

gentleman from Texas (Mr. SAM JOHNSON).

Mr. SAM JOHNSON of Texas. Mr. Speaker, I want to thank Mr. REICHERT, Ms. DELBENE, Mr. COLE, and Mr. KILMER for introducing this commonsense bill.

As chairman of the Ways and Means Social Security Subcommittee, I held a hearing last year on Social Security coverage for some State and local governments. During the hearing, we discussed how State and local governments were initially excluded from Social Security. But over time, the law was changed to provide State and local governments the choice to extend Social Security coverage to their employees.

However, Tribal councils don't have this same option. The IRS and Social Security have a rule that Tribal council members are not eligible for Social Security coverage. That isn't right. Tribal councils should be able to participate in Social Security if they want to. The bill on the floor today fixes this by giving Tribal councils the choice.

I also want to be clear that this bill does not mandate Social Security coverage. Tribes will still have the ability to make their own decision.

This bill treats Tribal council members fairly when it comes to Social Security benefits and is the result of a request from several Tribal councils. I encourage my colleagues to support this bill. It is a bipartisan bill.

Mr. NEAL. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. REICHERT. Mr. Speaker, I yield 2 minutes to the gentleman from Arizona (Mr. SCHWEIKERT), a member of the Ways and Means Committee.

Mr. SCHWEIKERT. Mr. Speaker, I will do this really quickly.

Being from Arizona, where I have, functionally, 23 Tribes, 21 or 22 reservations, it is surprising how often this becomes a subject and trying to understand how big and complex many of our Tribal communities are. We think our lives are sometimes complex. Imagine having to operate in the world of multiple layers, where you have to deal with State and local, Federal, and then Tribal politics, issues, and those things.

I was visiting some of my friends on a Tribal community called Ak-Chin. It was interesting. One of the gentleman there basically said: I am on council. I can't participate in Social Security. But before I was on council, I managed one of the Tribal operations, and there I could participate in Social Security.

I know this is sort of a glitch, but this is one of those honorable things where we step up and we create some optionality. Within that optionality, I think we respect Tribal sovereignty, and we are just doing the right thing here.

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

I want to thank the sponsors for their hard work. I urge colleagues on

both sides of the aisle to support this legislation, and I yield back the balance of my time.

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

Mr. Speaker, H.R. 6124, the Tribal Social Security Fairness Act, is a straightforward, commonsense, bipartisan bill. It ensures our Tribal leaders have access to Social Security benefits that they so deserve.

Mr. Speaker, I urge my colleagues to join me in supporting this bipartisan bill, and I yield back the balance of my time.

Mr. GALLEGOS. Mr. Speaker, I rise today in support of H.R. 6124, the Tribal Social Security Fairness Act.

I am pleased to support this common sense, bipartisan bill that will extend a basic right to tribal leaders across the country: the ability to retire with dignity and security.

Astonishing as it may seem, elected tribal leaders, including those who have already paid into Social Security, can no longer contribute to—or access the benefits of—this critical safety net program.

After a lifetime of service to their communities, tribal leaders shouldn't have to struggle to make ends meet.

They deserve the same access to Social Security as every other American.

This speaks to a broader problem, Mr. Speaker.

As the first inhabitants of our homeland, the interests of Native Americans should be a primary consideration when federal policy makers go to work—not an afterthought.

But, too often, the unique considerations of Indian Country are just that . . . an afterthought.

Nevertheless, every decision we make in this body—from the Farm Bill to healthcare to tax policy—every decision we make impacts our Native American brothers and sisters.

Earlier today, in the Subcommittee on Indian Affairs, we heard from the tribe whose members helped the Pilgrims survive that first winter in Plymouth. Their good will is part of the reason you and I are here today.

Moving forward, it's incumbent upon us to demonstrate the same generosity of spirit that was shown to our nation's founders.

And we can start here and now.

I urge my colleagues to support this common sense legislation today, and to fully consider the implications of new policies on Indian Country in the future.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Washington (Mr. REICHERT) that the House suspend the rules and pass the bill, H.R. 6124, 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.

#### PROTECT MEDICAL INNOVATION ACT OF 2017

Mr. PAULSEN. Mr. Speaker, pursuant to House Resolution 1011, I call up the bill (H.R. 184) to amend the Internal Revenue Code of 1986 to repeal the

excise tax on medical devices, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1011, the amendment printed in House Report 115-860 is adopted, and the bill, as amended, is considered read.

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

H.R. 184

*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 "Protect Medical Innovation Act of 2018".

#### SEC. 2. REPEAL OF MEDICAL DEVICE EXCISE TAX.

(a) IN GENERAL.—Chapter 32 of the Internal Revenue Code of 1986 is amended by striking subchapter E.

(b) CONFORMING AMENDMENTS.—

(1) Subsection (a) of section 4221 of such Code is amended by striking the last sentence.

(2) Paragraph (2) of section 6416(b) of such Code is amended by striking the last sentence.

(c) CLERICAL AMENDMENT.—The table of subchapters for chapter 32 of such Code is amended by striking the item relating to subchapter E.

(d) EFFECTIVE DATE.—The amendments made by this section shall apply to sales after December 31, 2019.

The SPEAKER pro tempore. The bill shall be debatable for 1 hour, equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means.

The gentleman from Minnesota (Mr. PAULSEN) and the gentleman from Massachusetts (Mr. NEAL) each will control 30 minutes.

The Chair recognizes the gentleman from Minnesota.

#### GENERAL LEAVE

Mr. PAULSEN. 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 the bill H.R. 184, currently under consideration.

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

There was no objection.

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

Mr. Speaker, today, the House will vote on H.R. 184, the Protect Medical Innovation Act, which will finally repeal the medical device excise tax and eliminate a burden on patients and the companies that create and produce life-saving medical devices for people all over the world.

The medical device industry is truly an American success story, directly employing more than 400,000 people. In Minnesota alone, more than 35,000 people are employed at almost 700 companies, mostly small companies that you have never heard of. Many of them were started by a doctor or an engineer or an entrepreneur in the garage or in the backyard with an idea to improve or help save someone's life. In fact, 80

percent of all medical device companies have less than 50 employees, and 93 percent have less than 500 employees. The jobs they provide are good, rewarding jobs that pay above-average salaries.

Mr. Speaker, America is a net exporter in medical devices, one of the other reasons why it is an American success story. But back in 2013, the Affordable Care Act imposed a new 2.3 percent excise tax on all medical devices.

□ 1600

Mr. Speaker, 2.3 percent may not sound like much, but it wasn't a tax on profits; it was a tax on sales, on revenue. Usually the government puts an excise tax on things we want to discourage, like tobacco, alcohol, or gas-guzzling automobiles.

Why would we want to discourage medical innovation? Only in Washington would you impose a tax on lifesaving medical devices and then think you are going to help reduce healthcare costs.

Guess what? The device tax caused the loss of over 29,000 jobs. Now, with strong bipartisan support, we have been able to eliminate this onerous tax with suspensions. The last time we suspended this tax, companies responded by hiring more engineers and more technicians and putting more money into research and development projects for these new, lifesaving technologies.

But these innovators need certainty. They need predictability. And a permanent repeal is needed to especially help startup companies from where the next generation of inventions and innovation will come.

Investors will hold back capital in new companies when there is a threat of an excise tax starting back up because it already takes 8 to 10 years, Mr. Speaker, for these companies to become profitable in the first place. This tax raises the bar and makes it even more difficult for them to become profitable.

I have had many conversations with companies that I represent in my community about what this excise tax means to them. I remember having a conversation with a medium-sized company owner who said that without this tax they would be able to have a few more projects online, which meant they would hire two more engineers and two more technicians. Other companies to which I have spoken said they would be able to directly invest more in research and development, creating more high-paying jobs, invent better products. Ultimately, it is about helping more patients.

The good news, Mr. Speaker, is there is strong recognition that we need to eliminate this tax on a bipartisan basis, because it is such bad policy. In fact, very few bills have such strong bipartisan support: 277 cosponsors. Mr. Speaker, 44 of those cosponsors are Democrats across the aisle.

I pledge that I will continue working with Senator KLOBUCHAR in the Senate

across the aisle, and my colleagues, to get this over the finish line, because there are very few issues that would unite an ELIZABETH WARREN and a TED CRUZ, but this, Mr. Speaker, is one of them.

Mr. Speaker, I would encourage all Members to support this legislation, and I reserve the balance of my time.

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

Mr. Speaker, this week has been dubbed "health week" on the House floor. However, based on the legislation we are considering, it is hard to take that challenge seriously. The bills before us today simply don't do very much. Instead, we should be considering measures that go to the heart of what Americans need: lower healthcare costs and high-quality care. That includes lower drug costs and prescription benefits that should be extended to all members of the American family based on the following notion that we should continue to make sure that pre-existing conditions remain part of the Affordable Care Act.

More and more families are facing difficult healthcare decisions. All too often, it comes down to not going to an important doctor appointment or cutting pills in half or stopping the taking of prescription medicines altogether. This, coupled with other challenges Americans face at home, like retirement security, addiction issues, and education costs, will make it harder, not easier, for them to move forward.

At home in western Massachusetts, I hear about how people need to make complicated decisions for their families. Congress can simplify these things by bringing bills to the floor that truly address the cost of healthcare without making consumers shoulder more of the cost and give tax benefits to the wealthy, leaving patients to ever growing medical bills.

Unfortunately, I have not seen any efforts to address these growing costs in a meaningful way. Instead, our Republican colleagues continue to lead efforts to sabotage critical health programs. This has led to more uncertainty for American families. This uncertainty also impacts the marketplace and leads to premium increases and adds to the burden for American families already having trouble making ends meet.

Instead of placing more anxiety on individuals facing discrimination for preexisting conditions, we should protect and strengthen already existing programs like Medicare and Medicaid.

The legislation before us is another billion, billion, billions of dollars in unpaid tax cuts. This is on top of the \$2.3 trillion this Congress has already passed into law, all with borrowed money. Republicans are using the deficit, which they keep making larger, to justify the deep cuts they plan to make to Medicare, Social Security, and Medicaid. These bills will only intensify Republican calls for further cuts to those critical programs.

American families need certainty, Mr. Speaker. What is happening to our Nation's healthcare at the moment is anything but. It is another obstacle for families to get a leg up and ensure their children and grandchildren are safe and have opportunities well into the future.

The same is true for our seniors and those working to prepare for retirement. They should be in a place knowing they can retire without anxiety and have health programs they can count on in their later years.

The bills before us this day do nothing to solve problems for everyday Americans. Instead, it leaves them further behind, with increased healthcare costs, lower coverage, and certainly sacrifices the quality of care they might receive.

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

Mr. PAULSEN. Mr. Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. BANKS), someone who represents a State that is steeped in medical technology jobs and has been a leader in championing the repeal of this tax.

Mr. BANKS of Indiana. Mr. Speaker, I thank the gentleman from Minnesota, who has been the foremost leader in the House of Representatives for a very long time to permanently repeal the medical device tax.

Mr. Speaker, there are more than 7,000 medical device companies in the United States that contribute hundreds of billions of dollars to our economy every year. These companies employ over 400,000 Americans, while creating lifesaving technologies that benefit patients around the world.

Many of these manufacturers are located, as my colleague said, in my home district of northeast Indiana. In fact, Warsaw, Indiana, in my district, is known as the orthopedic capital of the world.

There is no doubt that this tax was incredibly destructive while it was in effect. Data from the U.S. Department of Commerce indicates that 29,000 jobs were lost in the industry between 2012 and 2015. Suspension of the tax has reduced some of the damage, but long-term investments and planning are impossible without full repeal.

Without permanent repeal, we will never be able to fully recover the jobs destroyed by ObamaCare, and patients will continue to be denied new, lifesaving products.

The Protect Medical Innovation Act will ensure that the medical device industry does not just survive but thrives, and this commonsense and bipartisan legislation would permanently repeal the medical device tax and, thereby, remove a mindless roadblock to economic growth and patient health.

I want to thank my friend again, Representative PAULSEN, for his tireless efforts on this issue, and I urge my colleagues to support passage of H.R. 184.

Mr. NEAL. Mr. Speaker, I yield 3 minutes to the gentleman from New

Jersey (Mr. PASCARELL), who is a well-known champion of Americans' healthcare plans.

Mr. PASCARELL. Mr. Speaker, I know the great intentions of the sponsor of this legislation. That is not in question. What is in question is that we have very, very short memories when it comes to healthcare.

We made a commitment when we put the Affordable Care Act together. We knew it wasn't perfect, and obviously since then we have tried to make some changes, but we haven't had much cooperation from the other side.

It wasn't mindless. In fact, the medical device industry agreed to the conclusion. In sitting down in negotiations we started out with one thought in mind, regardless of what we were talking about: we shall pay for what we vote on, unlike some other legislation that will go nameless right now.

We devised the Affordable Care Act so that it could be paid for and we would not have to add to the deficit. In fact, one of these taxes, in order to pay for the Affordable Care Act, we are discussing right now, the medical device tax. It started out at 5 percent. In working with the industry, we came to a conclusion of 2.3 percent.

So we went from \$40 billion raised for the Affordable Care Act to \$20 billion, see, because we knew we had to pay for this. That is what healthcare is all about, and that is why you guys on the other side—you people have not come up with an alternative, because you don't know how to pay for anything. So we paid for this.

The Protect Medical Innovation Act. Well, when the Affordable Care Act was being crafted, the medical device industry—and by the way, the medical device industry is probably the most scrutinized industry in the United States. Most of those companies, the 7,000 in the United States—most of them—are good actors, but a lot of them were not.

Ten years ago I stood on this floor, Mr. Speaker, and pointed out all the cases against the medical device companies who were bribing doctors in order for those doctors to recommend the device. That is a fact of life. I didn't make that up. That is not a political injection here. This is what happened.

You could shove it off all you want. If I have to come back to the floor on another occasion and cite chapter and verse the court cases, you won't be so happy. That is not my purpose today.

What I am saying is, they agreed to the deal. They knew that the increase in health coverage of millions more Americans would directly increase the demand for medical devices.

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

Mr. NEAL. Mr. Speaker, I yield the gentleman an additional 2 minutes.

Mr. PASCARELL. By the way, Mr. Ranking Member, many medical devices are sold to people old, like myself, who are on Medicare. You con-

tinue to cut Medicare, and you will be cutting off your nose to spite your face.

Congress most recently passed a delay of the medical device tax as part of the continuing resolution. This extended the time that they wouldn't have to pay a dime to the health system through the end of next year, costing taxpayers \$4 billion. Nothing to sneeze at.

Additionally, this year, the industry has stood to benefit tremendously from the reduction in the corporate tax rate, down to 21 percent. You didn't get that break, and I didn't get that break.

There is nothing that will lead me to believe these benefits will trickle down to help patients afford the devices they need to survive or lower the price of those devices in the first place, regardless of who is paying for them, out of what plan.

I'll go back to the point. We put the ACA together so that it would be paid for. That is why we had to come up with that money, and we did, so you couldn't repeal it. And what you are trying to do is choke it to death. You are trying to bleed it.

What you are doing is forcing more and more people—you just went from 20 million down to 17 million because of the subsidies that you wouldn't put through that were in the law, because of the mandate that was originally in the law.

And what is the alternative? Silence. Health issues are the biggest issue this year, Mr. Speaker. I am glad I am on the right side.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. PAULSEN. Mr. Speaker, contrary to some of the claims we heard a little bit before about the bill doing nothing to help everyday, average Americans, I will just remind Members that this bill reverses a harmful tax that is hurting job growth and innovation across the country.

Access to good-paying jobs and innovative medical products is critically important, and I would argue that that is really important for everyday Americans.

I would agree, also, with what was said earlier. Americans need certainty. This is an industry that needs certainty if we are going to be able to invest in new innovations, new inventions, to keep patients at the forefront of lifesaving and life-improving technology, to make sure their healthcare is the model of the rest of the world.

Mr. Speaker, I yield 3 minutes to the gentlewoman from Utah (Mrs. LOVE), who has been a strong voice for innovation, not only in her State but within our conference here in the House of Representatives, in repealing the device tax.

Mrs. LOVE. Mr. Speaker, this is about the medical technology industry and a manufacturing success story, one of the last expanding manufacturing enterprises in the United States. While

the U.S. is the current worldwide leader in medical technology innovation, that leadership is being threatened.

I am speaking to you today about the medical device tax. This industry has a huge presence in Utah, and this unfair tax would have a negative effect on my district and the country as a whole.

□ 1615

In Utah, this industry has created more than 10,300 jobs and contributes over \$5 billion to the State's economy.

Recently, Congress has been focused on reducing taxes to make the United States a more attractive place to do business, but the medical technology industry would get a significant tax increase. Even with the recent tax changes, industry gains would be neutralized by this tax.

Under the 2.3 percent excise tax, medical device manufacturers would be required to pay the IRS an estimated average of \$194 million per month in medical device tax payments. In Utah, BD's total impact of the device tax is about \$90 million on an annualized basis. For Edwards Lifesciences, this would be a \$30 million expense.

In a competitive global economy, this tax threatens the industry that directly employs 400,000 Americans, generates \$25 billion in payroll, and invests nearly \$10 billion in research and development annually.

American companies represent 38 percent of the global market, and the suspended tax looms over our Nation's ability to innovate and to stay competitive. As companies look to make cuts to offset the tax, research and development is often the first one to go. This tradeoff undermines the future of the industry and puts discovery of new breakthrough medical technologies at risk. In other words, it is putting the livelihoods of people and their health at risk.

According to figures from the U.S. Department of Commerce, the United States medical technology industry lost nearly 29,000 jobs while the medical device tax was in effect. When the medical device tax was suspended, most medical device companies reinvested most of their savings into their innovative strategies and improving United States facilities. But long-term investment has been postponed because of the threat that it might come back.

Mr. Speaker, it has been said that, by repealing the medical device tax, we are going to be taking money out of Medicare. That is absolutely ridiculous. As a matter of fact, there was a \$700 billion cut to Medicare to pay for the Affordable Care Act.

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

Mr. PAULSEN. Mr. Speaker, I yield an additional 1 minute to the gentlewoman from Utah.

Mrs. LOVE. Mr. Speaker, Utah's Merit Medical was planning on spending \$1.5 million for salary increases and 401(k) benefits for hourly workers, but they can't, unless this tax is repealed.

Merit Medical is also planning a \$60 million R&D facility, but it is now on hold because of the tax. In Utah, with the last suspension, BD increased R&D spending from 6 percent to 6.5 percent in sales.

If this tax does not get repealed, the industry is forced to start making payments. Investments will be the trade-off, and innovation will be stifled. This means less jobs for Americans, a less competitive America in the medical device industry, and, potentially, an increase in the medical cost for our constituents so that this industry can pay for the tax.

It is time to make sure that we put money back into the hands of Americans, American businesses, and out of the hands of government.

Mr. NEAL. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, anybody who doesn't understand what \$2.3 trillion of tax cuts and further tax cuts of this measure mean as a threat to Medicare and Social Security and Medicaid down the road, that is a short-term view of where we are headed financially in America.

Mr. Speaker, I yield 3 minutes to the gentleman from California (Mr. CORREA).

Mr. CORREA. Mr. Speaker, first of all, I want to say I represent the Golden State of California, and I am proud to say that California was the first State in the Union to implement, to accept the Affordable Care Act a number of years ago, and when we did so, we knew it was a work in progress. After all, Medicare continues to be a work in progress after 60 years. One of those areas we knew we had to change was the medical device tax.

In California, there are over 1,000 medical technology companies, many of which are small to medium, that employ more than 70,000 Californians. Many of those live and work in my district, and these are good-paying middle class jobs.

The research and development of groundbreaking medical technology helps improve patient care and treatments not only for Americans, but for folks throughout the world.

In recognition of the medical tax device's negative impact on innovation and investment, Congress delayed its implementation on two separate occasions. Unfortunately, the temporary suspension of this tax is scheduled to expire at the end of this year. If reinstated, this tax will impede future investments and domestic innovation and restrain hiring and job growth.

Since research and development in this area of technology takes a number of years, the uncertainty about the future of this tax will delay essential research and development and growth in many areas of the State of California. That is why repealing the medical tax device permanently will encourage economic growth and hiring in Orange County and in my area.

The medical device industry represents jobs not only for the next gen-

eration, but for the next 20 to 30 years in this country. Mr. Speaker, therefore, I urge passage of H.R. 184.

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

Mr. Speaker, I thank the gentleman for sharing his perspective from California. I think of Minnesota and California and Massachusetts and some other States that have a propensity of strong ecosystems of medical technology, and those jobs, we know, are very, very important. We want to see those continue.

I just want to mention, Mr. Speaker, what we don't want to go back to, because these are the stories we were hearing prior to our suspension, why we need to permanently repeal this tax.

I remember speaking to a company in Plymouth, Minnesota. They were pretty clear. They said: Instead of 10 projects, we are only going to have 6 projects funded with this tax in place. That means too few engineers, too few technicians while that device tax was in effect.

I talked to another company that was actually in Texas. They had laid off an employee that had been employed for 22 years, and then they had laid off 25 people, deferring the hiring of another 15 employees because of that tax being put in place.

Another medical company in Shoreview, Minnesota, told me they had to borrow \$100,000 a month from the bank just to pay the device tax because the tax was on sales and revenue, not on profits. That is a high-risk tragedy, Mr. Speaker, in order to keep these companies alive.

There is a company in New York that was trying to finance a new cancer therapy using gamma radiation, and they struggled to raise the necessary funds that were necessary to complete the project because the medical device tax was discouraging investment in lifesaving innovation.

And then, Mr. Speaker, I remember having a conversation with an employee, someone from my district, and he came up to me and said: Mr. PAULSEN, I have been employed at this medical device company for 21 years, a strong medical device manufacturer, but because of the tax, I have lost my job. Now his family struggled at his new job because his wages were \$40,000 less than where he was before he was laid off, all because of that device tax. His vacation time was cut in half, and his healthcare costs also went up.

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

Mr. NEAL. Mr. Speaker, I reserve the balance of my time, but I am prepared to close.

Mr. PAULSEN. Mr. Speaker, I yield myself such time as I may consume while we wait for one additional speaker.

Mr. Speaker, let me just remind folks where we are right now. Think back to 2013, 2014 when this tax was first put in place. We heard earlier from one of our

colleagues who had said: Do you know what? The medical device industry was a part of putting together the Affordable Care Act, and they agreed to this.

Actually, that is a myth. It is not true. I have talked to numerous medical device manufacturers, small, medium, and large, as well as the associations, that said they had no part in agreeing to that. In fact, when this dollar amount came up as a part of the Affordable Care Act, they backed into it. There was some dollar amount assigned, and that is how he backed into a 2.3 percent excise tax.

And, again, just a reminder, an excise tax is a tax on your sales and revenue, not on your profits. For companies that take 8 to 10 years to become profitable in the first place, that is a high hurdle when you are trying to attract new capital, new investors in order to take the risk that this new technology is going to be successful.

You have already got to go through the FDA. You have got to go through a rigorous process, go through a gold standard, and then you have to make sure that you are going to potentially have CMS offer a reimbursement policy for your devices.

So there is a whole host of, or a multitude of, risk factors that go in already when companies are thinking of starting up to actually be a part of this strong ecosystem of providing medical technology and lifesaving innovation that goes out to help our patients.

The good news is, if we keep this industry strong in America, if we can repeal this tax permanently, we will not only be improving healthcare outcomes around the world; we will be keeping those jobs here. We will be keeping the headquarters here in the United States.

So it is not just some of the tax reforms you pass, Mr. Speaker. It is about giving more certainty and more predictability by repealing a tax that never should have been put in place in the first place.

And I think with strong bipartisan support, both on a vote today in the House and potentially once again in the Senate—I think the last time we had a vote leading up to President Obama signing a temporary suspension of the device tax, we had enough votes in the House to override a Presidential veto. That is what got the attention of the Senate. That is what got the attention of the President at that time, and we actually made it the law of the land, 2-year suspension. We renewed another 2-year suspension.

But now is the time, Mr. Speaker, to actually make this permanent, to put ourselves in a position to make this repeal permanent, to put ourselves in a position where we can guarantee that American innovation is going to be strong and steadfast for years and decades to come. We can keep this American success story alive.

We have got a host of other challenges, I know, as we look towards the medical device industry. We have a hearing going on right now on trade,

for instance. We don't need to do anything else with potential tariffs or quotas in different areas that put additional uncertainty on this industry, on these high-paying, high-quality jobs. So this is one initial effort that we can make today on the House floor, with a strong bipartisan vote, to make sure a permanent repeal is also the law of the land.

Mr. Speaker, I am looking around for my colleague from Indiana, who I think is on the way right now.

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

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Members are directed to remove their conversations from the floor.

Mr. NEAL. Mr. Speaker, I yield myself as much time as I may consume.

Mr. Speaker, I want to address the reference that my friend from Minnesota offered a moment ago when he referred to the device tax as mythology.

I negotiated that agreement with the industry. They asked for the following: that it be applied to foreign competition. We said yes. This was done in Speaker PELOSI's office with the industry.

They suggested at the time that the 5 percent tax be cut to 2.3 percent. We went along with that. Even though the United States Senate had sent over a revenue package of \$40 billion, we cut it by \$20 billion.

So that wasn't mythology. It was the way the institution once worked, how we negotiate, go back and forth, discuss, and then come to rational conclusions that might help and acknowledge the 20 million more Americans who have coverage now under the Affordable Care Act—20 million Americans.

I want to say something at this point, Mr. Speaker, if I may.

In the State of Massachusetts, do you know what we are really proud of on this day? One hundred percent of the children in Massachusetts are covered with health insurance, and 97 percent of the adults in our State are covered with health insurance. It is a remarkable statistic, and it is based, in some measure, on the negotiations we had with respective industries to get this legislation over the goal line.

So I know exactly what happened here, and I understand fully what negotiations mean. But we rejected the \$40 billion price tag that came from the U.S. Senate, cut it in half and said to the industry: This is, we hope and expect, your share of making sure that 20 million more Americans have health insurance.

That is what this issue is about: accessibility, earlier stages of prevention, getting people into health insurance earlier in life. That is precisely what we did with the Affordable Care Act.

And let me just say this, if I may, as well. Let me talk about the mandate, while they are waiting for their next speaker to arrive. Here is what makes the mandate and its importance.

Why should the rest of us in America pay \$1,000 a year in our health insurance plans because there are those who don't want to buy health insurance and end up in the emergency rooms of America, and they thumb their noses at us on the way out because of uncompensated care and they don't pay the bill?

So do you know what would be great, Mr. Speaker? If we all knew the day that our house was going to burn down, then—do you know what?—the day before, we would buy homeowners insurance.

□ 1630

If we all knew the day that we were going to get in that accident, we would buy automobile insurance. But the truth is that insurance spreads risk, and we all know we don't know when those things might occur, so we buy insurance in advance.

So, today, 20 million more Americans have insurance because of what we did with the Affordable Care Act. This idea that you can continually sabotage it and take it apart piece by piece makes no sense.

On this particular issue with the device revenue, I can tell you and I can state to you, under oath, Mr. Speaker, what we did to negotiate this contribution to making America's healthcare more effective and better for all members of the American family, the understanding being that, at the end of life, if you have earlier intervention with healthcare, the end of life might be a heck of a lot more pleasant along the way.

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

Mr. PAULSEN. Mr. Speaker, I yield 2 minutes to the gentlewoman from Indiana (Mrs. WALORSKI), who has been a champion of not only repealing this tax, but fighting hard for the medical device industry in her home State.

Mrs. WALORSKI. Mr. Speaker, I rise today in support of H.R. 184, the Protect Medical Innovation Act.

Mr. Speaker, this legislation will permanently repeal the job-killing medical device tax. Hoosiers are proud to be leaders in medical innovation with more than 300 medical device manufacturers in our State that support nearly 55,000 jobs. These are high-paying jobs, with workers in the industry earning about \$50,000 per year, on average.

However, after ObamaCare's medical device tax took effect, the industry lost almost 29,000 good-paying jobs nationwide from 2012 to 2015, according to Department of Commerce data. That is why Congress took bipartisan action in 2015 to suspend the tax for 2 years, and did so again earlier this year. But if it goes back into effect after 2019, it will impede new discoveries and stifle medical innovation while destroying good jobs.

Right now, our economy is booming because of historic tax cuts and regulatory reforms, and we need to keep that momentum going. It is time to

end the medical device tax once and for all. Permanently repealing this job-killing tax will protect American workers and help patients access the lifesaving medical technology they need.

Mr. Speaker, the medical device tax would have a devastating impact on Hoosier workers and people from across the country who depend on these products. The Protect Medical Innovation Act will boost American innovation and manufacturing, and it will encourage medical research and development that make a real difference in people's lives.

Mr. Speaker, I urge my colleagues to support this vital piece of legislation.

Mr. NEAL. Mr. Speaker, I yield myself the remainder of my time.

Mr. Speaker, I am delighted that the gentlewoman from Indiana, my friend, just mentioned the tax cut, so let me just point this out. We have gone from a rate of 35 percent in the corporate world to 21 percent, a 14 point cut in the corporate tax rate, and we are being asked to do this on top of it.

Now, Medicare purchases most of the medical devices in America—taxpayer supported. It is an earned benefit. But here is the other important part of it that I think bears some noting today. It is a terrific industry. It is not in dispute. It is an important industry in America.

But when the gentlewoman says: "Well, the economy is booming because of these tax cuts," a reminder, a fact, not from my Twitter account, but stated on the House floor: The American economy has been growing for 94 straight months.

The idea that this all happened 500 days ago doesn't stand up underneath the magnifying glass of critical analysis. The stock market has been going up since March of 2009.

So when I look at the corporate cut—astounding, by the way—remember, President Obama said we should have a corporate rate of 28 percent and the chairman of the Ways and Means Committee, a good friend of mine, a Republican, he said, no, we should have 25 percent.

So what did the other side do? Let's see, the difference between 28 and 25? Aha, it is 21. I mean, I haven't figured that out yet.

So, day after day, we roll through here with another tax cut proposal, and we watch the deficits and the debt go to \$20 trillion. Whatever happened to the Republican idea of fiscal rectitude, which year after year they lectured us on?

We negotiated this agreement over the device tax, Mr. Speaker, guaranteed. It was accepted by the industry. Again, we applied it to foreign competition. They would be taxed at the same rate. Medicare would remain the largest vendor, the largest purchaser of medical devices.

This is a step backward on America's healthcare plan. If they would just give the Affordable Care Act a chance to

work, instead of these deliberate efforts day after day to sabotage it, we could move on with the business of the country.

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

Mr. PAULSEN. Mr. Speaker, as I close, let me remind my colleague, because he had mentioned eliminating the individual mandate as a part of the tax reform that was enacted recently, according to the IRS, 79 percent of the 6.6 million people who paid the penalty in 2015 had incomes below \$50,000. These are middle class people.

Mr. NEAL. Will the gentleman yield?

Mr. PAULSEN. I yield to the gentleman from Massachusetts.

Mr. NEAL. Mr. Speaker, what did the Republican majority do to the cost subsidies for those people?

Mr. PAULSEN. Mr. Speaker, reclaiming my time, on the individual mandate, 6.6 million people who paid the penalty had incomes below \$50,000. These are middle class people who had to pay the fine instead of buying overpriced ObamaCare coverage that they could not afford. Now, starting in 2019, they are not going to have to do that anymore. Republicans think that is a good thing.

Let me close back on the bill, though, Mr. Speaker.

The good news is that both Republicans and Democrats here today agree and understand that the medical device excise tax does more harm than good, and it has to be repealed. We heard testimony and speakers today on both sides of the aisle. We will have a strong, bipartisan vote to repeal this tax permanently.

We have already had a suspension twice. But we need to give this industry certainty so that we can make sure that this American success story not only survives, but thrives.

It is about high-paying jobs with net exports around the world. This makes sure that patients not only in the United States are going to have access to new medical technology devices, for baby boomers, seniors, and those getting up in their elder years with new devices. This is really critical for the innovation that is going to help to make sure that we are protecting patients around the world, keeping headquarters here, keeping jobs here, and improving healthcare outcomes.

Today, we have an opportunity to help. It is helping those small startups that are part of the very ecosystem that has made this industry so strong in the United States that provides these jobs, and making sure that entrepreneurs, doctors, engineers, and folks who come up with an idea in the backyard or in the garage can see their idea come to fruition.

So let's remove this threat to innovation. Let's remove this job-killing tax once and for all. There are 277 cosponsors in the House. How many bills actually get that many cosponsors of Democrats and Republicans? Let's continue to show the American public that

what we are doing here in Washington on this issue is results oriented, is solution oriented, and we are sensitive, and we understand that.

Mr. Speaker, I ask everyone to vote for the passage of H.R. 184, and I yield back the balance of my time.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 1011, 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.

Mr. PAULSEN. 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 question will be postponed.

#### REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 2069

Mr. HASTINGS. Mr. Speaker, I ask unanimous consent to remove my name as a cosponsor of H.R. 2069, the Fostering Stable Housing Opportunities Act of 2017.

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

There was no objection.

#### RECESS

The SPEAKER pro tempore. Pursuant to clause 12(a) of rule I, the Chair declares the House in recess for a period of less than 15 minutes.

Accordingly (at 4 o'clock and 39 minutes p.m.), the House stood in recess.

□ 1650

#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. WEBER of Texas) at 4 o'clock and 50 minutes p.m.

#### PROTECT MEDICAL INNOVATION ACT OF 2017

The SPEAKER pro tempore. The unfinished business is the vote on passage of the bill (H.R. 184) to amend the Internal Revenue Code of 1986 to repeal the excise tax on medical devices, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

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

The vote was taken by electronic device, and there were—yeas 283, nays 132, not voting 13, as follows:

Abraham	Goodlatte	Palazzo
Aderholt	Gosar	Palmer
Aguilar	Gottheimer	Panetta
Allen	Gowdy	Paulsen
Amash	Granger	Pearce
Amodei	Graves (GA)	Perry
Arrington	Graves (LA)	Peters
Babin	Green, Gene	Peterson
Bacon	Griffith	Pittenger
Banks (IN)	Grothman	Poe (TX)
Barletta	Guthrie	Poliquin
Barr	Handel	Polis
Barragán	Harper	Posey
Barton	Harris	Ratcliffe
Bera	Hensarling	Reed
Bergman	Herrera Beutler	Reichert
Biggs	Hice, Jody B.	Renacci
Bilirakis	Higgins (LA)	Rice (NY)
Bishop (GA)	Hill	Rice (SC)
Bishop (MI)	Holding	Roby
Bishop (UT)	Hollingsworth	Roe (TN)
Blum	Hudson	Rogers (AL)
Bost	Huizenga	Rogers (KY)
Boyle, Brendan	Hultgren	Rohrabacher
F.	Hunter	Rokita
Brady (TX)	Hurd	Rooney, Francis
Brat	Issa	Rooney, Thomas
Brooks (AL)	Jenkins (KS)	J.
Brooks (IN)	Jenkins (WV)	Ros-Lehtinen
Brownley (CA)	Johnson (LA)	Rosen
Buchanan	Johnson (OH)	Roskam
Buck	Johnson, Sam	Ross
Bucshon	Jordan	Rothfus
Budd	Joyce (OH)	Rouzer
Burgess	Katko	Royce (CA)
Bustos	Keating	Ruiz
Byrne	Kelly (MS)	Russell
Calvert	Kelly (PA)	Rutherford
Carbajal	Khanna	Sanford
Cárdenas	Kilmer	Scalise
Carter (GA)	King (IA)	Schneider
Carter (TX)	King (NY)	Schweikert
Chabot	Kinzing	Scott, Austin
Cheney	Knight	Scott, David
Clark (MA)	Krishnamoorthi	Sensenbrenner
Cloud	Kuster (NH)	Sessions
Coffman	Kustoff (TN)	Sewell (AL)
Cole	Labrador	Shimkus
Collins (GA)	LaHood	Shuster
Collins (NY)	LaMalfa	Simpson
Comer	Lamb	Sinema
Comstock	Lamborn	Sires
Conaway	Lance	Smith (NE)
Cook	Latta	Smith (NJ)
Correa	Lawson (FL)	Smith (TX)
Costello (PA)	Lesko	Smucker
Cramer	Lewis (MN)	Stefanik
Crawford	Lieu, Ted	Stewart
Crist	Lipinski	Stivers
Cuellar	LoBiondo	Suozi
Culberson	Loeb	Swalwell (CA)
Curbelo (FL)	Loeb	Taylor
Curtis	Loudermilk	Tenney
Davidson	Love	Thompson (PA)
Davis (CA)	Lucas	Thornberry
Davis, Rodney	Luetkemeyer	Tipton
Delaney	Lynch	Tonko
DelBene	MacArthur	Torres
Denham	Maloney, Sean	Trott
DeSantis	Marchant	Turner
DesJarlais	Marino	Upton
Diaz-Balart	Marshall	Valadao
Dingell	Massie	Vargas
Donovan	Mast	Veasey
Duffy	McCarthy	Vela
Duncan (SC)	McCaul	Wagner
Duncan (TN)	McClintock	Walberg
Dunn	McHenry	Walden
Emmer	McKinley	Walker
Estes (KS)	McMorris	Walorski
Faso	Rodgers	Walters, Mimi
Ferguson	McSally	Weber (TX)
Fitzpatrick	Meadows	Webster (FL)
Fleischmann	Messer	Wenstrup
Flores	Mitchell	Westerman
Fortenberry	Moolenaar	Williams
Fox	Mooney (WV)	Wilson (SC)
Frelinghuysen	Moulton	Wittman
Gabbard	Mullin	Womack
Gaetz	Murphy (FL)	Woodall
Gallagher	Newhouse	Yoho
Garrett	Nolan	Young (AK)
Gianforte	Norcross	Young (IA)
Gibbs	Norman	Zeldin
Gohmert	Nunes	
Gonzalez (TX)	O'Halleran	
	Olson	

[Roll No. 372]

YEAS—283