

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.

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 Elmhurst, 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 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. ROSKAM) that the House suspend the rules and pass the bill, H.R. 1201, 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.

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 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, 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.

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 within which to revise and extend their remarks and include extraneous material on H.R. 1476, 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 happy to stand before you today as we consider H.R. 1476, the Native American Health Savings Improvement Act, a bipartisan bill introduced by Mr. MOOLENAAR of Michigan, that makes commonsense improvements to current rules surrounding health savings accounts and those who get care through the Indian Health Service.

Generally, anyone covered solely by a high-deductible health plan that meets certain requirements is allowed to make tax-free contributions to a health savings account. But for certain individuals who receive care through the Indian Health Service, this isn't the case.

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 ineligible to make contributions to an HSA. This practice could discourage those who rely on care delivered at an Indian Health Service facility from participating in an HSA. This should be fixed so that these enrollees can avail themselves to the benefits of Health Savings Accounts.

High-deductible health plans and health savings accounts are critical components of consumer-driven healthcare. Together, they empower individuals and families to shop around. They unleash the power of choice and competition that are so badly needed in healthcare to lower costs and improve quality today. These are the elements we need to encourage in the system, if we are going to start bending the cost curve in the right direction, and if we want to lower barriers to these types of accounts and encourage individuals who are otherwise eligible not to forgo treatment at an Indian Health Service facility simply because of confusion over when they might be able to resume contributing to their HSA.

I urge my colleagues to join me in supporting this bipartisan legislation, and 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. It allows individuals eligible for Indian Health Service, or IHS, to participate in a health savings account if they are enrolled in a high-deductible health plan.

I support this bill. We should be talking about issues in healthcare that strengthen our healthcare system for all Americans while addressing the issues in the Indian Health Service program, and there should be no exception to that today.

Given the important role IHS plays providing primary care to our Native American population, we should be working to ensure that all participants in IHS have access to high-quality care. Reports of underfunding and resulting substandard care need to be addressed, so we make sure that all individuals that this healthcare program serves benefit from the congressional action that we take, not just those who happen to have the money to put in an HSA, to pay for an HSA.

We shouldn't overlook the important role Medicare and Medicaid play in providing healthcare to these populations. Thousands of IHS beneficiaries are also enrolled in Medicare, Medicaid, or some combination of both.

Republicans are looking to dramatically cut and undermine these critical programs. Offering IHS enrollees a savings account won't make up for damage inflicted by the cuts to Medicaid or Medicare.

Instead, we should strengthen both of these programs and coordinate care with IHS to make sure individuals are getting the best care possible.

I reserve the balance of my time.

Mr. ROSKAM. Mr. Speaker, I yield 5 minutes to the gentleman from Michigan (Mr. MOOLENAAR).

Mr. MOOLENAAR. Mr. Speaker, first, I want to thank Chairman BRADY of the House Committee on Ways and Means for his leadership of the committee, and also Mr. ROSKAM and Mr. THOMPSON for their support here on the floor today.

I also want to thank Congressman RAUL RUIZ for cosponsoring this legislation and making it bipartisan.

This legislation before us today, H.R. 1476, 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.

Mr. Speaker, if you or I were to use a health savings account, we would be able to immediately make a contribution to it the day after you receive care at a doctor's office. There is no prohibition on making those contributions.

However, right now, Native Americans across the country, including my constituents, cannot do the same thing if they receive treatment from a doctor at the Indian Health Service. Instead, they are prohibited from immediately saving the money they earned and must wait for 3 months before they can make another contribution into the personal account they use to provide for their health and that of their family.

This makes no sense. Instead, this commonsense legislation eliminates the problem. If this bill becomes law, Native Americans will no longer have

to wait 3 months. They will be able to receive treatment from Indian Health Service doctors near them and save money in their HSAs whenever they want.

This is a bipartisan, patient-centered solution to a government-created problem.

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It will benefit the Saginaw Chippewas in my district as well as Tribes throughout Michigan and across the country. It will help those who work hard to save money and take care of their families.

Mr. Speaker, I thank my colleagues for their support of this legislation.

Mr. THOMPSON of California. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, I thank the sponsors of this bill, and I want to give a particular shout-out to Congressman RAUL RUIZ, also Dr. RUIZ when he is not in Congress, for his cosponsorship of this bill and all the hard work that he has put into this effort.

Mr. Speaker, I urge my colleagues on both sides of the aisle to cast an "aye" vote for this measure, and I yield back the balance of my time.

Mr. ROSKAM. Mr. Speaker, about 22 million Americans are covered by high-deductible health plans with an HSA. These are options that are increasingly popular across the spectrum because they lower premiums and they are a vehicle to save for other healthcare expenses.

I think this is a good bill. It has been well articulated this afternoon, particularly by the bill's sponsor and by Mr. THOMPSON, and I urge its passage.

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

The SPEAKER pro tempore (Mr. JOHNSON of Louisiana). The question is on the motion offered by the gentleman from Illinois (Mr. ROSKAM) that the House suspend the rules and pass the bill, H.R. 1476, 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.

WATER AND AGRICULTURE TAX REFORM ACT OF 2018

Mr. ROSKAM. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 519) to amend the Internal Revenue Code of 1986 to facilitate water leasing and water transfers to promote conservation and efficiency, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 519

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 "Water and Agriculture Tax Reform Act of 2018".