CONGRESSIONAL RECORD—HOUSE

Smith (NE)

Smith (NJ)

Smith (TX)

Smucker

Stefanik

Stewart

Stivers

Taylor

Tenney

NOT VOTING-17

July 24, 2018

Black Blackburn Ellison Graves (MO) Hanabusa	King (IA) Long Messer Moore Noem Dries (NG)	Rokita Smith (MO) Speier Walz Yoder
Hartzler	Price (NC)	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

\Box 1429

So the previous question was ordered. The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

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

RECORDED VOTE

Mr. HASTINGS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were-ayes 225, noes 184, not voting 19, as follows:

Abraham Aderholt Allen Amash Amodei Arrington Babin Bacon Banks (IN) Barletta Barr Barton Bergman Biggs Bilirakis Bishop (MI) Bishop (UT) Blum Bost Brady (TX) Brat Brooks (AL) Brooks (IN) Buchanan Buck Bucshon Budd Burgess Bvrne Calvert Carter (GA) Carter (TX) Chabot Cheney Cloud Coffman Cole Collins (GA) Collins (NY) Comer Comstock Conaway Cook Costello (PA) Cramer Crawford Culberson Curbelo (FL) Curtis Davidson Davis, Rodney Denham DeSantis DesJarlais Diaz-Balart Donovan Duffy Duncan (SC)

Hill

Issa.

Knight

Kustoff (TN)

[Roll No. 371] AYES-225 Duncan (TN) Labrador Dunn LaHood Emmer LaMalfa Estes (KS) Lamb Faso Lamborn Ferguson Lance Fitzpatrick Latta Fleischmann Lesko Lewis (MN) Flores Fortenberry LoBiondo Loudermilk Foxx Frelinghuysen Love Lucas Gaetz Gallagher Luetkemever MacArthur Garrett Gianforte Marchant Gibbs Marino Marshall Gohmert Goodlatte Massie Gosar Mast Gowdy McCarthy McCaul Granger Graves (GA) McClintock Graves (LA) McHenry Griffith McKinley Grothman McMorris Guthrie Rodgers Handel McSally Meadows Harper Harris Mitchell Hensarling Moolenaar Herrera Beutler Mooney (WV) Hice, Jody B. Mullin Higgins (LA) Newhouse Norman Holding Nunes Hollingsworth Olson Hudson Palazzo Huizenga Palmer Hultgren Paulsen Hunter Pearce Hurd Perry Pittenger Jenkins (KS) Poe (TX) Jenkins (WV) Poliquin Johnson (LA) Posev Johnson (OH) Reed Johnson, Sam Reichert Jones Renacci Jordan Rice (SC) Roby Roe (TN) Joyce (OH) Katko Kelly (MS) Rogers (AL) Kelly (PA) Rogers (KY) King (NY) Rohrabacher Kinzinger Rooney, Francis

Ros-Lehtinen Roskam Ross Rothfus Rouzer Royce (CA) Russell Rutherford Sanford Scalise Schweikert Scott. Austin Sensenbrenner Sessions Shimkus Shuster Simpson Sinema

Adams

Bass

Bera

Beyer

F

Bustos

Capuano

Carbajal

Cárdenas

Carson (IN)

Cartwright

Castor (FL)

Castro (TX) Chu, Judy

Clark (MA)

Clarke (NY)

Cicilline

Clay

Cleaver

Clyburn

Connolly

Cohen

Cooper

Correa

Costa

Crist

Courtney

Crowlev

Cuellar

Cummings

Davis (CA)

DeFazio

DeGette

Delaney

DeLauro

DelBene

Demings

Deutch

Dingell

Doggett

F

Engel

Eshoo

Evans

Foster

Rooney, Thomas

J.

Espaillat

Esty (CT)

Frankel (FL)

DeSaulnier

Davis, Danny

Bishop (GA)

Blumenauer

Bonamici

Brady (PA)

Brown (MD)

Butterfield

Beatty

Aguilar

Barragán

Thornberry Tipton Trott Turner Upton Valadao Wagner Walberg

NOES-184

Fudge Gabbard Gallego Garamendi Gomez Gonzalez (TX) Gottheimer Green, Al Green, Gene Blunt Rochester Grijalva Gutiérrez Boyle, Brendan Hastings Heck Higgins (NY) Himes Brownley (CA) Hoyer Huffman Jackson Lee Jayapal Jeffries Johnson (GA) Johnson, E. B. Kaptur Keating Kelly (IL) Kennedy Khanna Kihuen Kildee Kilmer Kind Krishnamoorthi Kuster (NH) Langevin Larsen (WA) Larson (CT) Lawrence Lawson (FL) Lee Lewis (GA) Lieu, Ted Lipinski Loebsack Lofgren Lowenthal Lowev Lujan Grisham, м Luián, Ben Rav Lynch Malonev. Carolyn B. Maloney, Sean Matsui Doyle, Michael McCollum McEachin McGovern McNerney Meeks Meng Moulton Murphy (FL) Nadler

Walters, Mimi Weber (TX) Webster (FL) Wenstrup Westerman Williams Wilson (SC) Wittman Womack Woodall Yoho Young (AK) Young (IA) Zeldin Napolitano Neal Nolan Norcross O'Halleran O'Rourke Pallone Panetta Pascrell Payne Pelosi Perlmutter Peters Peterson Pingree Pocan Polis

Quigley Raskin Rice (NY) Richmond Rosen Roybal-Allard Ruiz Ruppersberger Rush Ryan (OH) Sánchez Sarbanes Schakowsky Schiff Schneider Schrader Scott (VA) Scott, David Serrano Sewell (AL) Shea-Porter Sherman Sires Smith (WA) Soto Suozzi Swalwell (CA) Takano Thompson (CA) Thompson (MS) Titus Tonko Torres Tsongas Vargas Veasey Vela. Velázquez Visclosky Wasserman

Schultz Waters, Maxine Watson Coleman Welch

Wilson (FL)

Yarmuth

NOT VOTING-19

Black Blackburn Ellison Graves (MO) Hanabusa Hartzler King (LA)	Levin Long Messer Moore Noem Price (NC) Pataliffo	Rokita Smith (MO) Speier Walz Yoder
King (IA)	Ratcliffe	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining.

□ 1436

So the resolution was agreed to. The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. KING of Iowa. Mr. Speaker, I was unable to vote on July 24, 2018, due to delayed travel on account of inclement weather. Had I been present, I would have voted as follows: "Yes" on rollcall No. 368, "Yes" on rollcall No. 369, "Yes" on rollcall No. 370, and "Yes" on rollcall No. 371.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Byrd, one of its clerks, announced that the Senate has passed with amendments in which the concurrence of the House is requested, bills of the House of the following titles:

H.R. 589. An act to establish Department of Energy policy for science and energy research and development programs, and reform National Laboratory management and technology transfer programs, and for other purposes.

H.R. 2353. An act to reauthorize the Carl D. Perkins Career and Technical Education Act of 2006.

The message also announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 2503. An act to establish Department of Energy policy for science and energy research and development programs, and reform National Laboratory management and technology transfer programs, and for other purposes.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the Chair will postpone further proceedings today on motions to suspend the rules on which a recorded vote or the yeas and nays are ordered, or votes objected to under clause 6 of rule XX.

The House will resume proceedings on postponed questions at a later time.

EQUITABLE ACCESS TO CARE AND HEALTH ACT

Mr. ROSKAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1201) to amend section 5000A of the Internal Revenue Code of 1986 to provide an additional religious exemption from the individual health coverage mandate, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1201

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 "Equitable Access to Care and Health Act" or the "EACH Act".

Walden Walker Walorski Thompson (PA)

SEC. 2. ADDITIONAL RELIGIOUS EXEMPTION FROM HEALTH COVERAGE RESPON-SIBILITY REQUIREMENT.

(a) IN GENERAL.—Section 5000A(d)(2)(A) of the Internal Revenue Code of 1986 is amended to read as follows:

"(A) RELIGIOUS CONSCIENCE EXEMPTIONS.-

"(i) IN GENERAL.—Such term shall not include any individual for any month if such individual has in effect an exemption under section 1311(d)(4)(H) of the Patient Protection and Affordable Care Act which certifies that—

"(I) such individual is a member of a recognized religious sect or division thereof which is described in section 1402(g)(1), and is adherent of established tenets or teachings of such sect or division as described in such section; or

"(II) such individual is a member of a religious sect or division thereof which is not described in section 1402(g)(1), who relies solely on a religious method of healing, and for whom the acceptance of medical health services would be inconsistent with the religious beliefs of the individual.

"(ii) SPECIAL RULES.—

"(I) MEDICAL HEALTH SERVICES DEFINED.— For purposes of this subparagraph, the term 'medical health services' does not include routine dental, vision and hearing services, midwifery services, vaccinations, necessary medical services provided to children, services required by law or by a third party, and such other services as the Secretary of Health and Human Services may provide in implementing section 1311(d)(4)(H) of the Patient Protection and Affordable Care Act.

"(II) ATTESTATION REQUIRED.—Clause (i)(II) shall apply to an individual for months in a taxable year only if the information provided by the individual under section 1411(b)(5)(A) of such Act includes an attestation that the individual has not received medical health services during the preceding taxable year.". (b) EFFECTIVE DATE.—The amendment

made by subsection (a) shall apply to taxable years beginning after December 31, 2018. (c) CONSTRUCTION.—Nothing in the amend-

any State law requiring the provision of medical treatment for children, especially those who are seriously ill.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. ROSKAM) and the gentleman from California (Mr. THOMPSON) each will control 20 minutes.

The Chair recognizes the gentleman from Illinois.

GENERAL LEAVE

Mr. ROSKAM. 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 material on H.R. 1201, currently under consideration.

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

There was no objection.

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

Mr. Speaker, I am very happy to see this bipartisan bill is getting a vote today.

H.R. 1201, the EACH Act, or Equitable Access to Care and Health Act, introduced by my colleague, Mr. ROD-NEY DAVIS from Illinois, provides commonsense relief from ObamaCare's mandate to purchase insurance from those who object on religious grounds.

This bill extends the religious conscience exemption from ObamaCare's individual mandate to those individuals who rely solely on a religious method of healing. Receiving medical health services, as we traditionally think of them, is inconsistent with the religious belief of Christian Scientists.

This bill says that for people who choose not to use traditional healthcare or services, they are fully exempted from the Affordable Care Act's requirement to buy insurance. For Christian Scientists, if they bought the insurance plan, they wouldn't use it anyway. If you don't believe in something, why should the government force you to participate.

In healthcare, so many of our choices have been restricted because of the Affordable Care Act's domino effect across the entire healthcare sector. The EACH Act takes a step in the right direction by restoring freedom for people who had to face a dire decision of either violating their conscience by purchasing ObamaCare or violating the law. This is an unfair position that the law should not put them in, and I hope we can finally resolve this by passing the EACH Act today.

We must come together to help those who have been hurt by this intrusion into their lives. This bill has widespread bipartisan support. In fact, the House passed a similar bill last Congress by voice vote. Once more, passing the EACH Act will reduce the deficit by \$31 million.

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

Mr. THOMPSON of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, the House has passed this bill before, making clarifications on the existing religious exemptions for healthcare. I understand that religious groups have important healthcare concerns that must be taken seriously.

I support this bill. But we should be talking about issues in healthcare that our constituents are bringing up to us every day, like skyrocketing prescription drug costs, increasing premium costs, and threats to guaranteed coverage for preexisting conditions, a direct result of efforts by my Republican colleagues.

The Trump administration continues to raise costs and reduce access to affordable healthcare in its never-ending effort to sabotage the Affordable Care Act.

In just the last few weeks, the administration has refused to defend protections for Americans with preexisting conditions, stopped risk adjustment payments to health plans covering sicker patients, and again slashed payments to the navigators that help people access healthcare insurance. These and many other misguided efforts are raising the costs for those Americans who need healthcare coverage the most.

We should be examining and responding to this growing threat to affordable care, not ignoring it.

I encourage my Republican colleagues to bring to the floor bills that truly address the healthcare cost crisis that middle class Americans and seniors are facing. After all, that was their promise to our constituents.

In 2015, the President promised:

We're going to terminate ObamaCare. We're going to terminate it, it's going to be terminated. It's going to be replaced with something much better and something much less expensive for you and for the country.

Republicans and the President have failed to present the public with a better plan, and they have failed to drive down the cost to patients.

As a matter of fact, their work has driven costs up. The cumulative ACA sabotage by the Republican Congress and the administration are adding as much as 24 percent of healthcare premium increases in my home State of California.

Now they should work with us to strengthen and protect existing programs so that our constituents can go to the doctor when they need to or get surgery or a drug that their lives depend on. As Members of Congress, this is our responsibility.

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

Mr. ROSKAM. Mr. Speaker, the good news for my friend from California is that tomorrow he will have an opportunity to vote on bills that will lower the costs of healthcare with the health savings account agenda that is forthcoming.

Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Texas (Mr. SMITH), a longstanding advocate on behalf of Christian Scientists, who has tried to bring rescue to them.

□ 1445

Mr. SMITH of Texas. Mr. Speaker, I thank the gentleman from Illinois (Mr. ROSKAM) for yielding me time, and I thank another gentleman from Illinois (Mr. RODNEY DAVIS) for introducing this legislation.

The Equitable Access to Care and Health Act is a bill that I strongly support. It expands the religious conscience exemption in the Affordable Care Act.

The bipartisan legislation has broad support in the House and in the Senate. It has passed the House by voice vote in the last two Congresses.

The ACA currently provides for a religious conscience exemption, but the exemption is unduly narrow and applies only to a few faiths. This exemption should be expanded to accommodate other religions whose sincerelyheld religious beliefs could cause them not to purchase healthcare insurance.

With the recent repeal of the individual mandate, the CBO now estimates that the bill will result in about \$30 million in cost savings. I hope my colleagues will support this piece of legislation. It will help advance the cause of religious freedom.

Mr. THOMPSON of California. Mr. Speaker, I yield myself such time as I may consume.

I just want to mention that my friend and committee member was half right in what he said about tomorrow's vote. We will be voting on some healthcare bills tomorrow, and they are bills that will help. But they will help people that either have the money to pay for healthcare or people who are healthy, not the folks who need access to quality, affordable healthcare.

I would be remiss if I didn't point out that, contrary to this party's position for decades, these bills aren't paid for, and they are going to add about \$70 billion worth of costs to our national debt.

I reserve the balance of my time.

Mr. ROSKAM. Mr. Speaker, I yield 5 minutes to the gentleman from Illinois (Mr. RODNEY DAVIS).

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I thank Mr. ROSKAM for his leadership on this issue. I also want to thank the gentleman from California (Mr. THOMPSON), because this bill that we are talking about today is and has been rife with nothing but bipartisan support. It is issues like this that we can work together to correct. No matter what the bill is, no matter what some of the other outlying issues of implementation of certain laws that may or may not affect our constituents and how they do so, but the fact that we are trying to fix this once and for all, for many in this country, is a testament to what good happens here in a bipartisan fashion

 \overline{I} also want to thank the chairman of the Ways and Means Committee, KEVIN BRADY, my good friend, for his continued leadership on this issue and helping to make sure this bill comes back to the floor.

This Congress has an opportunity to continue the bipartisanship I just talked about and promote religious liberty and fairness by passing the EACH Act, because the EACH Act modestly expands the religious conscience exemptions under the Affordable Care Act to include individuals who rely solely on religious methods of healing.

The current religious conscience exemption under the Affordable Care Act exclusively applies to only a few select faiths. As a result, some Americans, including Christian Scientists, are required to purchase medical health insurance that does not cover the healthcare of their religious practice and choice. They are, therefore, forced with the choice of violating their conscience by purchasing traditional health insurance or violating the law by not complying with any individual mandate.

Under the EACH Act, applicants must attest annually that they are a member of a religious group, that they rely solely on a religious method of healing, and that they have not received medical health services during the preceding taxable year.

This is a very important point, Mr. Speaker. Additionally, with the help of input from the American Academy of Pediatrics, the bill makes it clear that the legislation does not preempt any State laws requiring the provision of medical treatment for children. Further, if a parent needs to provide a necessary medical service to a child, doing so would not invalidate the individual's exemption.

The EACH Act, again, is truly an example of bipartisan legislation with input from stakeholders that actually made it better. I am proud to have worked with my friend and colleague, Mr. KEATING, on moving this legislation forward. He knows this issue well. His home State of Massachusetts established a similar religious conscience exemption in State law more than 10 years ago.

I also represent Principia College, a college for Christian Scientists in Elsah, Illinois, one that we have a few graduates of right here in Congress, including the last speaker, Mr. LAMAR SMITH. While working on this bill, I have heard from both students and professors from Principia on the importance of passing this legislation and what it would mean to their lives. One such student wrote: "I feel reli-

One such student wrote: "I feel religious liberty is such a vital part of the American exceptionalism that permeates worldly thought, and the passing of this bill will only contribute to the commitment of our government to preserve that right. My family has paid excessive amounts for healthcare, among other expenses, that we do not use due to our reliance on the Christian Science healing for prayer. I do not believe Christian Scientists should feel that they are being punished in some way for expressing their First Amendment right."

Well, Mr. Speaker, I am proud to stand up here today for their First Amendment right.

This legislation is about as straightforward as it gets. It is broadly bipartisan, promotes religious liberty and fairness, and it also saves the taxpayers money. The Congressional Budget Office estimated passing the EACH Act would save taxpayers an additional \$31 million, if signed into law.

The EACH Act passed this House in both the 113th and 114th Congresses, but, unfortunately, it was held up in the Senate. It is time that Congress finally passes the EACH Act out of both Chambers and sends it to the President's desk for his signature.

I urge a "yes" vote.

Mr. THOMPSON of California. Mr. Speaker, I am prepared to close. Does the gentleman from Illinois have further speakers?

Mr. ROSKAM. Mr. Speaker, I have no further speakers.

Mr. THOMPSON of California. Mr. Speaker, I am prepared to close. I yield myself the balance of my time, and I thank the sponsors for their work on this bill. I urge my colleagues on both sides of the aisle to support this bill.

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

We hold conscience in this House tenderly. Our Founders were wise. In the First Amendment to the Bill of Rights, the first freedom that they articulated was our freedom to worship. What you are hearing today is a bipartisan consensus that we value that, and we recognize the power of conscience, the power of religious liberty, the power of being able to worship as one pleases. That is something that Mr. DAVIS from Illinois is advocating today, Mr. THOMPSON is supporting as well, along with the longstanding work of Mr. SMITH from Texas.

Passing this bill will give those who object to health insurance on religious grounds the ability to opt out of the system that they don't want to participate in, in its entirety. They won't have to face a choice between violating their belief and violating the law anymore. I urge its passage, and I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Illinois (Mr. ROS-KAM) that the House suspend the rules and pass the bill, H.R. 1201, as amended.

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

A motion to reconsider was laid on the table.

NATIVE AMERICAN HEALTH SAVINGS IMPROVEMENT ACT

Mr. ROSKAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 1476) 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. 1476

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 SAV-INGS 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 ELIGI-BLE 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

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2018.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Illinois (Mr. ROSKAM) and the gentleman from California (Mr. THOMPSON) each will control 20 minutes.