

Mr. ROE of Tennessee. Mr. Speaker, I have no further speakers, and I reserve the balance of my time.

Mr. WALZ. Mr. Speaker, may I inquire how much time I have remaining? I have two speakers to go.

The SPEAKER pro tempore (Mr. WOODALL). The gentleman from Minnesota has 7½ minutes remaining.

Mr. WALZ. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. CORREA), a good friend, a new member of the Veterans' Affairs Committee, someone who came to the House of Representatives and asked to serve veterans and be on the committee.

Mr. CORREA. Mr. Speaker, I thank Chairman ROE and our ranking member, Mr. WALZ, for all the good work for all of our veterans.

Mr. Speaker, I rise also in support of the Choice Act and urge my colleagues to also protect our veterans' access to health care.

Our veterans all gave some, and many, many made the ultimate sacrifice for our Nation. Providing our vets with the best health care our Nation can deliver on a timely basis is the least we can do for our veterans.

Sadly, as all of us know, in 2014, the average wait time at a VA medical center was 115 days. The Choice Program has provided vets with the opportunity of obtaining health care in their community on a timely basis.

The VA, of course, is an excellent institution that takes care of many, many of our veterans. Yet, when the VA is not available, the Choice Program can be the best option for our heroes.

No one—no one—should have to wait 3 months to see their doctor, especially our vets, our heroes. We must meet our commitment one way or another. I urge my colleagues to support this bill. Let's, all of us, keep the promise this country has made to every one of our veterans.

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

Mr. WALZ. Mr. Speaker, I yield 1 minute to the gentleman from Nevada (Mr. KIHUEN), who has taken a keen interest in veterans' issues. I am grateful that he is here today.

Mr. KIHUEN. Mr. Speaker, I thank Chairman ROE and Ranking Member WALZ for their bipartisan work on this issue on behalf of our veterans and our country. It is very refreshing to see bipartisanship here in this body.

Mr. Speaker, veterans have made the incredible sacrifice for our country. The Department of Veterans Affairs has the obligation to ensure that they have access to high-quality and affordable health care.

I support the aim of S. 544 to make key improvements to the Choice Program as Congress continues to work on longer term solutions.

While I am hopeful that this bill will help eliminate the problems and delays that veterans have experienced with the Choice Program, this program

should be the option of last resort for veterans.

In Ely, Nevada, a rural community in my district, the VA is considering not renewing its contract with the Ely Community Clinic, forcing veterans to rely solely on the Choice Program for access to care. Just this week, hundreds of veterans turned out at a forum in Ely to voice their opposition to using the Choice Program.

Closing the VA clinic in Ely will be burdensome for many veterans in northern Nevada and central Nevada and could force them to travel hundreds of miles to get healthcare services that they rely on. These veterans have already fought for their country. They shouldn't have to fight to keep their VA clinic in Ely open.

Mr. Speaker, I support this bill, but it is not enough. We owe it to our veterans not to use the Choice Program as a crutch, but to make the proper investments in the health care our veterans deserve.

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

Mr. WALZ. Mr. Speaker, once again, I would like to thank the chairman, the staff, and everyone who has been here.

I think, of all the committees that are modeling the behavior of democracy, bipartisanship, and what our government stands for, the Veterans' Affairs Committee is one that takes that responsibility seriously. The chairman always models it. I think this is a case of that.

You heard the speakers come here. This is a big issue. There may be some differences in how the delivery, long term, looks, but there is no division on getting the best and most timely care to our veterans.

With that, I encourage my colleagues to support S. 544.

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

Mr. ROE of Tennessee. Mr. Speaker, I yield myself the balance of my time.

I want to thank the majority and the minority staff that worked on this bill, and certainly the Senate, Senators TESTER and ISAKSON, and the committee on the Senate side for getting this over here in a timely way. We needed to do this now so that we could continue care for patients that would go past August 7. We have people right now who are getting care that is going to be long term, and they would be cut off or couldn't use the Choice program.

We have heard a lot of the problems with Choice here, but it has also helped a lot of veterans. What we feel like we want the opportunity to do now is be given a little bit of time, in a bipartisan way, to work out the problems with this.

I think this goes for everyone on our committee: At the end of the day, our purpose, our goal is to provide access and the best quality of care for veterans that this country can deliver. That is the goal of our committee in a bipartisan way.

With that, once again, I encourage all of my Members to support this legislation.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Tennessee (Mr. ROE) that the House suspend the rules and pass the bill, S. 544.

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

A motion to reconsider was laid on the table.

SELF-INSURANCE PROTECTION ACT

Ms. FOXX. Mr. Speaker, pursuant to House Resolution 241, I call up the bill (H.R. 1304) to amend the Employee Retirement Income Security Act of 1974, the Public Health Service Act, and the Internal Revenue Code of 1986 to exclude from the definition of health insurance coverage certain medical stop-loss insurance obtained by certain plan sponsors of group health plans, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. RICE of South Carolina). Pursuant to House Resolution 241, the amendment in the nature of a substitute recommended by the Committee on Education and the Workforce, printed in the bill, shall be considered as adopted, and the bill, as amended, shall be considered read.

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

H.R. 1304

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 "Self-Insurance Protection Act".

SEC. 2. CERTAIN MEDICAL STOP-LOSS INSURANCE OBTAINED BY CERTAIN PLAN SPONSORS OF GROUP HEALTH PLANS NOT INCLUDED UNDER THE DEFINITION OF HEALTH INSURANCE COVERAGE.

(a) *ERISA*.—Section 733(b)(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b(b)(1)) is amended by adding at the end the following sentence: "Such term shall not include a stop-loss policy obtained by a self-insured health plan or a plan sponsor of a group health plan that self-insures the health risks of its plan participants to reimburse the plan or sponsor for losses that the plan or sponsor incurs in providing health or medical benefits to such plan participants in excess of a predetermined level set forth in the stop-loss policy obtained by such plan or sponsor."

(b) *PHSA*.—Section 2791(b)(1) of the Public Health Service Act (42 U.S.C. 300gg-91(b)(1)) is amended by adding at the end the following new sentence: "Such term shall not include a stop-loss policy obtained by a self-insured health plan or a plan sponsor of a group health plan that self-insures the health risks of its plan participants to reimburse the plan or sponsor for losses that the plan or sponsor incurs in providing health or medical benefits to such plan participants in excess of a predetermined level set forth in the stop-loss policy obtained by such plan or sponsor."

(c) IRC.—Section 9832(b)(1)(A) of the Internal Revenue Code of 1986 is amended by adding at the end the following new sentence: “Such term shall not include a stop-loss policy obtained by a self-insured health plan or a plan sponsor of a group health plan that self-insures the health risks of its plan participants to reimburse the plan or sponsor for losses that the plan or sponsor incurs in providing health or medical benefits to such plan participants in excess of a predetermined level set forth in the stop-loss policy obtained by such plan or sponsor.”.

The SPEAKER pro tempore. The gentlewoman from North Carolina (Ms. FOXX) and the gentleman from Virginia (Mr. SCOTT) each shall control 30 minutes.

The Chair recognizes the gentlewoman from North Carolina.

□ 1445

GENERAL LEAVE

Ms. FOXX. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on H.R. 1304.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from North Carolina?

There was no objection.

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

I rise today in strong support of H.R. 1304, the Self-Insurance Protection Act.

Mr. Speaker, across the country, hardworking men and women are struggling to afford rising healthcare costs, and their options continue to drop year after year. At the same time, employers, large and small, are finding it harder to provide the type of high-quality, affordable healthcare coverage their employees need.

With over 150 Americans relying on an employer-sponsored health plan, Congress must do everything possible to ensure employers have the tools they need to help control healthcare costs for working families. Preserving access to self insurance is one simple step we can take as part of that effort.

More than 60 percent of employers who offer healthcare coverage choose to self-insure. This means that instead of purchasing a plan from an insurance company, employers pay their employees' healthcare costs directly. As a result, the employers have greater flexibility to structure a healthcare plan to the unique needs of workers and their families.

Although these plans provide important protections, they are free from certain restrictive rules that force workers to purchase one-size-fits-all benefits that they may not want or need. Self-insurance is a popular option that often leads to lower health insurance premiums for workers and their families.

In years with below average medical claims, any remaining healthcare dollars can help offset premiums for workers the following year, or can be used to help create new jobs and higher wages.

It is not just private sector employers who like the flexibility and afford-

ability of self-insured health coverage. It is also embraced by labor organizations, schools, cities, and counties.

Of course, there is some level of risk associated with these plans. That is why employers purchase stop-loss insurance, so that employees can count on their healthcare coverage when they need it. Because it simply serves as a financial backstop to an actual health insurance policy, stop-loss has never been regulated as health insurance by the Federal Government. Never.

But as we all know, the previous administration had a constant urge to regulate practically every aspect of American life, regardless of the consequences. It was only a matter of time before the Obama administration made stop-loss insurance one of its regulatory targets, even though many employers would find it nearly impossible to self-insure as a result.

Limiting a popular free-market healthcare option that millions of Americans rely on was a price they were willing to pay in order to push their government-run healthcare scheme.

Fortunately for working families, the Obama administration was unsuccessful, and we now have a new administration committed to expanding, not limiting, affordable healthcare options. However, all this highlights the need to protect access to self-insurance.

Employers need long-term certainty when it comes to the healthcare benefits they provide, and working families deserve peace of mind that they won't lose the plan they like because of a partisan, unnecessary Federal regulation. The Self-Insurance Protection Act provides that certainty and peace of mind by reaffirming existing law and preventing Federal bureaucrats from regulating stop-loss as health insurance.

There is more we can and should do to promote affordable healthcare coverage for working families. This legislation is one small step we can take to ensure Americans can continue to benefit from flexible healthcare plans that help lower costs.

I urge my colleagues to stand up for affordable healthcare options for workers and employers by voting in favor of H.R. 1304.

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

Mr. SCOTT of Virginia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 1304, the Self-Insurance Protection Act, purports to protect stop-loss insurers from being regulated at the Federal level. It appears that we are considering a bill that is a solution in search of a problem.

I am not opposed to stop-loss insurance or the purpose of stop-loss insurance. It can be helpful in shielding employers from unforeseen risks in many instances when they choose to self-insure and want to protect themselves from unexpected and unusually high expenses.

Now, while many self-funded plans, in conjunction with the purchased stop-loss, look like a traditional fully insured plan, stop-loss coverage itself is not regulated at the Federal level. There is no indication or suggestion that the administration would seek to regulate stop-loss insurance, so the bill prohibits Federal regulation of stop-loss insurance.

The Federal Government does not regulate stop-loss insurance today, and doesn't look like it is going to seek to regulate self-insurance in the foreseeable future, so it is difficult to ascertain exactly what the purpose of the bill is.

But employers, particularly small ones, do face risks when self-insuring. I think it is important that we ensure that employers are aware of the risks and protect them and their employees when appropriate. They can incur tremendous losses if the employee incurs a serious injury or illness.

Employees are also at risk of receiving fewer benefits because many consumer protections do not apply to self-funded plans.

Employers are legally prohibited from discriminating on the basis of health status, but stop-loss insurers are not. Many policies have provisions that will trigger immediate, even retroactive, increased premiums when the stop-loss insurer receives greater-than-expected claims.

To date, many States have taken action to regulate stop-loss insurance in order to protect both businesses and workers. Some have required a minimum, what is called attachment point. That is when the stop-loss insurance kicks in. Others have restricted the selling of stop-loss insurance with certain small group markets.

New York prohibits the sale of stop-loss insurance to small employers, and prohibits employers from serving as their own third-party administrators. North Carolina has chosen to regulate stop-loss insurance as if it were normal health insurance, holding stop-loss insurance to the same standards of others in the market.

Now, if States want to ban stop-loss insurance altogether, that should be a State prerogative. States have taken these steps because, frankly, self-insuring and stop-loss insurance come with greater risks to both employers and employees. Stop-loss plans place annual limits on services. Some place annual limits on services or exclude coverage for certain benefits, such as prescription drugs.

Furthermore, the renewal of stop-loss insurance is not guaranteed, so if an employer suddenly has high medical costs, the stop-loss insurer can refuse to renew or charge so much that it is no longer affordable.

In the committee markup, the gentlewoman from Oregon (Ms. BONAMICI) offered a clarifying amendment to ensure that this legislation would not be construed to restrict the ability of States to regulate stop-loss insurance.

Chairwoman FOXX agreed to include such clarifying language in the committee report, agreeing with the intent of that amendment. Based on that understanding, that amendment was withdrawn.

The clarifying language is in the report, and that clarification is vital to ensure that there is nothing in the bill that incorrectly can be interpreted as to preempt or restrict a State's ability to regulate stop-loss insurance as they see fit, or otherwise restrict effective oversight and regulation of these policies at the State level. I appreciate the majority's willingness to work with us on the inclusion of that clarifying language.

Mr. Speaker, while I don't intend to oppose the legislation, I would note that it seems to be a distraction from the Republicans' recent failed attempt to repeal the Affordable Care Act. After 7 years of complaints, the Republicans offered an alternative which was demonstrably worse than the Affordable Care Act on every measure; more people uninsured, higher prices, and the policy you end up getting is worse.

Democrats will continue to resist any attempts to move this country backwards by making health insurance less accessible and less affordable to American families.

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

Ms. FOXX. Mr. Speaker, I yield 5 minutes to the gentleman from Tennessee (Mr. ROE), the author of the bill, a member of the Education and the Workforce Committee, and chair of the Veterans' Affairs Committee.

Mr. ROE of Tennessee. Mr. Speaker, I rise today in support of the Self-Insurance Protection Act, H.R. 1304.

Mr. Speaker, I find it hardly plausible you could make something worse where one-third of the counties in my district have no option to buy any insurance on the exchange, and the third largest county in the State of Tennessee has no option. So I would beg to differ, Mr. Speaker.

We all want to ensure workers have access to high-quality, affordable health coverage. That is exactly what this legislation is all about.

Self-insured plans offer high-quality healthcare coverage at a reasonable cost for workers. This popular option allows employers to pay their employees' healthcare costs directly and, if costs are lower than expected, those savings can be reserved for later years to help cover their workers' future healthcare costs.

One of the benefits to self-insurance is that employers have more flexibility to customize their healthcare plans as they see fit for the unique needs of their employees. These plans are also free from many of the restrictive requirements associated with traditional healthcare plans, requirements that limit choices and force employees to purchase specific benefits they may not want or need.

As healthcare costs have risen, many employers have turned to this cost-effec-

tive model. In fact, in 2016, more than 60 percent of all employers offering health insurance coverage were self-insured, of the 160 million or so people in this country that have insurance through their job.

Even the labor unions have embraced this approach. However, employers may also take greater financial risk when providing this popular option to workers. To help mitigate that risk, many employers opt to purchase stop-loss insurance.

Stop-loss insurance is not health insurance, nor has it ever been considered health insurance under Federal law. It does not process medical claims, and it does not perform any other traditional function of health insurance. What it does instead is provide employers choosing to provide self-insurance with a financial backstop, protecting the benefits of workers and their families.

Unfortunately, the former administration threatened to regulate stop-loss insurance as traditional health insurance, a move that would put workers and their families at risk of losing access to the self-insured market. While we now have a new administration that understands the importance of providing more pathways to affordable healthcare coverage, Congress must also act to ensure that no future administration will be able to restrict the self-insurance option. The Self-Insurance Protection Act does just that.

This legislation reaffirms longstanding policies, prevents future bureaucratic overreach, and clarifies once and for all that stop-loss insurance is not health insurance. By supporting H.R. 1304, we will promote more choices and protect access to affordable healthcare coverage options for families.

Let me put this all in English. I was the mayor of Johnson City, Tennessee, where we had a self-insured plan for the teachers and for the workers there at the city. The city provided an opportunity for people to have health insurance for their families. We would accept risks up to \$250,000, and then we bought policies to protect the taxpayers and the city from any costs that went above that.

What this plan also allowed us to do is put in incredibly innovative health prevention, things like wellness programs, smoking cessation, weight loss, diabetes screening, lowering cholesterol. We put all those things in that plan, which helped hold—even with insurance premiums going up, we were able to level insurance costs going up and, therefore, save the employees and the teachers' money in that community. That is all it is.

Everybody buys insurance in this country to mitigate risk. When you buy homeowners insurance, you say: I will have \$1,000 deductible. So if I have a roof blow off, I can stand to pay \$1,000, but my insurance covers the rest.

That is all this is. It just protects risk.

Mr. Speaker, I urge my colleagues to support H.R. 1304.

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

Ms. FOXX. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. WALBERG), chairman of the Health, Employment, Labor, and Pensions Subcommittee.

Mr. WALBERG. Mr. Speaker, I rise today in support of H.R. 1304, the Self-Insurance Protection Act. I thank my good friend, Dr. PHIL ROE, for his leadership and insights on this issue.

□ 1500

As the Affordable Care Act continues its death spiral—and indeed it does, very clearly, and ultimately will leave people without insurance—too many small businesses in the process and working families in my district have been left without real options for healthcare coverage that they can afford.

Self-insured plans are one solution that small businesses have tried to push back against these rising costs. These policies provide employers flexibility to design a healthcare plan tailored to the unique needs of their workers and their families. Last year, over 60 percent of employers who offered healthcare coverage utilized self-insured plans.

Unfortunately, the previous administration pursued regulations that would jeopardize access to self-insured plans by redefining stop-loss insurance as traditional health insurance under Federal law. Stop-loss insurance does not pay our medical claims; rather, it is a tool—I remind you—that simply provides protections for employers to guard against a catastrophic medical claim.

Mr. Speaker, our constituents need more affordable healthcare options, not fewer; and the bill before us will stop any future administration from putting harmful limitations on self-insured plans. To achieve meaningful healthcare reform, we must promote flexibility and innovative options, not curtail them.

H.R. 1304 provides much-needed certainty to the workers and employers who access quality care through self-insured healthcare plans. As employers and their employees look to plan for the future, the Self-Insurance Protection Act will help provide some long-term certainty that these affordable health insurance options are available. I ask my colleagues to join me in supporting this legislation and promoting healthcare choice for American workers and for their employers.

Mr. SCOTT of Virginia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, we are continuing to hear complaints about the Affordable Care Act. Whatever someone thinks about the Affordable Care Act, I think it is important to look at the replacement that was offered just over a week ago which actually would have made

things worse. It would have increased the number of uninsured, it would have increased the price, it would have reduced the quality of the product, and it would have made it less likely that insurance companies would come in and offer anything at all.

If we are going to amend the Affordable Care Act, we ought to improve it. We ought to make things better. We should first do no harm with the Affordable Care Act, and we should not allow this administration to sabotage the Affordable Care Act. When they said it might implode, we have to be careful that they are not doing the implosion. There are things that this administration can do to undermine the Affordable Care Act and sabotage it, and we would hope that we should join in a bipartisan effort to make sure that that does not happen.

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

Ms. FOXX. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Michigan (Mr. MITCHELL) who is a member of our committee.

Mr. MITCHELL. Mr. Speaker, I thank the gentlewoman from North Carolina for yielding.

Mr. Speaker, I rise today in support of the Self-Insurance Protection Act, of which I am a proud cosponsor. Restoring health care is more than one bill—our plan has always included a series of efforts to directly address the challenges facing our healthcare system. The challenges resulted from ObamaCare. This legislation is one such effort, part of a series of measures to increase choice and access. This bill would make it easier for families to get health insurance from their employers.

As my colleagues have noted, more than 160 million Americans get their insurance from an employer. Of that, 60 percent of employers offering healthcare coverage are self-insured, meaning employers directly reimburse healthcare providers and employees for medical expenses. These self-insured plans provide more flexibility than traditional healthcare plans, as they can be designed and operated to meet the unique needs of workers and families. For many years, the company I led, in fact, was self-insured, and we bought stop-loss coverage.

For most self-insured employers, choosing to buy stop-loss insurance simply assists them in avoiding catastrophic losses. It is a business insurance policy. Regulating it like a traditional healthcare insurance would restrict access to self-insured plans dramatically.

We should be making it easier, not harder, for employers to offer their employees comprehensive health packages, and it certainly should not be left to an unelected bureaucrat to decide which types of plans or which benefits work for American families.

This legislation is a simple, straightforward approach to protect self-insured healthcare plans. It offers clarity, reaffirming longstanding policies

recognizing that stop-loss insurance is a distinct business insurance and prevents bureaucrats from—one more time—tinkering with our economy and damaging health care.

I urge my colleagues to support this legislation, as it is an important measure to promote and to increase access to health care.

Mr. SCOTT of Virginia. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, this bill prohibits Federal regulation of stop-loss insurance. The Federal Government does not regulate stop-loss insurance. It does not affect the States' ability to regulate the insurance, and that is where it should be done. So the bill does no harm. I would hope that, after this bill, we will refocus our efforts into addressing some of the challenges with the Affordable Care Act by first doing no harm, not going backwards like the bill did several days ago where the costs went up, the number of insurers went down, and the quality of the insurance was worse. We can improve healthcare coverage in this country, but we can't do it if the first step is a backward step.

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

Ms. FOXX. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, we all want workers and employers to have access to high-quality, affordable healthcare coverage, and that is exactly what this legislation is about.

Our Nation faces significant healthcare challenges. Costs are soaring, and choices are diminishing. This legislation will in no way address all of these challenges; however, it is one step we can take to protect access to affordable healthcare options for workers and employers.

Let's give workers and employers who rely on self-insured healthcare plans a little bit of certainty and peace of mind today by passing this common-sense legislation.

Mr. Speaker, I urge Members to vote in favor of the Self-Insurance Protection Act, and I yield back the balance of my time.

The SPEAKER pro tempore (Mr. DUNCAN of Tennessee). All time for debate has expired.

Pursuant to House Resolution 241, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

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

The yeas and nays were ordered.

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

RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

Mr. JEFFRIES. Mr. Speaker, I rise to a question of the privileges of the House and offer a resolution previously noticed.

The SPEAKER pro tempore. The Clerk will report the resolution.

The Clerk read as follows:

Expressing the sense of the House of Representatives that President Donald Trump shall publicly disclose his tax return information, which would conform with an important tradition connected to occupancy of the White House, as well as uphold his promise to the American people that he would release his tax returns.

Whereas, every President since Gerald Ford has disclosed his tax return information to the American people;

Whereas, in May 2014 Donald Trump stated during a television interview: "If I decide to run for office I'll produce my tax returns absolutely. I would love to do that";

Whereas, in February 2015 Donald Trump stated during a radio interview: "I have no objection to certainly showing tax returns";

Whereas, in February 2016 Donald Trump stated during a televised Republican Presidential debate: "I will absolutely give my returns, but I'm being audited now for two or three years, so I can't do it until the audit is finished, obviously";

Whereas, in May 2016 Donald Trump stated during a television interview: "I will really gladly give them. When the audit ends, I'll present them. That should be before the election";

Whereas, the IRS has made clear that any taxpayer, including Donald Trump, may release his tax returns at any time while under audit;

Whereas, the House of Representatives by constitutional design is the institution closest to the American people, and an overwhelming majority of the American people think Donald Trump should release his tax returns immediately;

Whereas, 17 different intelligence agencies in the United States have concluded that Vladimir Putin and his Russian regime interfered with our Presidential election for the purpose of helping Donald Trump;

Whereas, multiple high-level Trump associates were in regular contact with Russian operatives and intelligence agents during the same time that Russia was hacking into our democracy;

Whereas, multiple high-level Trump associates have financial ties to the Russian regime;

Whereas, Paul Manafort, Donald Trump's former campaign chairman, engineered a pro-Russian change in the Republican Party platform in July 2016 and has received millions of dollars from pro-Russian oligarchs to advance Putin's agenda;

Whereas, Michael Flynn, Donald Trump's first National Security Adviser, resigned in disgrace for misleading to Vice President Mike Pence about potentially unlawful phone calls to the Russian Ambassador and failed to disclose financial compensation received from a Russian propaganda media outlet closely tied to Vladimir Putin;

Whereas, Carter Page, a top foreign policy adviser to the Trump campaign, has now acknowledged visiting the Kremlin in the midst of the 2016 Presidential election;

Whereas, Jeff Sessions, Donald Trump's Attorney General, misled the Senate under oath by failing to disclose his meetings with the Russian Ambassador that took place in July 2016 at the Republican National Convention and again in September of 2016;

Whereas, Michael Cohen, Donald Trump's personal attorney, now acknowledges being