

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 yeas appeared to have it.

Mr. BLUMENAUER. 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.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF CONFERENCE REPORT ON H.R. 5515, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2019

Mr. BYRNE, from the Committee on Rules, submitted a privileged report (Rept. No. 115-875) on the resolution (H. Res. 1027) providing for consideration of the conference report to accompany the bill (H.R. 5515) to authorize appropriations for fiscal year 2019 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes, which was referred to the House Calendar and ordered to be printed.

INCREASING ACCESS TO LOWER PREMIUM PLANS AND EXPANDING HEALTH SAVINGS ACCOUNTS ACT OF 2018

Mr. ROSKAM. Mr. Speaker, pursuant to House Resolution 1011, I call up the bill (H.R. 6311) to amend the Internal Revenue Code of 1986 and the Patient Protection and Affordable Care Act to modify the definition of qualified health plan for purposes of the health insurance premium tax credit and to allow individuals purchasing health insurance in the individual market to purchase a lower premium copper plan, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 1011, in lieu of the amendment in the nature of a substitute recommended by the Committee on Ways and Means, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 115-83 is adopted, and the bill, as amended, is considered read.

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

H.R. 6311

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) **SHORT TITLE.**—This Act may be cited as the “Increasing Access to Lower Premium Plans

and Expanding Health Savings Accounts Act of 2018”.

(b) **TABLE OF CONTENTS.**—The table of contents for this Act is as follows:

Sec. 1. Short title; table of contents.

Sec. 2. Carryforward of health flexible spending arrangement account balances.

Sec. 3. Individuals entitled to part A of Medicare by reason of age allowed to contribute to health savings accounts.

Sec. 4. Maximum contribution limit to health savings account increased to amount of deductible and out-of-pocket limitation.

Sec. 5. Allow both spouses to make catch-up contributions to the same health savings account.

Sec. 6. Special rule for certain medical expenses incurred before establishment of health savings account.

Sec. 7. Allowance of bronze and catastrophic plans in connection with health savings accounts.

Sec. 8. Allowing all individuals purchasing health insurance in the individual market the option to purchase a lower premium copper plan.

Sec. 9. Delay of reimposition of annual fee on health insurance providers.

SEC. 2. CARRYFORWARD OF HEALTH FLEXIBLE SPENDING ARRANGEMENT ACCOUNT BALANCES.

(a) **IN GENERAL.**—Section 106 of the Internal Revenue Code of 1986 is amended by adding at the end the following new subsection:

“(h) **CARRYFORWARD OF HEALTH FLEXIBLE SPENDING ARRANGEMENT ACCOUNT BALANCES.**—A plan shall not fail to be treated as a health flexible spending arrangement under this section or section 105 merely because the lesser of—

“(1) such arrangement’s account balance (or any portion thereof) determined as of the end of any plan year, or

“(2) the product of the dollar limitation in effect under section 125(i) for such plan year (determined without regard to paragraph (2) thereof) multiplied by 3,

may be carried forward to the succeeding plan year.”.

(b) **COORDINATION WITH LIMITATION ON SALARY REDUCTION CONTRIBUTIONS.**—

(1) **IN GENERAL.**—Section 125(i) of such Code is amended by redesignating paragraph (2) as paragraph (3) and by inserting after paragraph (1) the following new paragraph:

“(2) **COORDINATION WITH CARRYFORWARD OF ACCOUNT BALANCES.**—The dollar amount otherwise in effect under paragraph (1) for any plan year shall be reduced (but not below zero) by the excess (if any) of—

“(A) the amount of any account balance which is carried forward to such plan year from the preceding plan year, over

“(B) twice the dollar limitation in effect under paragraph (1) (determined without regard to this paragraph).”.

(2) **CONFORMING AMENDMENTS.**—Section 125(i) of such Code is amended by striking “taxable year” each place it appears in paragraphs (1) and (3) (as redesignated by paragraph (1) of this subsection) and inserting “plan year”.

(c) **COORDINATION WITH CAFETERIA PLAN LIMITATION ON DEFERRED COMPENSATION.**—Section 125(d)(2) of such Code is amended by adding at the end the following new subparagraph:

“(E) **EXCEPTION FOR HEALTH FLEXIBLE SPENDING ARRANGEMENTS.**—Subparagraph (A) shall not apply to a plan to the extent of amounts in a health flexible spending arrangement which may be carried forward as described in section 106(h).”.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall apply to plan years beginning after December 31, 2018.

SEC. 3. INDIVIDUALS ENTITLED TO PART A OF MEDICARE BY REASON OF AGE ALLOWED TO CONTRIBUTE TO HEALTH SAVINGS ACCOUNTS.

(a) **IN GENERAL.**—Section 223(c)(1)(B) of the Internal Revenue Code of 1986 is amended by striking “and” at the end of clause (ii), by striking the period at the end of clause (iii) and inserting “, and”, and by adding at the end the following new clause:

“(iv) entitlement to hospital insurance benefits under part A of title XVIII of the Social Security Act by reason of section 226(a) of such Act.”.

(b) **CONFORMING AMENDMENT.**—Section 223(b)(7) of such Code is amended by inserting “(other than an entitlement to benefits described in subsection (c)(1)(B)(v))” after “Social Security Act”.

(c) **EFFECTIVE DATE.**—The amendments made by this section shall apply to months beginning after December 31, 2018, in taxable years ending after such date.

SEC. 4. MAXIMUM CONTRIBUTION LIMIT TO HEALTH SAVINGS ACCOUNT INCREASED TO AMOUNT OF DEDUCTIBLE AND OUT-OF-POCKET LIMITATION.

(a) **SELF-ONLY COVERAGE.**—Section 223(b)(2)(A) of the Internal Revenue Code of 1986 is amended by striking “\$2,250” and inserting “the amount in effect under subsection (c)(2)(A)(i)(I)”.

(b) **FAMILY COVERAGE.**—Section 223(b)(2)(B) of such Code is amended by striking “\$4,500” and inserting “the amount in effect under subsection (c)(2)(A)(ii)(II)”.

(c) **CONFORMING AMENDMENTS.**—Section 223(g)(1) of such Code is amended—

(1) by striking “subsections (b)(2) and” both places it appears and inserting “subsection”, and

(2) in subparagraph (B), by striking “determined by” and all that follows through “‘calendar year 2003’.” and inserting “‘determined by substituting ‘calendar year 2003’ for ‘calendar year 2016’ in subparagraph (A)(ii) thereof.”.

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

SEC. 5. ALLOW BOTH SPOUSES TO MAKE CATCH-UP CONTRIBUTIONS TO THE SAME HEALTH SAVINGS ACCOUNT.

(a) **IN GENERAL.**—Section 223(b)(5) of the Internal Revenue Code of 1986 is amended to read as follows:

“(5) **SPECIAL RULE FOR MARRIED INDIVIDUALS WITH FAMILY COVERAGE.**—

“(A) **IN GENERAL.**—In the case of individuals who are married to each other, if both spouses are eligible individuals and either spouse has family coverage under a high deductible health plan as of the first day of any month—

“(i) the limitation under paragraph (1) shall be applied by not taking into account any other high deductible health plan coverage of either spouse (and if such spouses both have family coverage under separate high deductible health plans, only one such coverage shall be taken into account),

“(ii) such limitation (after application of clause (i)) shall be reduced by the aggregate amount paid to Archer MSAs of such spouses for the taxable year, and

“(iii) such limitation (after application of clauses (i) and (ii)) shall be divided equally between such spouses unless they agree on a different division.

“(B) **TREATMENT OF ADDITIONAL CONTRIBUTION AMOUNTS.**—If both spouses referred to in subparagraph (A) have attained age 55 before the close of the taxable year, the limitation referred to in subparagraph (A)(iii) which is subject to division between the spouses shall include the additional contribution amounts determined under paragraph (3) for both spouses. In any other case, any additional contribution amount determined under paragraph (3) shall

not be taken into account under subparagraph (A)(iii) and shall not be subject to division between the spouses.”.

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

SEC. 6. SPECIAL RULE FOR CERTAIN MEDICAL EXPENSES INCURRED BEFORE ESTABLISHMENT OF HEALTH SAVINGS ACCOUNT.

(a) **IN GENERAL.**—Section 223(d)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

“(D) **TREATMENT OF CERTAIN MEDICAL EXPENSES INCURRED BEFORE ESTABLISHMENT OF ACCOUNT.**—If a health savings account is established during the 60-day period beginning on the date that coverage of the account beneficiary under a high deductible health plan begins, then, solely for purposes of determining whether an amount paid is used for a qualified medical expense, such account shall be treated as having been established on the date that such coverage begins.”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply with respect to coverage beginning after December 31, 2018.

SEC. 7. ALLOWANCE OF BRONZE AND CATASTROPHIC PLANS IN CONNECTION WITH HEALTH SAVINGS ACCOUNTS.

(a) **IN GENERAL.**—Section 223(c)(2) of the Internal Revenue Code of 1986 is amended by adding at the end the following new subparagraph:

“(E) **BRONZE AND CATASTROPHIC PLANS TREATED AS HIGH DEDUCTIBLE HEALTH PLANS.**—

“(i) **IN GENERAL.**—The term ‘high deductible health plan’ shall include any plan described in subsection (d)(1)(A) or (e) of section 1302 of the Patient Protection and Affordable Care Act.

“(ii) **CERTAIN RULES NOT APPLICABLE.**—Subparagraphs (C) and (D) shall not apply with respect to any plan described in clause (i).”.

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

SEC. 8. ALLOWING ALL INDIVIDUALS PURCHASING HEALTH INSURANCE IN THE INDIVIDUAL MARKET THE OPTION TO PURCHASE A LOWER PREMIUM COPPER PLAN.

(a) **IN GENERAL.**—Section 1302(e) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(e)) is amended—

(1) in paragraph (1)—

(A) by redesignating clauses (i) and (ii) of subparagraph (B) as subparagraphs (A) and (B), respectively, and adjusting the margins accordingly;

(B) by striking “plan year if—” and all that follows through “the plan provides—” and inserting “plan year if the plan provides—”; and

(C) in subparagraph (A), as redesignated by paragraph (1), by striking “clause (ii)” and inserting “subparagraph (B)”;

(2) by striking paragraph (2); and

(3) by redesignating paragraph (3) as paragraph (2).

(b) **RISK POOLS.**—Section 1312(c)(1) of the Patient Protection and Affordable Care Act (42 U.S.C. 18032(c)(1)) is amended by inserting “and enrollees in catastrophic plans described in section 1302(e)” after “Exchange”.

(c) **CONFORMING AMENDMENT.**—Section 1312(d)(3)(C) of the Patient Protection and Affordable Care Act (42 U.S.C. 18032(d)(3)(C)) is amended by striking “, except that in the case of a catastrophic plan described in section 1302(e), a qualified individual may enroll in the plan only if the individual is eligible to enroll in the plan under section 1302(e)(2)”.

(d) **EFFECTIVE DATE.**—The amendments made by this section shall apply to plan years beginning after December 31, 2018.

SEC. 9. DELAY OF REIMPOSITION OF ANNUAL FEE ON HEALTH INSURANCE PROVIDERS.

(a) **IN GENERAL.**—Section 9010(j)(3) of the Patient Protection and Affordable Care Act is

amended by striking “December 31, 2019” and inserting “December 31, 2021”.

(b) **EFFECTIVE DATE.**—The amendment made by this section shall apply to calendar years beginning 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 Illinois (Mr. ROSKAM) and the gentleman from Michigan (Mr. LEVIN) each will control 30 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 the bill 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 chair the Health Subcommittee at the Ways and Means Committee, and I have had the opportunity, like many of my colleagues, to hear from physicians, hospitals, and patient advocates. I have heard a lot of stories about increased costs, which are exacerbating the coverage and access challenges that we currently face.

There is a broad consensus that healthcare in the United States needs to move towards a system that provides greater access to affordable care. The question is: How do we get that done?

The ACA government-approved, government-mandated one-size-fits-all insurance has dramatically decreased choice and increased premiums in the individual market. We will hear a lot of debate about this today.

But here is what is happening close to home. Mr. Speaker, in my home State, the Department of Health and Human Services released a report that shows, between 2013 and 2017, the average monthly premium for coverage in the individual market, in Illinois, increased 108 percent, or by \$3,228 a year.

I have five counties in my constituency. In two of those five counties, there is only one insurer offering plans on the individual exchange. That is not a choice. That is a government mandate. That is a government monopoly.

It is time to drive a discussion around empowering individuals and their families to make healthcare decisions for themselves based on their needs and based on their budgets.

The policies that are included in H.R. 6311 expand access to consumer-directed health plans with tax favored accounts, like health savings accounts, HSAs. This bill increases choice, lowers premiums, and let’s more families save more money to pay for their healthcare costs.

Now, my friends across the aisle will, without question, get up this afternoon

and say that this bill doesn’t do anything to help people. That instead of these policies, we should drop everything and work to fix the very broken, flawed plan that is the ACA. Well, here is the thing.

There are twice as many people who have an HSA than those who are covered under the exchanges. Let me say that again. Twice as many Americans are covered under HSAs than under the Affordable Care Act: 21.8 million people, Mr. Speaker, had a health savings account in 2017, and there is only 10.6 million who are enrolled in the exchanges in 2018—2 to 1.

The bill makes smart changes to help families save more money pre-tax for their healthcare. It changes the so-called use-it-or-lose-it nature of flexible spending arrangements, FSAs, by allowing balances to roll over to the next year. It doubles the amount of money people can put into a health savings account so that they can save enough to cover their exposure to out-of-pocket costs, and they are increasingly vulnerable to these out-of-pocket costs.

Now, my friends on the other side may say they want to talk about and distract from some of these common-sense solutions and say that somehow some subpar insurance is being promoted. Well, even after canceling millions of healthcare plans that people had and that people liked, notwithstanding the President’s promise that if you like your coverage, you get to keep your coverage—you remember that, Mr. Speaker—notwithstanding that, Democrats, God bless them, they still think they know what type of healthcare is best for everyone. They haven’t learned yet that individuals and families are the best ones to make these decisions, not politicians and not bureaucrats in Washington.

We think people should be able to purchase the type of coverage they want and the type of coverage they can afford. One of the provisions in this bill allows everyone to purchase a catastrophic plan, a plan that was designed by ObamaCare. These plans offer the lowest premiums, and we think everyone should have access to them.

Even better, because these plans have average deductibles of \$6,000, we think we should allow catastrophic and bronze plans to qualify for an HSA as well. This means people can get a break in taxes for the money that they save for their huge ObamaCare deductibles. This is real savings to real people who are struggling under the current healthcare law.

□ 1645

It allows working seniors with HSA-eligible coverage who are enrolled in Medicare part A to contribute to an HSA, which can provide an added benefit for seniors and an incentive for them to stay on their employer-sponsored plan over Medicare, if they choose. It makes perfect sense.

It increases utility and flexibility through allowing both spouses to make

catch-up contributions into the same HSA if they are over age 55.

Finally, it delays ObamaCare's health insurance tax for an additional 2 years, which would otherwise increase the cost of insurance premiums through a nearly \$27 billion excise tax. This is a flawed tax that gets passed on to American families who are purchasing in the individual market; it gets passed on to seniors in Medicare Advantage; it gets passed on to small businesses; and it gets passed on in Medicaid programs.

So I want to thank the Ways and Means Committee members who took that effort seriously. I look forward to this afternoon's debate.

I want to thank Chairman BRADY for his leadership in driving this discussion, and I reserve the balance of my time.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON WAYS AND MEANS,
Washington, DC, July 13, 2018.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce,
Washington, DC.

DEAR CHAIRMAN WALDEN: I write to you regarding H.R. 6311, to amend the Internal Revenue Code of 1986 and the Patient Protection and Affordable Care Act to modify the definition of the qualified health plan for purposes of the health insurance premium tax credit and to allow individuals purchasing health insurance in the individual market to purchase a lower premium copper plan.

The Committee on Ways and Means ordered favorably reported this bill which was also referred to the Committee on Energy and Commerce. I ask that the Committee on Energy and Commerce waive formal consideration of the bill so that it may proceed expeditiously to the House Floor.

I acknowledge that by waiving formal consideration of the bill, the Committee on Energy and Commerce is in no way waiving its jurisdiction over the subject matter contained in those provisions of the bills that fall within your Rule X jurisdiction. I would support your effort to seek appointment of an appropriate number of conferees on any House-Senate conference involving this legislation.

I will include a copy of our letters in the Congressional Record during consideration of this legislation on the House floor.

Sincerely,

KEVIN BRADY,
Chairman.

HOUSE OF REPRESENTATIVES,
COMMITTEE ON ENERGY AND COMMERCE,
Washington, DC, July 16, 2018.

Hon. KEVIN BRADY,
Chairman, Committee on Ways and Means,
Washington, DC.

DEAR CHAIRMAN BRADY: Thank you for your letters regarding H.R. 4952, the "Improving Seniors Access to Quality Benefits Act," H.R. 6138, the "Ambulatory Surgical Center (ASC) Payment Transparency Act of 2018," and H.R. 6311, the "To amend the Internal Revenue Code of 1986 and the Patient Protection and Affordable Care Act to modify the definition of qualified health plan for purposes of the health insurance premium tax credit and to allow individuals purchasing health insurance in the individual market to purchase a lower premium copper plan."

The Committee on Energy and Commerce will forgo consideration of both bills so that they may proceed expeditiously to the House Floor.

I appreciate your assurance that by foregoing action on these bills, the Committee is in no way waiving its jurisdiction over the subject matter contained in the bills. I also appreciate your offer of support for the appointment of conferees from the Committee to any House-Senate conference involving this legislation.

Sincerely,

GREG WALDEN,
Chairman.

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

Mr. Speaker, I think we need to ask ourselves: What is this bill all about? Why are we here today?

H.R. 6311 is the final of three bills regarding health savings accounts and health taxes that we will be considering this week. I find it sad we are not spending our time today addressing the most pressing concerns of Americans struggling to make ends meet because of the Republican sabotage of healthcare coverage.

Nothing in H.R. 6311, or any other bill we have considered this week, undoes the ongoing harm caused by the actions of the Trump administration or this Republican Congress.

For example, earlier this month, the administration created needless confusion by refusing to make legally required risk adjustment payments until, when there was major protest, it reversed course last night under public pressure. But in June, the Justice Department refused to defend protection for the 130 million Americans living with preexisting health conditions.

Last fall, the President terminated cost-sharing reduction payments for Americans earning 100 to 250 percent of the Federal poverty level. The GOP tax bill gutted the individual responsibility requirement, causing a 15 percent spike in premiums, according to CBO.

Recently, the administration again cut funding for navigator organizations to just \$10 million for the upcoming open enrollment period. I saw at home what these navigator provisions meant to nonprofit organizations that were reaching out to people who wanted information and healthcare.

Cut, cut, cut is the administration's answer. And this Congress' response to that administration action is zero, silence, silence, silence.

These and so many other actions by Republicans have led to direct increases in premiums and out-of-pocket costs for middle class families.

Expanding HSAs and shifting more Americans into catastrophic coverage, as H.R. 6311 does, will not meaningfully help middle class families harmed by Republican sabotage of ACA. Instead, it will primarily benefit wealthy Americans and large insurance companies.

According to data from the Joint Committee on Taxation, more than 80 percent of the tax benefit for health savings accounts goes to individuals earning more than \$100,000 annually. We pointed that out in committee.

What was the response? Obfuscation, obfuscation. That is a fact and analysis

given to us by the Joint Committee on Taxation. So all these crocodile tears for mainly middle class families, I think, are shown for what they are.

Very few families with modest incomes can afford the high, out-of-pocket expenses required in order to participate in a HSA. Doubling the amount that individuals can contribute tax-free—tax-free—as this bill does, will make no difference to the millions of working families who don't have thousands of dollars available to contribute to an HSA in the first place.

I suggest that everybody go home and talk to the general public.

In addition, a 2-year delay of the health insurance provider fee will have only a minimal impact on premiums. Indeed, this provision will mainly benefit insurance companies, while adding more than \$25 billion to the deficit.

Not only do the bills we have considered this week not address these pressing issues, they also recklessly add to the deficit. Republicans have failed to produce even \$1 for the enormous cost of these bills. So I said to the chairman of the committee that I once chaired, I was sometimes asked that question: Will you pay for it? And I said yes.

I asked the chairman: Will you pay for this? At first, it was said: Well, we don't have to do that in committee. So I said: Will you do it on the floor, yes or no? He said no.

So here we are. Although we do not yet have a final analysis from the Congressional Budget Office or the Joint Committee on Taxation, past estimates of similar provisions have shown us this:

H.R. 184, which would repeal the medical device tax, will cost about \$20 billion over 10 years.

H.R. 6199, which would expand HSAs to include over-the-counter medications and gym memberships, will cost roughly \$20 billion.

And this bill, which expands HSAs and delays a tax on the health insurance industry, would increase the deficit the most. This is, in a few words, a Risky Roskam bill that would cost up to \$50 billion, \$50 billion.

When all is said and done, our actions this week could add up to \$90 billion to our Nation's debt, increasing pressure to cut vital programs like Medicare. This comes just months after a tax cut bill that would add an additional \$2 billion to the debt.

So, look, we need to come and ask ourselves: Why are we here?

These bills will not likely pass the Senate or become law, so here we are. We are going to recess, adjourn tomorrow for 5 weeks or so. I think the reality is that these bills, which will not likely pass the Senate, will not ever become law.

I think it is likely that they have a different purpose, and I think that was described in a recent article in The Hill. I read it because I want the public to question what we do, and I quote:

"The bills on the House floor next week could give victories to the bill

sponsors who are also vulnerable in November.” The chairman of the subcommittee, where I am ranking member, is facing, this article says, “a tough reelection race in his suburban . . . district.”

“But overall, the measures slated for consideration are minor and won’t make a major dent in premiums, according to Joe Antos, a healthcare expert at the right-leaning American Enterprise Institute.”

I want to quote that again: “These measures slated for consideration are minor and won’t make a major dent in premiums, according to Joe Antos, a healthcare expert at the right-leaning American Enterprise Institute.”

So I think that is really what this is all about. It is a political exercise. It is aimed to help people who are in a vulnerable political position. But that is not a reason to bring up these bills today, when, as I described earlier, there are so many issues relating to healthcare coverage.

The Republicans have undertaken these last months under this administration to do everything they can to sabotage healthcare for Americans. As a result, 3 million people less have healthcare insurance. But ACA works so well that 20 million people received healthcare coverage they did not have.

So, this is kind of a sad moment. We are turning this place into a campaign entity. We should not be doing that when it comes to healthcare coverage. We tried, in recent times, to say to the Republicans, if you want to improve ACA, we are ready. Never has there been any offer to do that. Instead, it was repeal, repeal, repeal. I won’t say that 55 times, but that is how often it happened. More recently, it was sabotage, sabotage, sabotage. That isn’t what we should be doing for what is so dear to Americans, healthcare coverage.

It is a sad day, as I said earlier, that, here we are, when so much needs to be done, and this, essentially, is a political exercise.

I reserve the balance of my time.

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

The gentleman from Michigan asked the rhetorical question: Why are we here?

I will tell you one reason why we are here. One reason why we are here is I have an independent recollection of being in my car on Michigan Avenue in Chicago, listening then to President Obama give a speech to, I think it was the American Medical Association. I was listening on the radio and he said, I think—I may be conflating here. But he said: If you like your coverage, you can keep your coverage. If you like your doctor, you get to keep your doctor.

I think, during the course of the healthcare discussion, the Obama administration made this explicit promise to the American people: You are going to save \$2,500 per family. And it was going to be great. It was going to

solve all the problems. Yet, that didn’t happen. That is why we are here.

I have a constituency where two counties have one insurer. That is why we are here.

Mr. Speaker, I yield 2 minutes to the gentleman from Minnesota (Mr. PAULSEN) to tell us why we are here.

Mr. PAULSEN. Mr. Speaker, just to follow up, there are too many families that continue to suffocate under the high premiums and high deductibles that we have from the Affordable Care Act.

In contrast to the top-down, one-size-fits-all approach of ObamaCare, healthcare savings accounts put consumers in charge of their own healthcare. It is no wonder they are gaining in popularity.

Today, nearly 22 million Americans have health savings accounts. That is twice as many as was mentioned earlier, twice as many as the number of people who are getting plans through the ObamaCare exchanges. That is not even close. In Minnesota alone, more than a million, 1.2 million, people and families are eligible for HSA plans.

Now, the bill before us today supports the continued growth of healthcare savings accounts and includes a couple of provisions that I helped author, including allowing working seniors to contribute to an HSA, increasing the limits that individuals and families can contribute to their HSAs, and allowing married couples the opportunity to make larger catch-up contributions to their own healthcare savings accounts. Then it also creates a grace period to help pay for medical expenses that someone may have incurred before they actually set up their healthcare savings accounts.

These are all important improvements that will help provide value in healthcare and help lower prices.

So let’s let people purchase the type of coverage that they want and that they can afford. I am really pleased that the bill before us makes these very smart, strategic, calculated reforms, and I ask my colleagues for their support.

□ 1700

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

Mr. Speaker, I have heard the so-called fact that more people have HSAs than those who are covered by ObamaCare. That simply is not true.

ObamaCare includes expanded Medicaid. So if you want to talk about more than in the exchanges, we can discuss that and argue it, but don’t come here and minimize the impact of ACA.

We worked hard on it. We meet so many people who have benefited from what we Democrats did, and the public, more and more, is expressing that. You were on the wrong side of history, and you are now on the wrong side of public opinion.

Mr. Speaker, I yield 2 minutes, or more if he would like, to the gentleman

from New York (Mr. HIGGINS), an active member of our committee.

Mr. HIGGINS of New York. Mr. Speaker, health savings accounts, while they may help people manage their healthcare costs marginally, the sad truth is this legislation will do nothing—nothing—to lower healthcare costs and to improve healthcare quality.

The legislation also does nothing—nothing—to protect people with preexisting conditions, and 40 percent of Americans between the ages of 50 and 64½ have preexisting conditions.

The legislation before us will increase the deficit by tens of billions of dollars and will threaten the long-term viability of Medicare and Social Security.

Mr. Speaker, because of recent actions by the Trump Justice Department and House Republicans, millions of Americans between the ages of 50 and 64½ who buy their health insurance on the individual market are about to get clobbered with double-digit multiyear health insurance premium increases, and this Congress is doing nothing—nothing—to help. This population needs the protection of Medicare now.

Medicare at 50 would allow people to buy Medicare as their health insurance. Medicare is Affordable Care Act compliant, with essential benefits, has high patient satisfaction ratings, has full access to primary care and physician specialists, and always, always covers preexisting conditions. Medicare at 50 also is thousands of dollars cheaper when compared with the gold plan on the individual market.

Mr. Speaker, Medicare is the best public option that already exists, and the best public option that already exists should be available to millions of Americans ages 50 to 64½.

Mr. ROSKAM. Mr. Speaker, I yield 2 minutes to the gentlewoman from Indiana (Mrs. WALORSKI).

Mrs. WALORSKI. Mr. Speaker, I rise in support of H.R. 6311, the Increasing Access to Lower Premium Plans and Expanding Health Savings Accounts Act.

This important bill contains a 2-year delay of the health insurance tax, or HIT. Like the medical device tax, which the House voted yesterday to repeal, the HIT is yet another damaging tax from ObamaCare. It raises premiums for families, for small businesses, for seniors, and for the disabled enrolled in Medicare Advantage. In fact, the HIT could raise annual premiums for the typical Medicare Advantage couple by \$500 if it returns in 2020.

I am a proud original cosponsor, with Representatives NOEM, SINEMA, and BERA, of H.R. 5963, which delays the HIT for 2 years, and I am thrilled this bill we are voting for today includes it.

I look forward to the day when we can finally repeal this tax that falls on the backs of seniors, the disabled, small businesses, and hardworking families, but until then, I urge my colleagues to support delaying it.

Mr. LEVIN. Mr. Speaker, I yield 3 minutes to the gentlewoman from California (Ms. JUDY CHU), who is so active and there all the time.

Ms. JUDY CHU of California. Mr. Speaker, I rise today in strong opposition to H.R. 6311, which, contrary to its name, would do very little to help Americans access quality healthcare coverage. Instead, it would force families to accept low-quality, catastrophic health plans, or junk coverage, that does not meet healthcare needs and leaves ordinary Americans to foot the bill when something goes wrong.

What does a catastrophic and high-deductible plan mean? Well, it is a disaster for many.

Recent studies have shown that 40 percent of Americans cannot afford even a \$400 emergency expense, let alone the thousands of dollars necessary for a medical emergency, which could happen to any of us, but that is the plan Republicans are offering. Americans would get a plan that is substandard. No one wants to have health coverage that doesn't actually cover much at all.

What is more, these catastrophic and high-deductible health plans are especially harmful to women. Since 50 percent of the pregnancies in the United States are unplanned, many parents in these plans will not have saved enough to cover these high deductibles or unexpected costs. Furthermore, most pregnancies last 9 months and, thus, span more than one plan year. That means during the course of a single pregnancy, a mother in one of these plans would have to hit her deductible twice.

Maternity care services without complications can average around \$10,000 per pregnancy. What would happen in a pregnancy with complications?

The Affordable Care Act was passed so that we could move away from junk plans that offered nothing in terms of coverage and left people with thousands of dollars in medical debt. This bill is just another attempt to undermine the ACA, and we cannot go back.

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

Mr. Speaker, every time today we hear the phrase "junk coverage," think ObamaCare. And I am not trying to be facetious, because there is nothing in this bill that makes any change to any coverage. I could only assume that the gentlewoman from California (Ms. JUDY CHU) is referring to the catastrophic coverage that was part of the ACA.

All we are doing today is saying, with that coverage, they ought not be alone. They ought not just be out on an ice floe all by themselves. People who have that type of catastrophic coverage that our friends, when they were in the majority, created, those people should simply have access to a health savings account.

What is not to love about that?

So when you hear "junk coverage," just be dismissive of that. It is a talk-

ing point, and it is not particularly persuasive. Who is persuasive is the gentleman from Nebraska.

Mr. Speaker, I yield 2 minutes to the gentleman from Nebraska (Mr. SMITH).

Mr. SMITH of Nebraska. Mr. Speaker, I rise today in support of H.R. 6311, the Increasing Access to Lower Premium Plans and Expanding Health Savings Accounts Act.

This bill gives all Americans the option to purchase a catastrophic plan if they so choose, which, under current law, is restricted to a limited population. This bill will increase health insurance plan and pricing options as we continue our work to address the underlying problems of ObamaCare.

Nebraskans continue to tell me that they are desperate for more options to buy health insurance for their families. We are down to only one insurer in Nebraska, in Nebraska's exchange; and with premiums for a family, which can exceed \$30,000 before even factoring in four- and five-figure deductibles, families need more options, Nebraskans need more options.

The way to create access to healthcare for more people is by understanding better the buyer-seller relationship.

If you want to reduce costs through increasing participation, whoever is doing the selling must create products the consumer is willing to buy. The more barriers are wedged between the buyer and seller, the more transparency and competition will decrease and the more healthcare costs for consumers will increase.

It is obvious that ObamaCare policies, which have restricted choice through one-size-fits-all requirements for insurance products, continue to fail, and this bill will help give Nebraskans and all Americans the choices they need and deserve.

Mr. Speaker, I thank Mr. ROSKAM for bringing us this bill, and I urge support for it.

Mr. LEVIN. Mr. Speaker, I yield 5 minutes to the gentleman from Texas (Mr. DOGGETT), a true fighter.

Mr. DOGGETT. Mr. Speaker, TrumpCare, that is what we are talking about today.

What is TrumpCare? Well, it is not much care. In fact, it is mainly indifference from people that don't really care or understand the plight of thousands of families across this country working to make ends meet, and suddenly somebody has an accident on the way home from work or suddenly a child is diagnosed with some dreaded disease, and they face, without access to affordable health insurance, a catastrophe.

We know that there are a significant number of American families that have said they couldn't meet a \$400 or \$500 emergency. Think about what happens to them when they face a \$4,000 or a \$40,000 healthcare bill. That is what the Affordable Care Act has been all about.

So today we see the chapter in the TrumpCare story that Mr. ROSKAM and

his colleagues are offering for Trump and all of his cohorts. And what is it? It is the 5 percent solution, because we know that health savings accounts have been used by exactly 5 percent of those who earn less than \$100,000.

So, as usual, the Trump approach is let's do more for the few, and to heck with the many, the many people who are out there for whom health savings accounts provide little or no protection.

Now, of course, it is a valuable tax shelter for some people who are a little bit more prosperous in our society, and that is fine, but I believe we need to make healthcare accessible to more people.

And then there is the additional problem that Mr. ROSKAM and his colleagues have decided to pay for their package of bills, \$100 billion of bills, by borrowing just a little bit more. After all the trillions of dollars that they have borrowed from the Saudis and the Chinese and people here at home, wherever they can find somebody who will take their IOU, they want to borrow a little more money, \$100 billion, almost, to finance this package of bills to help that 5 percent of the families who earn less than \$100,000.

I offered an amendment, recognizing that it wouldn't correct all the flaws of TrumpCare, but that it would address one central problem, and that is the problem of preexisting conditions.

What is a preexisting condition? Well, it is whatever an insurance company wants to point to to deny you coverage before the Affordable Care Act.

I do think that our Republican colleagues are afflicted with a very serious preexisting condition. It is called amnesia. They have forgotten what healthcare was like for families before the Affordable Care Act came into existence and prohibited these preexisting conditions not only for those who went to the marketplace, but across the board, to prevent preexisting conditions from being used against someone to deny them coverage or to limit the coverage that they got.

The kind of people whom I came in contact with as we worked on the Affordable Care Act who were determined to have preexisting conditions were a victim of domestic violence, someone who was born with a disability, and someone who had an accident or an illness and found themselves with some lingering effects of that. They would either be denied coverage altogether, or they would find in the fine print of their insurance policy significant limitations on that insurance. The insurance would cover them for everything except what they needed insurance for.

Now, after the Republican attempt—and not just one, but 60 or 70 attempts—to repeal the Affordable Care Act failed in the United States Senate, thanks to the courage of a few there and of the many across this country who said, "We don't want it repealed,"

now that it has failed, they have devoted the last year to doing everything in the book to try to sabotage the Affordable Care Act.

They won't stabilize health insurance markets. They won't focus on reducing premiums. They won't focus on strengthening and correcting any of the shortcomings within the Affordable Care Act, like the need to rein in the prescription drug price gouging.

So instead of expanding accessible coverage, what they do is to expand a healthcare tax shelter for a few people.

Having done so much harm, they tell us today that they are not advocating junk insurance. Well, let's talk about junk insurance, because I think they are right in the junkyard on it.

President Trump's administration is out there telling the courts that they cannot defend the protections in the Affordable Care Act.

The SPEAKER pro tempore (Mr. MITCHELL). The time of the gentleman has expired.

Mr. LEVIN. Mr. Speaker, I yield an additional 2 minutes to the gentleman from Texas.

Mr. DOGGETT. Mr. Speaker, they can't defend, and they refuse to defend, the preexisting conditions provisions that protect, in Texas, it is almost half of the population who are said to have some type of preexisting condition.

□ 1715

So the administration won't protect those with preexisting conditions. They are hoping to erode that protection. And when I offered a one-paragraph amendment, Republicans refused it without any decent explanation in our committee to ensure that the preexisting condition provision was in any policy that would be purchased under this plan.

So what you will be left with, as my colleague from California explained, are junk insurance plans. They are the kind that promise great coverage, but down in the fine print of the policy, you don't have coverage when you need it. They are skinny insurance plans that aren't about the size of the person, but the size of the coverage, that it doesn't cover very much. And those kinds of plans are the kind that we will end up having.

We have a saboteur-in-chief, not only when it comes to our military alliances and our friends abroad but, with this President, with reference to healthcare. These bare-bones, junk insurance policies will not get the job done.

I think of the many people whom I represent in central Texas, and I am sure they are not unlike people in the suburbs of Chicago.

They are people like Colleen, who is a bookkeeper. She adopted her son through the foster care system when he was 18 months old. Unknown to her, he had a preexisting condition; and she learned that she had a preexisting condition. And as she said: "The Affordable Care Act made my family possible."

I think of people like Theresa in San Antonio, who says that, before the Affordable Care Act, she found herself predatedly digging out of medical debt because of a preexisting condition.

I think of a constituent who called me during the debate of the Affordable Care Act because her sister could not get coverage for cancer.

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

Mr. LEVIN. Mr. Speaker, I yield an additional 30 seconds to the gentleman from Texas.

Mr. DOGGETT. Mr. Speaker, her sister could not get coverage. Though she had substantial chemotherapy coverage, it was not enough to cover the full amount of the treatment that she needed.

We cannot go back. These folks would drag us back along with the chief saboteur of healthcare in this country. We don't want to return to the fine print restrictions, to the clever caveats. We need comprehensive coverage.

The Affordable Care Act can be made better, and I believe we are going to have a Congress that will do just that if we defeat this effort.

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

Mr. Speaker, let's talk about the 5 percent solution. So, if you are in the 5 percent, you need a solution. Five percent of this country is millions of people who are in HSAs.

And the characterization of something as a tax shelter, as the gentleman from Texas just characterized, is a completely loaded and pejorative term.

So where do we go for some level of clarity? Let's go to the Joint Committee on Taxation, and the question that was posed to them was: Show us the tax returns of people who take advantage or who are in a health savings account.

In 2015, 71 percent of returns reported an income of \$200,000 or less. Are those rich people? I don't think so. And, in addition, 28 percent reported income of \$75,000 or less.

So the hyperbole, the overstatement, the mischaracterization, I think is "rich."

And did you notice something, Mr. Speaker? I laid out the President's promise: You like your coverage, you get to keep your coverage. You like your doctor, you get to keep your doctor. And we are going to save \$2,500 per year per family.

There has been silence on the other side of the aisle, and I predict that that won't be answered all afternoon. Do you want to know why? Because there is no answer.

For real answers, I yield 3 minutes to the gentleman from Tennessee (Mr. ROE).

Mr. ROE of Tennessee. Mr. Speaker, I rise today in support of H.R. 6311. This bill makes a number of welcome changes to our broken healthcare system to put patients back in charge of their healthcare.

I have been a physician in rural east Tennessee for over 30 years. Mr. Speaker, we heard about how the tax bill had caused these premiums to go up. Let me tell you what has happened in the State of Tennessee. Since the ACA took place, the number of options went down and the premiums have gone up, on average, 175 percent.

Let me say this: In the hospital where I practiced, a university hospital, the majority of people with uncollectible debt are people with insurance.

Let me say that again. The majority of uncollectible debt are people with insurance.

Why? Because the out-of-pockets and copays are so high that they can't afford it. And that is one of the reasons we need this bill.

And let me say, also, that a year ago I was facing a major operation, Mr. Speaker, a cancer operation. I had the ACA insurance. I looked at what my out-of-pocket was, what my copays were, what my premiums were, and what my employer, the taxpayers of this country, paid for me. I would have been better off if I had just written a check for the cost of that cancer operation that I had. I had an insurance card. I didn't have insurance coverage. That is what I had with the ACA so-called insurance.

Now that the mandate is gone—I want to say this—we heard: Oh, goodness, the sky is falling because premiums are going to go up. In Tennessee, our premiums actually went down 10 percent from the major insurer in the State, Blue Cross, and for that we are eternally grateful in my State.

What we want, now that the mandate has gone, this bill will help create a more affordable copper plan option which will allow the tax credit recipients to use their credit to pay for coverage. This is something we should look at to expand. In fact, Senator ALEXANDER and Congressman DUNCAN have introduced legislation which would allow consumers to purchase an off-market plan when there are limited options.

In my district, in the First District of Tennessee, almost as many people, within a few hundred, paid the penalty tax, whatever Justice Roberts wanted to call it, as actually got a subsidy. Almost as many people paid it. So what good is it?

All of these changes are long overdue. Americans have dealt with the crushing costs associated with ObamaCare, and we are trying to give them as much relief as possible. By passing this bill today, we will return control to patients to determine what level of coverage is best for them and their families rather than the government making an arbitrary decision for them.

If we had a system of healthcare in this country where it was patient centered and market driven, these changes would be unnecessary. Instead, we still have a top-down, government-knows-

best approach to healthcare that continues to cost folks all across the country more than they can afford.

I support the provisions in this bill because I have worked very hard to get to it.

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

Mr. ROSKAM. Mr. Speaker, I yield the gentleman an additional 30 seconds.

Mr. ROE of Tennessee. Mr. Speaker, I will finish by saying that the current system under ObamaCare is unsustainable, and we must increase affordable options or the system will collapse.

Finally, I will put it this way: We need to put patients and doctors—no insurance companies and bureaucrats—in charge of healthcare decisions in this country. That is what a health savings account does, and I encourage all of my colleagues to support this.

Mr. LEVIN. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore. The gentleman from Michigan has 6½ minutes remaining. The gentleman from Illinois has 14 minutes remaining.

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

Mr. ROSKAM. Mr. Speaker, I yield 3 minutes to the gentleman from Ohio (Mr. STIVERS).

Mr. STIVERS. Mr. Speaker, I want to thank the gentleman from Illinois for yielding me time.

Mr. Speaker, I rise today to support H.R. 6311, and more specifically, I rise to support bipartisan language to make flexible spending accounts flexible.

While 44 percent of Americans have access to flexible spending accounts, flexible spending accounts have not been flexible. There are two problems:

Under ObamaCare, flexible spending account contributions were capped at \$2,650. And while the average American spends more than \$5,700 in out-of-pocket healthcare costs, it is just not enough.

The second problem is flexible spending account rules make people use it or lose it at the end of the year, and they can't roll over their money. They have to spend it on things they don't need or they have to lose that money.

Our bipartisan solution solves those problems by doing two things:

First, it increases the limit on FSA accounts by a multiple of three to \$7,950. And I did the math for the ranking member. That total would be, over 3 years, if you wanted to save \$50 a week, you could accumulate \$7,950. Obviously, that would be if you weren't using it, so it would probably take longer than that to accumulate that kind of money. But, again, that is well over the average of \$5,700 of out-of-pocket expenses that the average American has.

And, by the way, while flexible spending accounts are accessible to people, one of the reasons people like them is they make out-of-pocket expenses more affordable for individuals

because those contributions are pretax dollars.

The second thing our bipartisan language does is it allows the balance to be rolled over at the end of the year up to that \$7,950 limit. The rollover provision keeps people from losing their money or making healthcare expenses that are wasteful at the end of the year.

Mr. Speaker, I urge my colleagues to support the flexible spending account language and the underlying bill.

Mr. LEVIN. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mrs. LAWRENCE), my colleague.

Mrs. LAWRENCE. Mr. Speaker, I rise to speak against H.R. 6311.

This bill does no favor for the average working American. This is yet another bill to sabotage the Affordable Care Act and make healthcare more expensive for those who need it the most.

Expanding these health savings accounts, which are simply investment accounts, doesn't cover basic healthcare. It does not help the average American who needs true healthcare.

This Republican legislation will not help my constituents in Michigan. It does not serve the need of access to healthcare for America's most vulnerable. The bill does not serve seniors either. It hurts them by drawing Medicare recipients into high-cost care.

In Michigan, 92 percent of Medicare beneficiaries make under \$50,000, and 14 percent are Black seniors who live below the poverty line. We know seniors can't afford this.

We also know this bill will drain more money from Medicare by adding \$60 billion to the deficit.

We need affordable care for everyone, not unaffordable health plans for a few. This bill would destabilize and destroy affordable healthcare.

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

Mr. Speaker, there is nothing in this bill that is destructive at all. The entire structure of the bill is invitational. The bill presumes the status quo in terms of the Affordable Care Act, and it allows people to get in sync with the Affordable Care Act, and it allows them to save money in a tax-free manner.

I am really surprised at the hyperbole, the overstatement, and the over characterization. Nobody has answered either, Mr. Speaker, if you will notice, my admonition about the characterization of junk insurance. To attribute that claim, which we have heard from a couple of speakers this afternoon, against this bill is to attribute that claim and that criticism against the ACA, because the underlying bill matches exactly what the ACA purports, that is, catastrophic coverage. It simply says, if you have that coverage and your deductibles take your breath away, good news; you can save on a tax-free basis.

So I think, with all due respect to the talking point writers and all due

respect to the critics of this bill, I think the entire debate would be uplifted somewhat if we were debating the actual bill that is before us instead of tweets and news feeds and so forth.

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

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

Mr. Speaker, as I close, I think back some years ago when we were working on ACA. It was one of our proudest achievements. The Republicans, from day one, were determined to destroy it. ACA can be made better, but destruction is not improvement.

This bill, when you put it together, is not only unpaid for, but would be a step to try to undermine the basic thrust of the ACA, to replace these basic provisions with something much less.

In a word, the Republicans are on the wrong side of history, and the clock is ticking.

□ 1730

These bills, when you put them all together, essentially say, these are another way to undercut ACA. This is a very, very weak—and I think worse than a weak set of alternatives. They have never been able to come up with a comprehensive bill, and this effort is the opposite. As we have mentioned, relatively few people with lower income can access these. So many of the people who access HSAs are people who can afford it.

We can make it better. But don't come here when you have had no alternative to say that this is something that could replace ACA. You don't pay for it. You are reckless. This, as I said earlier, is a reckless bill of the chairman of our subcommittee.

So I urge my colleagues to reject this and to not be fooled. We Democrats come to the floor with a sense of being on the right side of history. What is happening in this country is that more and more of the public acknowledge it. Compared to when we first started, I remember going back home, there was so much opposition, so much misguided. But when people—20 million—for the first time, in most cases, had healthcare, the clock began to tick in the direction of universal care.

You are trying to turn back the clock, you Republicans, but it is ticking more and more towards universality. That is what is happening in this country. And this is becoming part of the bedrock, the foundations of care and of provisions for the benefit of the American people as Social Security was, as Medicare was, and as Medicaid was.

You are going to pay the price for your blind opposition. The public is more and more aware, as their eyes have been opened and as their health has been protected, what this has meant to millions of families in this country—millions. I run into it every day I go home, people who come and say: Without healthcare coverage,

where would I be? Not only financially, but where would I be and what is so dear to me, my health and the health of our families and the health of our kids?

I urge we Democrats to stand up tall and say to the American public: The ACA was a major historic step in the right direction. The Republicans continue to try to destroy it. History is showing that, once again, they were moving in the wrong discretion.

Mr. Speaker, I urge that we reject this bill and move proudly forward. We put together this step. We are going to continue to move forward.

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

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

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

Mr. Speaker, I served on the Ways and Means Committee when the ACA was passed, and I recall then-minority ranking member Dave Camp from Michigan, who went on to become the chairman later, offered an alternative to the ACA.

He inquired of then-chairman Rangel: When are we going to get to the Republican alternative? When are we going to get to the Republican alternative?

I remember this because I was sitting—I think I had the same seat that Mr. HIGGINS from New York has—down in front on the left side of the dais.

Charlie Rangel evoked an old gospel song. He said: Soon and very soon, which is why I remember.

Now, soon and very soon never came for that amendment. Soon and very soon never came for the Republican alternative to be considered in the Ways and Means Committee.

Now what we are dealing with is the reality of the Affordable Care Act. Mr. Speaker, what we are proposing is to say: Look, we have got some suggestions; we think we can make this better.

Is this reckless? I think not. I fundamentally reject that. When you accept the entire premise of the current structure of the Affordable Care Act, and you take something that pre-existed within the Affordable Care Act, that is health savings accounts, and you attach it and you expand it, where is the defensiveness?

This is what is amazing to me about this debate. This is why our country is stuck. Our friends on the other side of the aisle have created the Affordable Care Act, and it is orthodoxy. To take it on and to try to make improvements—they say they want improvements.

They say: Oh, let's work together.

All afternoon with Ms. JENKINS here on the House floor, she was managing time of bills that were bipartisan in nature, bipartisan as they went through the committee, but you got none of that veneer of bipartisanship as they were discussed on the floor. They were perceived as a direct attack at what? Orthodoxy.

So notwithstanding the invitation to work on both sides of the aisle, the other side is making it very clear that they are unwilling to take the structure of the ACA, to take favorable tax treatment and help more people save their own money and spare themselves the results of a law that our friends on the other side of the aisle said that you could keep your doctor, you could keep your coverage, and you would save \$2,500 per person—and, again, I reiterate, Mr. Speaker, did you notice there was no answer to that charge this afternoon?

I laid it out twice and now a third time; and absolute silence.

Why? Because they oversold. Now when they have got friends on this side of the aisle who are saying: Look, we can improve this. Let's work here. No, we don't like the ACA, but we can work through some of these things, then, all of a sudden, it is stiff-arm. Then, all of a sudden, it is insincere. Then, all of a sudden, it is political.

This is good work, this is serious work, and it is work that is designed to bring relief to people who are suffering, who have no interest in the nature of a donkeys-and-elephants debate on the House floor. Most people's eyes glaze over.

Most people say they want remedies. This is a remedy that makes sense. This is a remedy in sync with the ACA in some ways. The responses we have heard from the other side I don't think are persuasive.

Mr. Speaker, I urge the passage of H.R. 6311, 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.

MOTION TO RECOMMIT

Ms. FRANKEL of Florida. Mr. Speaker, I have a motion to recommit at the desk.

The SPEAKER pro tempore. Is the gentlewoman opposed to the bill?

Ms. FRANKEL of Florida. I am opposed in its current form.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Ms. Frankel of Florida moves to recommit the bill H.R. 6311 to the Committee on Ways and Means with instructions to report the same back to the House forthwith with the following amendment:

At the end, add the following:

SEC. 10. RESTORATION OF MEDICARE TRUST FUND SOLVENCY.

Notwithstanding any other provision of this Act, no amendment made by this Act shall take effect until the annual reports of the Board of the Trustees of the Federal Hospital Insurance Trust Fund established under section 1817 of the Social Security Act and the Federal Supplementary Medical Insur-

ance Trust Fund established under section 1841 of the Social Security Act indicate the reduction of solvency of such trust funds by reason of Public Law 115-97 (and the amendments made thereby) have been reversed.

Ms. FRANKEL of Florida (during the reading). Mr. Speaker, I ask unanimous consent to dispense with the reading.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman is recognized for 5 minutes in support of her motion.

Ms. FRANKEL of Florida. Mr. Speaker, this is the final amendment to the bill which will not kill the bill or send it back to committee. If adopted, the bill will immediately proceed to final passage, as amended.

Mr. Speaker, my motion will make this bill much better. It is going to delay this legislation from going into effect until we clean up one of the messes caused by the Republican tax scam, the big giveaway to the richest few in this country at the expense of most Americans.

Now, listen to this. The 2018 Medicare trustee report predicts that the Medicare trust fund will be depleted in 2026—3 years earlier than predicted in last year's report.

Now, Mr. Speaker, why is this? Not a big surprise. The \$2.3 trillion Republican tax cut for the benefit of corporations and billionaires has shortchanged the longevity of the fund that pays for the healthcare of 58 million seniors. It is called Medicare, a program that celebrates its 53rd year anniversary this month, a system that seniors have spent a lifetime paying into.

Just ask Eve in my hometown of West Palm Beach who relies on skilled nursing care, like the 1.8 million Eves in this country; or Irving in Delray, who had his prostate removed. Like Irving, 6.6 Americans rely on Medicare to pay for their hospital visits every year.

Medicare helps to keep our grandmothers and grandfathers healthy and repair them when they are sick. It allows men and women who raised families and built their country to retire in dignity without paying every last dollar for their needed well-care visit, their blood pressure medicine, or their hip replacement.

Mr. Speaker, I urge my colleagues to do the right thing for the folks whom we love and who love us, take the time to fix this legislation, and put the money back into the Medicare trust fund, that was cruelly—I say cruelly—stolen by the Republican tax scam, the giveaway to the richest 1 percent and the big corporate interests.

Let's keep Medicaid alive and well. Please support this motion to recommit.

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

Mr. ROSKAM. Mr. Speaker, I claim the time in opposition.

The SPEAKER pro tempore. The gentleman from Illinois is recognized for 5 minutes.

Mr. ROSKAM. Mr. Speaker, I urge us to reject this motion to recommit.

The hospital insurance trust fund isn't going to be insolvent purely because we are freeing Americans from the individual mandate. This crisis has been going on for decades.

Mr. Speaker, I urge a "no" vote, and I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

Ms. FRANKEL of Florida. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on the motion to recommit will be followed by 5-minute votes on:

- Passage of H.R. 6311, if ordered; and
- Passage of H.R. 6199.

The vote was taken by electronic device, and there were—yeas 187, nays 229, not voting 12, as follows:

[Roll No. 375]

YEAS—187

Adams	Engel	Lujan Grisham,
Aguilar	Eshoo	M.
Barragan	Espallat	Luján, Ben Ray
Beatty	Esty (CT)	Lynch
Bera	Evans	Maloney,
Beyer	Foster	Carolyn B.
Bishop (GA)	Frankel (FL)	Matsui
Blum	Fudge	McColum
Blumenauer	Gabbard	McEachin
Blunt Rochester	Gallego	McGovern
Bonamici	Garamendi	McNerney
Boyle, Brendan	Gomez	Meeks
F.	Gonzalez (TX)	Meng
Brady (PA)	Gottheimer	Moore
Brown (MD)	Green, Al	Moulton
Brownley (CA)	Green, Gene	Murphy (FL)
Bustos	Grijalva	Nadler
Butterfield	Gutiérrez	Napolitano
Capuano	Hastings	Neal
Carbajal	Heck	Nolan
Cárdenas	Higgins (NY)	Norcross
Carson (IN)	Himes	O'Halleran
Cartwright	Hoyer	O'Rourke
Castor (FL)	Huffman	Pallone
Castro (TX)	Jackson Lee	Panetta
Chu, Judy	Jayapal	Pascrell
Ciциlline	Jeffries	Payne
Clark (MA)	Johnson (GA)	Pelosi
Clarke (NY)	Johnson, E. B.	Perlmutter
Clay	Jones	Peters
Cleaver	Kaptur	Peterson
Clyburn	Keating	Pingree
Cohen	Kelly (IL)	Pocan
Connolly	Kennedy	Polis
Cooper	Khanna	Price (NC)
Correa	Kihuen	Quigley
Costa	Kildee	Raskin
Courtney	Kilmer	Rice (NY)
Crist	Kind	Richmond
Crowley	Krishnamoorthi	Rosen
Cuellar	Kuster (NH)	Roybal-Allard
Cummings	Langevin	Ruiz
Davis (CA)	Larsen (WA)	Ruppersberger
Davis, Danny	Larson (CT)	Rush
DeFazio	Lawrence	Ryan (OH)
DeGette	Lawson (FL)	Sánchez
Delaney	Lee	Sarbanes
DeLauro	Levin	Schakowsky
DelBene	Lewis (GA)	Schiff
Demings	Lieu, Ted	Schneider
DeSaulnier	Lipinski	Schrader
Deutch	Loeb sack	Scott (VA)
Dingell	Lofgren	Scott, David
Doggett	Lowenthal	Serrano
Doyle, Michael	Lowey	Sewell (AL)
F.		Shea-Porter

Sherman
Sires
Smith (WA)
Soto
Suzoi
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)

Titus
Tonko
Torres
Tsongas
Vargas
Veasey
Vela
Velázquez
Visclosky

NAYS—229

Abraham
Aderholt
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Buchanan
Buck
Bucshon
Budd
Burgess
Byrne
Calvert
Carter (GA)
Carter (TX)
Chabot
Cheney
Cloud
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Cook
Costello (PA)
Crawford
Culberson
Curbelo (FL)
Curtis
Davidson
Davis, Rodney
Denham
DeSantis
DesJarlais
Diaz-Balart
Donovan
Duffy
Duncan (SC)
Duncan (TN)
Emmer
Estes (KS)
Faso
Ferguson
Fitzpatrick
Flores
Fortenberry
Fox
Gaetz
Gallagher
Garrett
Gianforte
Gibbs
Gohmert
Goodlatte
Gosar
Granger
Graves (GA)

Graves (LA)
Graves (MO)
Griffith
Grothman
Guthrie
Handel
Harper
Harris
Hartzler
Hensarling
Herrera Beutler
Hice, Jody B.
Higgins (LA)
Hill
Holding
Hollingsworth
Hudson
Huizenga
Hultgren
Hunter
Hurd
Issa
Jenkins (KS)
Jenkins (WV)
Johnson (LA)
Johnson (OH)
Johnson, Sam
Jordan
Joyce (OH)
Katko
Kelly (MA)
Kelly (PA)
King (IA)
King (NY)
Kinzinger
Knight
Kustoff (TN)
Labrador
LaHood
LaMalfa
Lamb
Lamborn
Lance
Latta
Lesko
Lewis (MN)
LoBiondo
Long
Loudermilk
Love
Lucas
Luetkemeyer
MacArthur
Marchant
Marino
Marshall
Massie
Mast
McCarthy
McCaul
McClintock
McHenry
McKinley
McMorris
Rodgers
Meadows
Messer
Mitchell
Moolenaar
Mooney (WV)
Mullin
Newhouse
Noem
Norman
Nunes
Olson

Bass
Black
Blackburn
Cramer

Dunn
Ellison
Frelinghuysen
Hanabusa

Wasserman
Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Vela
Yarmuth

Palmer
Paulsen
Pearce
Perry
Pittenger
Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas
J.
Ros-Lehtinen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell
Rutherford
Sanford
Scalise
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Sinema
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Taylor
Tenney
Thompson (PA)
Thornberry
Tipton
Trott
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Witman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

Maloney, Sean
Palazzo
Speier
Walz

of Utah, and RICE of South Carolina changed their vote from "yea" to "nay."

Mr. SOTO, Ms. JAYAPAL and BROWNLEY of California, Mrs. NAPOLITANO, Messrs. O'HALLERAN and GOTTHEIMER changed their vote from "nay" to "yea."

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

Stated against:

Mr. DUNN. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "nay" on rollcall No. 375.

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.

RECORDED VOTE

Mr. LEVIN. 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—aye 242, noes 176, not voting 10, as follows:

[Roll No. 376]

AYES—242

Abraham	Donovan	Katko
Aderholt	Duffy	Kelly (MS)
Allen	Duncan (SC)	Kelly (PA)
Amash	Duncan (TN)	King (IA)
Amodei	Dunn	King (NY)
Arrington	Emmer	Kinzinger
Babin	Estes (KS)	Knight
Bacon	Faso	Kuster (NH)
Banks (IN)	Ferguson	Kustoff (TN)
Barletta	Fitzpatrick	Labrador
Barr	Fleischmann	LaHood
Barton	Flores	LaMalfa
Bera	Fortenberry	Lamb
Bergman	Fox	Lamborn
Biggs	Frelinghuysen	Lance
Bilirakis	Gaetz	Latta
Bishop (MI)	Gallagher	Lesko
Bishop (UT)	Garrett	Lewis (MN)
Blum	Gianforte	LoBiondo
Bost	Gibbs	Long
Brady (TX)	Gohmert	Loudermilk
Brat	Gonzalez (TX)	Love
Brooks (AL)	Goodlatte	Lucas
Brooks (IN)	Gosar	Luetkemeyer
Buchanan	Gottheimer	MacArthur
Buck	Granger	Marchant
Bucshon	Graves (GA)	Marino
Budd	Graves (LA)	Marshall
Burgess	Graves (MO)	Massie
Bustos	Griffith	Mast
Byrne	Grothman	McCarthy
Calvert	Guthrie	McCaul
Carter (GA)	Handel	McClintock
Carter (TX)	Harper	McHenry
Chabot	Harris	McKinley
Cheney	Hartzler	McMorris
Cloud	Hensarling	Rodgers
Coffman	Herrera Beutler	McSally
Cole	Hice, Jody B.	Meadows
Collins (GA)	Higgins (LA)	Messer
Collins (NY)	Hill	Mitchell
Comer	Holding	Moolenaar
Comstock	Hollingsworth	Mooney (WV)
Conaway	Hudson	Mullin
Cook	Huizenga	Murphy (FL)
Costello (PA)	Hultgren	Newhouse
Crawford	Hunter	Noem
Cuellar	Hurd	Norman
Culberson	Issa	Nunes
Curbelo (FL)	Jenkins (KS)	O'Halleran
Curtis	Jenkins (WV)	Olson
Davidson	Johnson (LA)	Palmer
Davis, Rodney	Johnson (OH)	Paulsen
Denham	Johnson, Sam	Pearce
DeSantis	Jordan	Perry
DesJarlais	Joyce (OH)	Peterson
Diaz-Balart		Pittenger

Poe (TX)
Poliquin
Posey
Ratcliffe
Reed
Reichert
Renacci
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Russell

NOES—176

Adams
Aguilar
Barragán
Beatty
Beyer
Bishop (GA)
Blumenauer
Blunt Rochester
Bonamici
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Brownley (CA)
Butterfield
Capuano
Carbajal
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Cooper
Correa
Costa
Courtney
Crist
Crowley
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Engel
Eshoo
Espaillat
Esty (CT)
Evans
Foster
Frankel (FL)
Fudge
Gabbard

NOT VOTING—10

Bass
Black
Blackburn
Cramer

□ 1813

So the bill was passed.

Turner
Upton
Valadao
Wagner
Walberg
Walden
Walker
Walorski
Walters, Mimi
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Williams
Wilson (SC)
Wittman
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IA)
Zeldin

Nolan
Norcross
O'Rourke
Pallone
Panetta
Pascrell
Payne
Pelosi
Perlmutter
Peters
Pingree
Pocan
Polis
Price (NC)
Quigley
Raskin
Barr
Barton
Bera
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Blum
Blumenauer
Bonamici
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Byrne
Calvert
Carbajal
Carter (GA)
Carter (TX)
Chabot
Cheney
Cleaver
Cloud
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Cook
Correa
Costello (PA)
Crawford
Crist
Cuellar
Culberson
Curbelo (FL)
Curtis
Davidson
Davis, Rodney
DeFazio
Delaney
Denham
DeSantis
DesJarlais
Diaz-Balart

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

RESTORING ACCESS TO MEDICATION ACT OF 2018

The SPEAKER pro tempore. The unfinished business is the vote on passage of the bill (H.R. 6199) to amend the Internal Revenue Code of 1986 to include certain over-the-counter medical products as qualified medical expenses, 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.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 277, nays 142, not voting 9, as follows:

[Roll No. 377]

YEAS—277

Abraham
Aderholt
Aguilar
Allen
Amash
Amodei
Arrington
Babin
Bacon
Banks (IN)
Barletta
Barr
Barton
Bera
Bergman
Biggs
Bilirakis
Bishop (MI)
Bishop (UT)
Blum
Blumenauer
Bonamici
Bost
Brady (TX)
Brat
Brooks (AL)
Brooks (IN)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burgess
Bustos
Byrne
Calvert
Carbajal
Carter (GA)
Carter (TX)
Chabot
Cheney
Cleaver
Cloud
Coffman
Cole
Collins (GA)
Collins (NY)
Comer
Comstock
Conaway
Cook
Correa
Costello (PA)
Crawford
Crist
Cuellar
Culberson
Curbelo (FL)
Curtis
Davidson
Davis, Rodney
DeFazio
Delaney
Denham
DeSantis
DesJarlais
Diaz-Balart

Reed
Reichert
Renacci
Rice (NY)
Rice (SC)
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rohrabacher
Rokita
Rooney, Francis
Rooney, Thomas J.
Ros-Lehtinen
Rosen
Roskam
Ross
Rothfus
Rouzer
Royce (CA)
Ruiz
Russell
Rutherford
Sanford
Scalise
Schiff

Schneider
Schrader
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shea-Porter
Shimkus
Shuster
Simpson
Sinema
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Smucker
Stefanik
Stewart
Stivers
Suozi
Swalwell (CA)
Taylor
Tenney
Thompson (PA)
Thornberry
Tipton
Torres

NAYS—142

Adams
Barragán
Beatty
Beyer
Bishop (GA)
Blunt Rochester
Boyle, Brendan F.
Brady (PA)
Brown (MD)
Butterfield
Capuano
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu, Judy
Cicilline
Clark (MA)
Clarke (NY)
Clay
Clyburn
Cohen
Connolly
Cooper
Costa
Courtney
Crowley
Cummings
Davis (CA)
Davis, Danny
DeGette
DeLauro
DelBene
Demings
DeSaulnier
Deutch
Dingell
Doggett
Doyle, Michael F.
Engel
Eshoo
Espaillat
Esty (CT)
Evans
Foster
Frankel (FL)

Fudge
Gabbard
Gallo
Garamendi
Gomez
Green, Al
Grijalva
Gutiérrez
Hastings
Heck
Higgins (NY)
Himes
Hoyer
Huffman
Jackson Lee
Jayapal
Jeffries
Johnson (GA)
Johnson, E. B.
Jones
Kaptur
Keating
Kelly (IL)
Kennedy
Khanna
Kihuen
Kildee
Kilmer
Kind
Langevin
Larsen (WA)
Larsen (CT)
Lawrence
Lawson (FL)
Lee
Levin
Lewis (GA)
Lieu, Ted
Lofgren
Lowenthal
Lowey
Lujan Grisham, M.
Luján, Ben Ray
Lynch
Maloney, Carolyn B.
Matsui
McCullum
McEachin
McGovern
McNerney
Meeks
Meng
Moore
Moulton
Nadler
Napolitano
Neal

NOT VOTING—9

Bass
Black
Blackburn

Cramer
Ellison
Hanabusa

Moore
Moulton
Nadler
Napolitano
Neal
Norcross
Pallone
Pascrell
Payne
Pelosi
Peters
Pocan
Price (NC)
Quigley
Raskin
Richmond
Roybal-Allard
Ruppersberger
Rush
Ryan (OH)
Sánchez
Sarbanes
Schakowsky
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Sherman
Smith (WA)
Soto
Takano
Thompson (CA)
Thompson (MS)
Titus
Tonko
Tsongas
Vargas
Veasey
Velázquez
Visclosky
Wasserman
Schultz
Waters, Maxine
Watson Coleman
Welch
Wilson (FL)
Yarmuth

□ 1820

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.