, H.R. 5452, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

#### FAMILY FIRST PREVENTION SERVICES ACT OF 2016

Mr. BUCHANAN. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 5456) to amend parts B and E of title IV of the Social Security Act to invest in funding prevention and family services to help keep children safe and supported at home, to ensure that children in foster care are placed in the least restrictive, most family-like, and appropriate settings, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 5456

*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 "Family First Prevention Services Act of 2016".*

##### SEC. 2. TABLE OF CONTENTS.

*The table of contents for this Act is as follows:*

*Sec. 1. Short title.*

*Sec. 2. Table of contents.*

##### TITLE I—INVESTING IN PREVENTION AND FAMILY SERVICES

*Sec. 101. Purpose.*

*Subtitle A—Prevention Activities Under Title IV—E*

*Sec. 111. Foster care prevention services and programs.*

*Sec. 112. Foster care maintenance payments for children with parents in a licensed residential family-based treatment facility for substance abuse.*

*Sec. 113. Title IV—E payments for evidence-based kinship navigator programs.*

*Subtitle B—Enhanced Support Under Title IV—B*

*Sec. 121. Elimination of time limit for family reunification services while in foster care and permitting time-limited family reunification services when a child returns home from foster care.*

*Sec. 122. Reducing bureaucracy and unnecessary delays when placing children in homes across State lines.*

*Sec. 123. Enhancements to grants to improve well-being of families affected by substance abuse.*

*Subtitle C—Miscellaneous*

*Sec. 131. Reviewing and improving licensing standards for placement in a relative foster family home.*

*Sec. 132. Development of a statewide plan to prevent child abuse and neglect fatalities.*

*Sec. 133. Modernizing the title and purpose of title IV—E.*

*Sec. 134. Effective dates.*

##### TITLE II—ENSURING THE NECESSITY OF A PLACEMENT THAT IS NOT IN A FOSTER FAMILY HOME

*Sec. 201. Limitation on Federal financial participation for placements that are not in foster family homes.*

*Sec. 202. Assessment and documentation of the need for placement in a qualified residential treatment program.*

*Sec. 203. Protocols to prevent inappropriate diagnoses.*

*Sec. 204. Additional data and reports regarding children placed in a setting that is not a foster family home.*

*Sec. 205. Effective dates; application to waivers.*

##### TITLE III—CONTINUING SUPPORT FOR CHILD AND FAMILY SERVICES

*Sec. 301. Supporting and retaining foster families for children.*

*Sec. 302. Extension of child and family services programs.*

*Sec. 303. Improvements to the John H. Chafee Foster Care Independence Program and related provisions.*

##### TITLE IV—CONTINUING INCENTIVES TO STATES TO PROMOTE ADOPTION AND LEGAL GUARDIANSHIP

*Sec. 401. Reauthorizing adoption and legal guardianship incentive programs.*

##### TITLE V—TECHNICAL CORRECTIONS

*Sec. 501. Technical corrections to data exchange standards to improve program coordination.*

*Sec. 502. Technical corrections to State requirement to address the developmental needs of young children.*

##### TITLE VI—ENSURING STATES REINVEST SAVINGS RESULTING FROM INCREASE IN ADOPTION ASSISTANCE

*Sec. 601. Delay of adoption assistance phase-in.*

*Sec. 602. GAO study and report on State reinvestment of savings resulting from increase in adoption assistance.*

##### TITLE I—INVESTING IN PREVENTION AND FAMILY SERVICES

###### SEC. 101. PURPOSE.

The purpose of this title is to enable States to use Federal funds available under parts B and E of title IV of the Social Security Act to provide enhanced support to children and families and prevent foster care placements through the provision of mental health and substance abuse prevention and treatment services, in-home parent skill-based programs, and kinship navigator services.

###### Subtitle A—Prevention Activities Under Title IV—E

###### SEC. 111. FOSTER CARE PREVENTION SERVICES AND PROGRAMS.

(a) STATE OPTION.—Section 471 of the Social Security Act (42 U.S.C. 671) is amended—

(1) in subsection (a)(1), by striking “and” and all that follows through the semicolon and inserting “, adoption assistance in accordance with section 473, and, at the option of the State, services or programs specified in subsection (e)(1) of this section for children who are candidates for foster care or who are pregnant or parenting foster youth and the parents or kin caregivers of the children, in accordance with the requirements of that subsection;” and

(2) by adding at the end the following:

“(e) PREVENTION AND FAMILY SERVICES AND PROGRAMS.—

“(1) IN GENERAL.—Subject to the succeeding provisions of this subsection, the Secretary may make a payment to a State for providing the following services or programs for a child described