Madam Speaker, I yield as much time as she may consume to the gentlewoman from Puerto Rico (Miss GONZÁLEZ-COLÓN), my friend.

□ 1615

Miss GONZÁLEZ-COLÓN of Puerto Rico. Madam Speaker, I thank Mr. KELLER for the opportunity.

I am very humbled but, at the same time, very proud to rise in support of H.R. 2325, legislation that I introduced to designate the United States Postal Service facility located at 100 Calle Alondra in San Juan, Puerto Rico, as the ''65th Infantry Regiment Post Office Building.''

Shortly after Puerto Rico became a U.S. territory in 1898, Congress authorized the creation of a unit of volunteer soldiers on the island. Then, in 1920, the unit was redesignated as the 65th Infantry Regiment of the United States Army, and it served as the Nation's last segregated unit, composed mainly of Hispanic soldiers coming from Puerto Rico.

Members of this regiment—commonly known as The Borinqueneers after the Taino word for ''Puerto Rico'' meaning ''land of the brave lord''—represent the best of our island's proud and rich tradition of military service.

Despite their relatively limited combat service in World War II, the regiment suffered casualties defending against enemy attacks. Individual soldiers from this unit earned one Distinguished Service Cross, two Silver Stars, two Bronze Stars, and 90 Purple Hearts.

However, it was during the Korean war that the 65th Infantry Regiment's patriotism and courage came to be widely known and admired.

Fighting as a segregated unit from 1950 until 1952, the Borinqueneers participated in some of the fiercest and toughest battles of the war.

The Borinqueneers not only fought the enemy on the battlefield, but they also had to overcome negative stereotypes held by some of their commanders and fellow soldiers.

Brigadier General William Harris, who commanded the regiment during the early stages of the Korean war, would recall that he had been reluctant to assume command of the unit just because of the prejudice within the military, but that his experience eventually led him to regard the members of the 65th Infantry Regiment as the best soldiers he had ever seen.

General Douglas MacArthur, commander in chief of the United Nations Command in Korea, would similarly write that ''The Puerto Ricans forming the ranks of the gallant 65th Infantry give daily proof on the battlefields of Korea of their courage, determination, and resolute will to victory, their invincible loyalty to the United States and their fervent devotion to those immutable principles of human relations which the Americans of the continent and Puerto Rico have in common. They are writing a brilliant record of heroism in battle, and I am indeed proud to have them under my command. I wish that we could count on many more like them.''

For its extraordinary service during the Korean war, the Borinqueneers received many unit-level awards, including two Presidential Unit Citations. Soldiers in the regiment earned a total of nine Distinguished Service Crosses, approximately 250 Silver Stars, over 600 Bronze Stars, and more than 2,700 Purple Hearts.

Even 60 years later the laurels continued, as Master Sergeant Juan Negron, who served in the 65th Infantry Regiment, was posthumously awarded the Medal of Honor, our Nation's highest military decoration.

In 2014, actually, this same House enacted legislation to award the Congressional Gold Medal to the Borinqueneers. The 65th, consequently, became the first Hispanic unit and the sole unit from the Korean war to receive this distinction, and they were the last unit to launch a battalion-sized bayonet attack by the U.S. Army.

Madam Speaker, H.R. 2325 allows us to continue honoring the Borinqueneers' service by designating the U.S. Post Office in San Juan as the ''65th Infantry Regiment Post Office Building.''

This recognition is made even more significant when considering that this Federal building is located adjacent to one of Puerto Rico's main avenues. Do you know the name? It is the 65th Infantry Regiment Avenue. That is how proud we feel about our Borinqueneers.

The story of these soldiers is emblematic of the courage of thousands of Puerto Rican soldiers who, for generations, have fought and bled alongside their fellow Americans to defend the United States across the world.

Madam Speaker, as Puerto Rico's sole representative in this Congress, I urge my colleagues to join me in further recognizing their sacrifice, their legacy, by supporting this bill.

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

Mr. KELLER. Madam Speaker, I think that Representative GONZÁLEZ-COLÓN articulately pointed out why we should all support H.R. 2325.

Madam Speaker, I urge my colleagues to support this legislation, and I yield back the balance of my time.

Mr. ROUDA. Madam Speaker, I, too, encourage my colleagues to support this bill.

Madam Speaker, I would like to thank the gentleman from Pennsylvania for leading the minority discussion today, the newest Member of Congress. It is an honor to serve with him.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. ROUDA) that the House suspend the rules and pass the bill, H.R. 2325.

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

A motion to reconsider was laid on the table.

REQUEST TO CONSIDER H.R. 2447, JOBS AND PREMIUM PROTECTION ACT

Mrs. WALORSKI. Madam Speaker, I ask unanimous consent that the Committee on Ways and Means and the Committee on Energy and Commerce be discharged from further consideration of the bipartisan bill H.R. 2447, the Jobs and Premium Protection Act, and ask for its immediate consideration in the House.

The SPEAKER pro tempore. Under guidelines consistently issued by successive Speakers, as recorded in section 956 of the House Rules and Manual, the Chair is constrained not to entertain the request unless it has been cleared by the bipartisan floor and committee leaderships.

REQUEST TO CONSIDER H.R. 2207, PROTECT MEDICAL INNOVATION ACT

Mrs. WALORSKI. Madam Speaker, I ask unanimous consent that the Committee on Ways and Means be discharged from further consideration of the bipartisan bill H.R. 2207, the Protect Medical Innovation Act, and ask for its immediate consideration in the House.

The SPEAKER pro tempore. Under guidelines consistently issued by successive Speakers, as recorded in section 956 of the House Rules and Manual, the Chair is constrained not to entertain the request unless it has been cleared by the bipartisan floor and committee leaderships.

CONSENSUS CALENDAR

The SPEAKER pro tempore. The Chair announces the Speaker's designation, pursuant to clause 7(a)(1) of rule XV, of H.R. 748 as the measure on the Consensus Calendar to be considered this week.

MIDDLE CLASS HEALTH BENEFITS TAX REPEAL ACT OF 2019

Mr. NEAL. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 748) to amend the Internal Revenue Code of 1986 to repeal the excise tax on high cost employer-sponsored health coverage, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 748

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 ''Middle Class Health Benefits Tax Repeal Act of 2019''.

SEC. 2. REPEAL OF EXCISE TAX ON HIGH COST EMPLOYER-SPONSORED HEALTH COVERAGE.

(a) IN GENERAL.—Chapter 43 of the Internal Revenue Code of 1986 is amended by striking section 4980I.

(b) CONFORMING AMENDMENTS.—

(1) Section 6051 of such Code is amended—

(A) by striking ''section 4980I(d)(1)'' in subsection (a)(14) and inserting ''subsection (g)'', and

(B) by adding at the end the following new subsection:

''(g) APPLICABLE EMPLOYER-SPONSORED COVERAGE.—For purposes of subsection (a)(14)—

''(1) IN GENERAL.—The term 'applicable employer-sponsored coverage' means, with respect to any employee, coverage under any group health plan made available to the employee by an employer which is excludable from the employee's gross income under section 106, or would be so excludable if it were employer-provided coverage (within the meaning of such section 106).

''(2) EXCEPTIONS.—The term 'applicable employer-sponsored coverage' shall not include—

''(A) any coverage (whether through insurance or otherwise) described in section 9832(c)(1) (other than subparagraph (G) thereof) or for long-term care,

''(B) any coverage under a separate policy, certificate, or contract of insurance which provides benefits substantially all of which are for treatment of the mouth (including any organ or structure within the mouth) or for treatment of the eye, or

''(C) any coverage described in section 9832(c)(3) the payment for which is not excludable from gross income and for which a deduction under section 162(l) is not allowable.

''(3) COVERAGE INCLUDES EMPLOYEE PAID PORTION.—Coverage shall be treated as applicable employer-sponsored coverage without regard to whether the employer or employee pays for the coverage.

''(4) GOVERNMENTAL PLANS INCLUDED.—Applicable employer-sponsored coverage shall include coverage under any group health plan established and maintained primarily for its civilian employees by the Government of the United States, by the government of any State or political subdivision thereof, or by any agency or instrumentality of any such government.''.

(2) Section 9831(d)(1) of such Code is amended by striking ''except as provided in section 4980I(f)(4)''.

(3) The table of sections for chapter 43 of such Code is amended by striking the item relating to section 4980I.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to taxable years beginning after December 31, 2019.

SEC. 3. BUDGETARY EFFECTS.

(a) STATUTORY PAYGO SCORECARDS.—The budgetary effects of this Act shall not be entered on either PAYGO scorecard maintained pursuant to section 4(d) of the Statutory Pay-As-You-Go Act of 2010.

(b) SENATE PAYGO SCORECARDS.—The budgetary effects of this Act shall not be entered on any PAYGO scorecard maintained for purposes of section 4106 of H. Con. Res. 71 (115th Congress).

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Massachusetts (Mr. NEAL) and the gentleman from Pennsylvania (Mr. KELLY) each will control 20 minutes.

The Chair recognizes the gentleman from Massachusetts.

GENERAL LEAVE

Mr. NEAL. Madam 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 this bill under consideration.

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

There was no objection.

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

Madam Speaker, I rise today in support of H.R. 748, the Middle Class Health Benefits Tax Repeal Act of 2019.

After a decade of fiercely debating the merits of the Affordable Care Act, I hope we have turned a corner today and can now focus on strengthening the parts of the law that work in the manner we had intended and changing the parts of the law, which is not unusual, that we believe could be improved.

This legislation, tirelessly championed by Representative JOE COURTNEY of Connecticut, with 367 bipartisan cosponsors, addresses the so-called ''Cadillac tax,'' a part of the law that had the unintended consequences of reducing healthcare benefits that were provided to certain American workers.

More than 181 million Americans currently depend upon employer-sponsored health insurance. That is the majority of the American people, including retirees, low-and moderate-income families, public-sector employees, small business owners, and nonprofit workers.

While the name ''Cadillac tax'' implies this excise tax only applies to luxury health coverage, the truth is it will eventually apply to almost every American with employer-sponsored health insurance.

At a time when American families are already worried about the healthcare costs that apply to them, the Cadillac tax has had the effect of increasing deductibles and out-of-pocket costs as employers make changes in their plans designed to avoid the tax.

We have also found that the Cadillac tax affects health plans that have higher numbers of workers with chronic diseases or serious illnesses, that cover more than a million women or families, or that offer coverage to part-time workers because premiums for those plans are often higher.

This was not the goal of this tax when it was originally included in the ACA. I know because I helped to negotiate and to write the Affordable Care Act.

Congress wanted to encourage employers and insurance companies to find ways to offer better coverage at lower costs. And, while many actions in the ACA did bend the cost curve, leading to better care and slower cost growth, this excise tax, indeed, did not.

We want employers to cover their workers with robust, meaningful benefits. A good American job with a strong health benefit is part of security.

Employers want this for their employees, labor wants this for their members, and American workers and their families want to know they can get the care they need when they need it.

This legislation, as I noted earlier, has strong bipartisan support with a diverse group of stakeholder organizations endorsing the legislation, from labor to chamber of commerce to patient organizations.

If we fail to repeal the Cadillac tax, we will leave working families with less healthcare coverage, higher out-of-pocket healthcare costs, and little to no resultant wage increases.

Madam Speaker, I urge my colleagues to support this legislation, and I reserve the balance of my time.

Mr. KELLY of Pennsylvania. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, this is a great day for us. We worked with Chairman NEAL on this and JOE COURTNEY. I don't normally go out on a limb, but it is nice to see a bunch of Irish guys get together—I am not sure you can say that anymore in the people's House—to make sure that we are protecting so many people who have earned healthcare through their employer.

I think the last couple days, if you were to look at what happened here in the House and you were to go back home and talk to people back home, they would ask, ''Can't you guys get along on anything? Can't you put away these things you fight over and actually start to talk about the things that help us? Can't you do things like that?''

We have watched it, Madam Speaker, and I am sure people are back home saying, ''They can't do anything.''

Well, I am here to tell you today that is just not true. You are going to see a bipartisan effort today on a bipartisan bill to make sure that hardworking Americans get to keep their employer-sponsored healthcare.

Those are people in labor unions. Those are people in everyday businesses: small businesses, big businesses, all across the board.

What we are doing today is a move in the right direction. What we are doing today is truly bipartisan, and we hope it becomes bicameral.

Today you are going to see both Republicans and Democrats come together to do the right thing for the right reasons, and good things are going to come of that.

It just doesn't get any better than this, especially at a time when you go back home and people just look at us and say, ''Holy smokes. On the floor of the people's House, you guys can't get along on anything?''

Well, we are. We are going to get along on something. And we are going to do something that is really big, and we are going to pass H.R. 748, the Middle Class Health Benefits Tax Repeal Act. It is also known as the Cadillac tax.

I happen to be a Cadillac dealer. Cadillac has forever been described as the standard of the world.

The healthcare piece we are talking about is a standard of the world. And so many times in the past it was described as, this is just too darn generous for generations of people who went to the bargaining table and negotiated, as part of their labor agreements, healthcare.

□ 1630

Too generous? Too good?

For all those who thought that was a good statement or a good idea, that is just too bad because it was terrible. It made no sense.

Today, we are going to change that. We are going to take the time we have today on the floor to talk about it, to talk to our colleagues and say we all need to be on board with this.

By the way, the gentleman knows this because we have been working on it for a long time. It is the gentleman's bill this session, but it has gone back and forth, depending on who the majority is.

This is the end of today's talking when it comes to partisan gridlock because it is not going to happen. Much like Mark Twain when he was overseas one time, in London, and somebody printed in the paper that Mark Twain was not only ill but that he had died. Mark Twain replied, ''The reports of my death are greatly exaggerated.''

Let's use that today when we talk about the fact that we can't get along here in the people's House.

The gentleman and I have worked hard on this. Last Congress, we had 304 cosponsors. This Congress, our legislation has more than 370 cosponsors. That is the majority of both parties, Democratic and Republican.

Our bill is going to repeal this onerous tax, originally passed as part of the Affordable Care Act, that would have been assessed on any health plan that would provide more than $10,200 for individual coverage, $27,500 for family coverage.

I deplore the fact that it was called too generous for hardworking Americans who get up every day and go off to work to make sure they can put a roof over the head of their family, food on the table, clothes on the backs of their kids, and somehow plan for the future. If that is a bad benefit, I want to see what a good one looks like.

According to researchers, it is projected—I think Chairman NEAL just went over some of these numbers—that 75 percent of employer-sponsored health plans would be affected if we allow this tax to stand.

That was put in the Affordable Care Act, but it was never enforced. Today, we have a chance to do away with it fully, just repeal it. That is what we are trying to get to.

The groups that support this legislation go across the board. There are millions of workers waiting for us to do something today to act in their best interests. More than 665 organizations have weighed in, in support of repealing this tax.

It is absolutely an incredible effort that is going to take place today. I can't say this enough: It is a bipartisan effort by the majority of both parties to get this done for hardworking Americans, to protect not only themselves but their families.

It is a benefit of generational negotiations. It is an incredible piece of legislation that we are going to get through today.

I could keep talking about this forever. I can't wait to get back home again to tell people we got it done. Keep in mind, I am going to say that ''we got it done,'' not that ''I got it done.''

I have never seen another place where people take credit for legislation that they had nothing to do with, that they kind of inherited from previous sessions and say, ''Well, this is my bill.''

This is not my bill. This is a bill that we have been trying to pull off for many, many years, not just me, not just JOE COURTNEY, but together, all of us, Republicans and Democrats, acting in the best interests of the people we represent here on the floor of the people's House.

Madam Speaker, I reserve the balance of my time.

The SPEAKER pro tempore. Without objection, the gentlewoman from Washington (Ms. DELBENE) is designated to control the balance of the time and is recognized.

There was no objection.

Ms. DELBENE. Madam Speaker, I yield 3 minutes to the gentleman from Connecticut (Mr. COURTNEY), the lead sponsor of this legislation.

Mr. COURTNEY. Madam Speaker, I thank Congresswoman DELBENE for her leadership managing this bill and the Ways and Means Committee for embracing it. Their advocacy sends a powerful message to the House to pass the Middle Class Health Benefits Tax Repeal Act of 2019.

I also thank my friend, Representative MIKE KELLY, for his bipartisan support of the bill, defying the polarized politics that too often dominates the healthcare debate.

Madam Speaker, this bill today comes with the support of more than 660 healthcare groups that represent millions of Americans who have joined together to repeal the 40 percent excise tax on health plans scheduled to go into effect in 2022.

Madam Speaker, this tax was a late add-on to the Affordable Care Act deliberations and has been rattling around inoperable in the Federal Tax Code since 2010, never actually having collected a penny of revenue but, nonetheless, casting a statutory shadow over 180 million Americans' health plans, which we know, from HR administrators and employee reps in real life, has added pressure to shift coverage into higher deductible plans, which falls on the backs of working Americans.

As the Commonwealth Fund recently reported, the number of Americans who are underinsured as a result of high deductibles has grown by over 50 percent since 2005. The Kaiser Family Foundation just reported that 31 percent of employer health plans will get hit by the excise tax in 2022, and that number will skyrocket soon after.

Passage of this bill will lift the shadow that hangs over employer-sponsored plans and stop the high deductible trend from worsening.

As the bill's lead sponsor, I want to foot stomp that the repeal of the tax does not touch the architecture of the ACA's patient protections. Repeal is completely severable from the other 440 sections of the law and leaves intact essential health benefits and the elimination of preexisting condition exclusions and lifetime limits.

Given that those patient protections have been in full operation for the last 10 years, during which this zombie tax has been in a coma, it is abundantly clear that the tax is disconnected from the rest of the law.

Lastly, I want to underscore the CBO determination that passage will not result in any increase in the number of uninsured.

Madam Speaker, with 370 House cosponsors, I am hopeful that an overwhelming tally tonight will send a laser-like message to the Senate to adopt this bill as soon as possible, as is.

Madam Speaker, I include in the RECORD letters from Families USA, a strong advocate for the ACA, as well as the Council of Insurance Agents & Brokers, in support of the bill, and a 2009 letter signed by 188 supporters of the ACA in support of this repeal of the excise tax.

FAMILIESUSA,
July 15, 2019.

Hon. NANCY PELOSI,
Speaker, House of Representatives, Washington, DC.
Hon. KEVIN MCCARTHY,
Minority Leader, House of Representatives, Washington, DC.

DEAR SPEAKER PELOSI AND LEADER MCCARTHY: On behalf of Families USA, a leading national voice for health care consumers, I write to offer our support for legislation that will be considered by the full House of Representatives this week, H.R. 748, the Middle Class Health Benefits Tax Repeal Act of 2019. This bipartisan legislation would repeal the excise tax on high value employer-sponsored health care coverage, also known as the ''Cadillac Tax''. At a time when almost half of our nation's families report that they are forgoing needed medical care because they cannot afford the care, policymakers should make sure that employers doing the right thing and providing high value health insurance to their employees are supported, not penalized with an egregious tax.

More than 181 million people—a majority of the country—receive employer-sponsored insurance. The Affordable Care Act (ACA) included a provision to impose a 40 percent excise tax on high-cost and high-value employer-sponsored insurance (ESI) coverage. This provision was recently delayed for a second time, until 2022. While the tax would be levied on employers, experts expect its costs largely would be shifted to employees and their families.

The Cadillac Tax is built on the supposition that by exposing our nation's families to even more financial vulnerability in their health care, families will manage to bring their own health care costs down. Creating greater financial insecurity for families is not the answer. It is the primary responsibility of policy makers, the health care sector, and the government to solve the health care cost crisis. And your constituents agree. More than 80 percent of people in this nation—both Democrats and Republicans—believe it's the responsibility of the government to get control of out-of-control health care costs.

H.R. 748 is an important opportunity for Congress to support high quality health care and the employers that provide it. In recent years, deductibles in ESI plans have risen considerably while costs have continued to grow. The so-called ''Cadillac Tax'' creates the wrong incentive to employers around the nation. What we need now is higher value insurance, not lower value coverage.

H.R. 748 has widespread, bipartisan support, and boasts 361 cosponsors, including 199 Democrats and 162 Republicans. We urge the House of Representatives to support working families and the employers providing these families high quality health insurance and pass H.R. 748 when it comes to the floor.

Sincerely,

FREDERICK ISASI,
Executive Director.

THE COUNCIL,
July 15, 2019.

Re H.R. 748, The Middle Class Health Benefits Tax Repeal Act of 2019.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.

DEAR MADAME SPEAKER: On behalf of The Council of Insurance Agents and Brokers (''The Council''), I write to express our members' strong support for H.R. 748, The Middle Class Health Benefits Tax Repeal Act of 2019. The legislation repeals the looming ''Cadillac Tax'' that undermines the employer sponsored insurance market. The ''Cadillac tax'' is a 40% tax on the value of employer-sponsored health coverage that exceeds certain benefit thresholds—estimated to be $11,100 for self-only coverage and $29,750 for family coverage in 2022. We thank Congressman Joe Courtney and Mike Kelly for their leadership on this important issue, and urge members of the House of Representatives to support H.R. 748.

By way of background, The Council represents the largest and most successful employee benefits and property/casualty agencies and brokerage firms. Council member firms annually place more than $300 billion in commercial insurance business in the United States and abroad. Council members conduct business in some 30,000 locations and employ upwards of 350,000 people worldwide. In addition, Council members specialize in a wide range of insurance products and risk management services for business, industry, government, and the public.

The ''Cadillac Tax,'' has been delayed twice by Congress to protect Americans from its harmful impact. But the latest implementation date of 2022 continues to cause an adverse effect on the affordability and quality of health coverage available to employees and their families. The Kaiser Family Foundation notes that deductibles have risen 89% since 2010, while wage growth has remained comparatively flat.

The tax was intended to impact Americans with ''gold-plated'' plans, but the reality is that very modest plans covering low- and moderate-income working families will trigger the tax. More than 181 million Americans—including retirees, low- and moderate-income families, public-sector employees, small business owners, nonprofit workers and the self-employed—currently depend on employer-provided health coverage. Employer provided coverage covers more Americans than Medicare and Medicaid combined. This tax has real and harmful consequences—Americans cannot afford to pay more for their health care.

Thank you again for your continued efforts to address these important issues.

Best,

KEN A. CRERAR,
President/CEO, The Council.
JOEL WOOD,
SVP, Government Affairs, The Council.
JOEL KOPPERUD,
VP, Government Affairs, The Council.

CONGRESS OF THE UNITED STATES,
Washington, DC, October 7, 2009.

Speaker PELOSI,
Office of the Speaker,
Washington, DC.

DEAR SPEAKER PELOSI: As Congress continues to consider revenue sources for America's Affordable Health Choices Act and other health insurance reform proposals, we strongly encourage you to reject imposing an excise tax on so called high cost insurance plans. Such a tax would impact regions with high health care costs in the short-term, and, in the long-term, inevitably extend to more and more middle-income Americans across the country.

As you know, the Senate Finance Committee reform proposal, America's Healthy Future Act, currently includes a 40 percent excise tax on insurers for plans that exceed certain cost thresholds. Real life experience with both health insurers and inelastic markets for services such as health insurance has clearly warned us that this tax will be passed along to insurance payers. Beginning in 2013, the threshold for individual plans will be $8,000 and $21,000 for family coverage. In subsequent years, increases in the cost thresholds will be tied to the Consumer Price Index for urban consumers (CPI-U) plus one percent. The proposal also includes a transition relief rule, which will set cost thresholds 20 percent higher for the 17 highest cost states. The transition relief rule will be phased out by 2016. It is important to note that the proposed thresholds for such a tax already have been surpassed for many middle-income Americans in 2009.

For middle-income Americans that have forgone wage and salary increases for strong insurance benefits, these thresholds are simply too low. And, for middle-income Americans who live in the nation's highest cost regions for health care, the transition relief rule is also too low and phased out far too soon.

A Commonwealth Fund report issued on August 20, 2009, ''Paying the Price: How Health Insurance Premiums Are Eating Up Middle-Class Incomes,'' outlined projected increases in insurance premiums if nothing is done to change the current cost trajectory. According to the report, average insurance premiums will increase 94 percent over the next ten years, with average annual increases of 5.7 percent. The report went on to conclude that average premium costs for family coverage in 2015 will range from $15,508 in the lowest cost state to $19,731 in the highest cost state. Considering high and low cost states will be treated the same with regard to the proposed excise tax in 2015, the average premium projections in high cost regions teeter on the projected cost thresholds of the excise tax.

Further, the lessons learned from the alternative minimum tax (AMT) should also serve as a warning for the creation of an excise tax on high cost insurance plans. Over the past four decades, the AMT has morphed from a tax on the wealthiest Americans to a tax on the middle class. In 1969, when the AMT was first enacted, the tax impacted only the wealthiest of Americans. In 2010, nearly one in five Americans will be subjected to the tax. A similar situation with the proposed excise tax is possible considering our experiences with medical inflation.

While America's Affordable Health Choices Act will work to rein in insurance premium costs, these savings will be generated from long-term fixes and may not substantially mitigate premium costs in the short-term before the costs of such an excise tax are passed from the insurer to the customer, including middle-income families.

Beyond these other arguments, there is a fundamental flaw in assuming a tax on so called high cost plans will sway choice of insurance coverage, and in turn, discourage wasteful health care spending. This assumption is based on access to a substantial choice in coverage, which is certainly not the case under our current system. Today, small employers pay more for a given insurance plan than a large employer— not because of benefit quality or an employees' excessive use of plan benefits, but due to smaller risk pools. While America's Affordable Health Choices Act will help close most of these price discrepancies, this won't be achieved until 2018 when all reforms are enacted. Further, America's Affordable Health Choices Act will allow for continued use of age rating with determining premium costs. While age rating will be restricted, the practice underscores limited choice for cheaper coverage options.

America's Affordable Health Choices Act includes sensible revenue sources to pay for the legislation. However, inclusion of an excise tax on high cost insurance plans, as proposed by the Senate Finance Committee, could have significant and detrimental implications for millions of middle-class Americans. The short-term impact would be greatest on individuals and families living in high cost regions and for those that have sacrificed pay increases for strong benefits. Over the long term, the number of individuals and families subjected to the tax would likely continue to grow. To this end, we urge you to continue to reject proposals to enact an excise tax on high cost insurance plans that could be potentially passed on the middle class families.

We look forward continuing to work with you to advance health care reform legislation that expands coverage and lowers care costs.

Sincerely,

JOE COURTNEY.
TIM WALZ.
ALLYSON SCHWARTZ.
MIKE ROSS.

COSIGNATORIES (190)

Courtney, Joe; Abercrombie, Neil; Ackerman, Gary; Andrews, Robert; Arcuri, Mike; Baca, Joe; Baldwin, Tammy; Berkley, Shelly; Bishop, Sanford; Bishop, Tim; Blumenauer, Earl; Boccieri, John; Boren, Dan; Boswell, Leonard; Boucher, Rick; Brady, Robert; Braley, Bruce; Brown, Corrine; Capps, Lois; Capuano, Michael; Cardoza, Dennis; Carnahan, Russ; Carson, Andre; Chandler, Ben; Christensen, Donna; Chu, Judy; Clarke, Yvette; Clay, Lacy; Cleaver, Emanuel; Cohen, Steve; Conyers, John; Costello, Jerry; Crowley, Joseph; Cummings, Elijah; Dahlkemper, Kathy; Davis, Danny; Davis, Lincoln; DeFazio, Peter; Delahunt, Bill; DeLauro, Rosa; Dicks, Norman; Dingell, John; Doggett, Lloyd; Doyle, Mike; Driehaus, Steve; Edwards, Donna; Ellison, Keith; Ellsworth, Brad; Engel, Eliot; Eshoo, Anna; Farr, Sam; Fattah, Chaka; Filner, Bob.

Foster, Bill; Frank, Barney; Fudge, Marcia; Gonzalez, Charles; Garamendi, John;

Grayson, Alan; Green, Al; Green Gene; Grijalva, Raul; Gutierrez, Luis; Hall, John; Halvorson, Debbie; Hare, Phil; Harman, Jane; Hastings, Alcee; Heinrich, Martin; Higgins, Brian; Himes, Jim; Hinchey, Maurice; Hirono, Mazie; Hodes, Paul; Holden, Tim; Holt, Rush; Honda, Mike; Inslee, Jay; Israel, Steve; Jackson Jr., Jesse; Jackson-Lee, Sheila; Johnson, Eddie Bernice; Johnson, Hank; Kagen, Steve; Kaptur, Marcy; Kennedy, Patrick; Kildee, Dale; Kilpatrick, Carolyn Cheeks; Kilroy, Mary Jo; Kucinich, Dennis; Langevin, James; Larson, John; Lee, Barbara; Levin, Sander; Lewis, John; Lipinski, Dan.

Loebsack, David; Lofgren, Zoe; Lowey, Nita; Lujan, Ben; Lynch, Stephen; Maffei, Dan; Maloney, Carolyn; Markey, Edward; Massa, Eric; Matsui, Doris; McCarthy, Carolyn; McCollum, Betty; McDermott, Jim; McGovern, Jim; McMahon, Michael; Meek, Kendrick; Meeks, Gregory; Michaud, Michael; Miller, Brad; Miller, George; Mollohan, Alan; Moore, Dennis; Moore, Gwen; Murphy, Chris; Murphy, Scott; Murtha, John; Nadler, Jerrold; Napolitano, Grace; Neal, Richard; Norton, Elanore Holmes; Oberstar, James; Olver, John; Ortiz, Solomon; Owens, Bill; Pascrell, Bill; Pastor, Ed; Payne, Donald; Perlmutter, Ed; Perriello, Thomas; Peters, Gary; Pingree, Chellie; Quigley, Mike; Rahall, Nicek; Reyes, Silvestre; Richardson, Laura; Rodriguez, Ciro; Ross, Mike.

Rothman, Steve; Royal-Allard, Lucille; Rush, Bobby; Ryan, Tim; Salazar, John; Sanchez, Linda; Sanchez, Loretta; Sarbanes, John; Schakowsky, Janice; Schauer, Mark; Schiff, Adam; Schrader, Kurt; Schwartz, Allison; Scott, Bobby; Scott, David; Serrano, Jose; Sestak, Joe; Shea-Porter, Carol; Sherman, Brad; Shuler, Health; Sires, Albio; Slaughter, Louise; Space, Zach; Speier, Jackie; Stark, Peter; Stupak, Bart; Sutton, Betty; Teague, Harry; Thompson, Bennie; Tierney, John; Titus, Dina; Tonko, Paul; Towns, Edolphus; Van Hollen, Chris; Velazquez, Nydia; Visclosky, Peter; Walz, Tim; Wasserman Shultz, Debbie; Waters, Maxine; Watson, Diane; Weiner, Anthony; Welch, Peter; Wexler, Robert; Wilson, Charlie; Woolsey, Lynn; Wu, David; Yarmuth, John.

Mr. KELLY of Pennsylvania. Madam Speaker, I yield 2 minutes to the gentleman from California (Mr. NUNES).

Mr. NUNES. Madam Speaker, I thank Mr. KELLY for giving me time to speak in support of H.R. 748, the Middle Class Health Benefits Tax Repeal Act of 2019. This bill will provide much-needed relief from one of the most burdensome and blunt taxes in ObamaCare.

By repealing this tax, we will save employers from paying a 40 percent tax on high-cost employer-sponsored health coverage. The bill will provide much-needed relief not only for employers but for employees, some of whom are low-income earners with high-cost health benefits who are forced to bear the repercussions of this tax.

That said, I am disappointed that the majority chose not to repeal the medical device tax or the health insurance tax, both of which are harming hard-working Americans across the country.

The medical device tax is a 2.3 percent excise tax on the value of medical devices sold domestically. Making life-saving products more expensive is not good policy and should be included in this repeal bill.

The health insurance tax, or HIT, is a more than $100 billion sales tax on private health insurance that affects every private plan in the country. At a time when we are all trying to lower the cost of healthcare, why are the Democrats in the majority preventing us from removing this unnecessary and burdensome tax?

This bill could do so much more, but I am happy that the majority is finally admitting that the ObamaCare tax increases are bad for the country and that good tax policy doesn't need to be replaced with more bad tax hikes.

At a time when much of our healthcare system is failing, when healthcare costs are still unaffordable for many, when Medicare will be insolvent within a decade, and when Medicaid's uncontrollable costs are bankrupting our States, it still leaves millions of low- and middle-income earners without access to doctors. We should be working harder to provide more access and choice to the American people in a fiscally responsible way.

Madam Speaker, I support the repeal of this tax, and I urge adoption of the bill.

Ms. DELBENE. Madam Speaker, I yield 1 minute to the gentleman from Connecticut (Mr. LARSON).

Mr. LARSON of Connecticut. Madam Speaker, I commend my colleague on the Ways and Means Committee, MIKE KELLY, for his hard work and diligence in bringing this bill to the floor, as he acknowledged, in a bipartisan way.

I think the gentleman and everybody in this body understand and respect the persistence, hard work, and dedication of JOE COURTNEY. From its introduction and inception, from its first letter to its more than 370 sponsors, ultimately, he has demonstrated that, yes, in this body, we can arrive at solutions across the aisle, working together in the common interest of every American citizen.

JOE COURTNEY was chairman of the Public Health Committee in the Connecticut Legislature. He has forgotten more about these programs than most people will ever remember. But it is his diligence, persistence, and ability to work across the aisle that has brought this legislation here today to be passed unanimously.

Mr. KELLY of Pennsylvania. Madam Speaker, I yield 2 minutes to the gentleman from Kansas (Mr. ESTES).

Mr. ESTES. Madam Speaker, I rise today in support of H.R. 748, the Middle Class Health Benefits Tax Repeal Act of 2019.

This important bill repeals the so-called Cadillac tax, a policy implemented through ObamaCare that would have placed a 40 percent tax on high-cost employer healthcare plans.

The tax was originally included as a way to help pay for the Patient Protection and Affordable Care Act, commonly called ObamaCare, by targeting expensive health plans and insurance companies. However, in practice, it would have been middle-class workers bearing the real burden to pay for it through taxes. It would have hurt union members, nonunion members, small businesses, and nonprofits.

In fact, the Joint Committee on Taxation and the Congressional Budget Office predicted that a whopping 70 percent of the revenue collected by the Cadillac tax would have come from higher income and payroll taxes rather than excise taxes on insurers.

This massive tax increase would have devastated middle-class workers and families, many of whom continue to struggle with the rising costs of ObamaCare as it is.

I thank my colleagues for realizing the bad implications of this failed policy and for working in a bipartisan way to repeal the Cadillac tax.

I am hopeful that today's action will allow us to move forward to address similar policies, like the health insurance tax and the medical device tax.

Instead of propping up the failed Patient Protection and Affordable Care Act through higher taxes and reduced choices, we must get serious about improving healthcare and our economy.

Madam Speaker, I believe H.R. 748 is a great first step, and I urge my colleagues to support it.

Ms. DELBENE. Madam Speaker, I yield 1½ minutes to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Madam Speaker, I include the letters that I have in my hand in the RECORD.

INTERNATIONAL FEDERATION OF PROFESSIONAL & TECHNICAL ENGINEERS, AFL-CIO & CLC,
Washington, DC, July 15, 2019.

DEAR REPRESENTATIVE: On behalf of 90,000 workers represented by the International Federation of Professional and Technical Engineers (IFPTE), we are writing to urge you to vote for the passage of H.R. 748, the Middle Class Health Benefits Tax Repeal Act. This important bipartisan legislation repeals the 40 percent ''Cadillac Tax'' on high-cost employer-sponsored health care plans—set to take effect in 2022—that millions of working and retired Americans depend on.

Since the 40 percent excise tax was enacted as part of the Patient Protection & Affordable Care Act, out of pocket health care costs have continued to increase faster than wages. At the bargaining table, workers in all sectors of the economy are accepting lower or no pay increases, and cuts to other important benefits in exchange for an employer-provided health benefit that is both affordable and meets the health needs of their families. If this tax is not repealed, millions of workers and retirees will see the gains from these tradeoffs fall by the wayside, while the underlying issues driving health care costs will go unaddressed.

Analysis by the Congressional Research Service and the Congressional Budget Office shows that the costs of this tax will be passed onto workers in the form of lower wages, reduced benefits, and the loss of coverage options. Even though the excise tax has not taken effect yet, it has already affected the benefits and quality of employer-sponsored health insurance. Employers themselves admit that they have little appetite for providing a health care benefits that could end up triggering the 40% excise tax. In anticipation of the tax's original effective date in 2018, the American Health Policy Institute reported in 2015 that ''Almost 90 percent of large employers are taking steps to try to prevent their company from having a plan that triggers the excise tax.'' In the federal sector, the OPM's Federal Employees Health Benefits Program carrier guidance tells insurance companies to design plans to avoid triggering the excise tax.

If the excise tax is allowed to take effect, it will further burden working families instead of addressing the factors that continue to drive up the cost of health care. As it stands, the excise tax will go into effect in 2022 on plans that exceed annual limits of $11,500 for individual coverage and $31,100 for family coverage and will be chained to inflation. By and large, plans that will be subject to the excise tax have high costs not due to generous benefits, but because of demographic factors, geographic disparities, market concentration, and risk pool size.

H.R. 748 has board support from affected stakeholders, including unions, public and private sector employers, health advocacy organizations, and health insurance providers. Today, a bipartisan majority in the House recognizes that the excise tax will result in reduced health benefits and coverage options, lower wages and pension benefits, hurt employers who are trying to provide competitive benefits to employees, while failing to address the real cost drivers in the health care system.

Therefore, we urge you to vote for H.R. 748.

Sincerely,

PAUL SHEARON,
President.
MATTHEW BIGGS,
Secretary-Treasurer/ Legislative Director.

INTERNATIONAL ASSOCIATION OF MACHINISTS AND AEROSPACE WORKERS,
Upper Marlboro, MD, July 15, 2019.

DEAR REPRESENTATIVE: On behalf of the International Association of Machinists and Aerospace Workers (1AM), I strongly urge you to support working families and vote ''Yes'' on the bipartisan Middle Class Health Benefits Tax Repeal of 2019, H.R. 748. This vital legislation introduced by Representatives Joe Courtney (D–CT) and Mike Kelly (R–PA) would rightly repeal the 40% health benefits tax on employer-sponsored healthcare before working Americans and their families are further impacted by this onerous tax.

In a time where so many Americans are feeling the pinch of rising healthcare costs, the so-called ''Cadillac Tax'', as it is commonly known, is a gut punch directed squarely at the middle class and working families. Despite several delays in its implementation, millions of Americans are already feeling the impact of the 40 percent health benefits tax. They feel its impact at the doctor's office and at the bargaining table as employers increase deductibles, reduce benefits, and drop plan options to prepare for the tax's looming threat. In order to halt its harmful repercussions on American workers, the tax must not simply be further delayed, but swiftly repealed.

Originally, the 40% health benefits tax was intended only to be levied only on ''gold-plated'' health insurance plans with very rich benefits. However, the realities of continued medical cost inflation, an aging workforce, and new medical technologies are pushing the cost of even modest plans above the tax's threshold. We also know that the impact of the tax would disproportionately burden certain demographics that often face higher healthcare premiums. Plans hit by the tax often cover more female employees, more workers with dependent children, more senior workers, employees at smaller businesses, and employees with physically demanding jobs.

To be clear, it is not employers or insurance companies who will end up shouldering the tax's burden; it is workers and middle-class families who end up floating the bill for this regressive tax. Researchers at CUNY School of Public Health found the 40 percent health benefits tax will ''disproportionately harm families with incomes between $38,550 and $100,000, while sparing the wealthy''. This tax will only serve to increase healthcare costs and reduce benefits for working Americans in a time where they simply cannot afford to pay more for less coverage.

For all of these reasons, I urge you to support working families and vote ''Yes'' on H.R. 748, the Middle Class Health Benefits Tax Repeal of 2019.

Thank you,

ROBERT MARTINEZ, Jr.,
International President.

INTERNATIONAL BROTHERHOOD OF TEAMSTERS,
Washington, DC, July 15, 2019.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: This week, the House of Representatives will consider H.R. 748, the Middle Class Health Benefits Tax Repeal Act of 2019. On behalf of the more than 1.4 million members of the International Brotherhood of Teamsters, I ask you to vote yes on H.R. 748. This bipartisan legislation would repeal the excise tax on high value employer sponsored health insurance (ESI), often referred to as the ''Cadillac Tax''.

The Teamsters have long opposed proposals that tax worker health benefits. Attempts to tax employer provided health care benefits through the 40 percent excise tax on high quality health care plans reduce the health benefits that hard working Americans receive and increase their out of pocket costs. Policy makers should not penalize, with an egregious tax, employers that do the right thing and provide high value health insurance to their workers.

More than 181 million people (a majority of the country) receive employer sponsored insurance. While the tax is ''levied'' on employers, experts expect costs largely to be shifted to workers and their families. And, it is unconscionable that hard working Americans will continue to have this 40 percent penalty on benefits that they have fought hard to achieve/receive looming over them. While this tax does not take effect until 2022, having twice been delayed by Congress, this egregious tax is already hollowing out the benefits of working people who have employment-based coverage. Indeed, employers are already scaling back their health care benefits and offerings, and/or increasing workers' out of pocket costs.

In recent years, deductibles and out of pocket costs of ESI plans have risen considerably, while costs continue to grow. According to the CUNY School of Public Health research, the health benefits tax predominantly impacts the middle class. Congress should be looking for ways to strengthen the middle class instead of promoting policies that will ultimately take money from their hard earned paychecks and reduce, and make more costly, the health care benefits they receive.

I call on you to support the full and permanent repeal of the so-called ''Cadillac Tax''. I hope that I can report to our members that you stood with the International Brotherhood of Teamsters family to pass this important legislation. Vote yes on H.R. 748.

Sincerely,

JAMES P. HOFFA,
General President.

INTERNATIONAL ASSOCIATION OF FIRE FIGHTERS,
Washington, DC, July 16, 2019.

DEAR REPRESENTATIVE: The International Association of Fire Fighters represents more than 316,000 professional fire fighters and emergency medical personnel, working in every state in the nation. We strongly support the bipartisan Middle-Class Health Benefits Tax Repeal Act of 2019 (HR 748) and request that you vote YES this Wednesday when it is considered under suspension of the rules.

Voting yes on HR 748 would repeal the 40 percent tax on employer-provided health insurance and protect the healthcare that so many public safety workers have fought to get and protect.

This ill-conceived tax was originally sold to lower and slow the rate of healthcare costs. What the tax actually does is shift more costs onto consumers through higher deductibles, copays and coinsurance. Taxing health plans with high premiums will do nothing to drive down costs because the real drivers of those costs are age, gender and geography. As a result, this tax will punish fire fighters based on who they work with or where they live, and that is both bad policy and unfair to workers.

Proponents of the tax argued it would only target the richest Americans, but that too turned out to be untrue. Most plans that would fall victim to this tax cover working class, middle-income Americans. Fire fighters in particular, fall into this category. The dangerous nature and high risks associated with working in the fire service make fire fighters' health plans critically important; workers will often choose to protect their health care over increased pay.

Taxing health benefits will undermine an integral component of our health care system. One of the primary reasons why most Americans receive health care coverage through their employer is owed to the fact that their benefits are not taxed. At the risk of weakening health benefits, depressing wages and burdening workers with higher taxes, we should not support policies that tax health care for American workers.

While the tax does not go into effect until 2022, the IAFF seeks its immediate repeal. Many of our members negotiate multi-year contracts that are directly impacted by the eventual implementation of this tax. The time for incremental relief is over. Congress must pass HR 748 and fully repeal the excise tax on employer-provided health insurance.

When the House votes tomorrow on this measure, I ask that you stand with all public safety workers and vote YES. Thank you for your considered support on this important issue.

Respectfully,

HAROLD A. SCHAITBERGER,
General President.

INTERNATIONAL UNION OF OPERATING ENGINEERS,
July 16, 2019.

Hon. NANCY PELOSI,
Washington, DC.
Hon. KEVIN MCCARTHY,
Washington, DC.

DEAR SPEAKER PELOSI AND LEADER MCCARTHY: On behalf of 400,000 members of the International Union of Operating Engineers and their families, I respectfully request that you support H.R. 748, the Middle Class Health Benefits Tax Repeal Act of 2019.

The International Union of Operating Engineers (IUOE) represents nearly 400,000 working men and women in the United States and Canada, thousands of whom would be affected by this 40% tax on high-cost health insurance premiums.

As you know, Congress has acted twice to delay this tax—its current effective date is

January 1, 2022—but multi-year collective bargaining negotiations are now underway and the uncertainty surrounding the possible imposition of the tax is already pushing employers to hollow out the health-care benefits of their workers. The excise tax on high-premium health plans should be permanently repealed.

Proponents of the tax argued that it would incentivize employers to move away from ''overly generous'' health care coverage. They argued that forcing workers to have more ''skin in the game'' would reduce ''overutilization'' of health care services, forcing people to consider the financial implications of seeking care. Surveys of employers over the years have shown that they have reduced coverage under their health plans in anticipation of the tax. The tax, however, would have no effect on a ''unit cost'' of health care.

In the decade since the tax was enacted, it is clear that the health care affordability crisis now affects millions of individuals with employment-based coverage. From 2008–2018, the general annual deductible for family coverage has increased 212 percent, while workers' earnings have only increased 26 percent. This tax is clearly having a negative impact on working families, and its repeal is overdue.

The International Union of Operating Engineers supports H.R. 748 and respectfully requests that you repeal the tax on high-cost health insurance premiums as quickly as possible. We believe that permanent repeal of the 40-percent tax should be a top priority for this 116th Congress, and we look forward to working with you to enact it into law.

Thank you for your leadership on this vital issue for Operating Engineers and their families.

Sincerely,

JAMES T. CALLAHAN,
General President.

Mr. PASCRELL. Madam Speaker, I support this legislation, H.R. 748.

During our discussions on health reform in 2009, many of us strongly opposed the excise tax on so-called Cadillac employer-provided health plans. We were successful in keeping it out of the House version of the bill, but we all know it ended up in the final bill. It has been delayed since then, but now it is enactment time. This is imminent. We need to do something now.

The Cadillac tax would impact employers and families whose health insurance plans cost more than $11,100 for an individual and $29,750 for family coverage. This is not a small universe, and the effects will be highly negative.

If we do nothing, this tax would fall squarely on employees, encouraging employers to shift away from tax-free health benefits to taxable wages.

As deductibles have risen more than 200 percent in the employer-sponsored insurance plans, the cost of care has continued to grow while wages remain flat. We must ensure that employers can continue to provide high-quality healthcare.

I urge my colleagues to support the bipartisan repeal of the Cadillac tax.

Mr. KELLY of Pennsylvania. Madam Speaker, I yield 2 minutes to the gentleman from Indiana (Mr. BANKS).

Mr. BANKS. Madam Speaker, this is a historic day. We have finally found a tax that Members and my friends on both sides of the aisle agree needs to be cut.

I am proud to be a cosponsor of today's legislation, and I am excited that many of my colleagues on the other side of the aisle as well are prepared to get rid of this destructive tax that was put in place by ObamaCare.

□ 1645

But while we are at it, while we are repealing ObamaCare taxes, we should include an equally destructive tax in today's repeal: the medical device tax.

I am very proud to serve the residents of Warsaw in northeast Indiana, the region that is often referred to as the orthopedic capital of the world. Unfortunately, companies in my district and all across this country have been needlessly hampered by the inability of this Congress to fully and permanently repeal the onerous medical device tax. When it was enforced, this tax destroyed 29,000 jobs and caused a $34 million reduction in investments in lifesaving research and development.

So today, while we are here voting on this bipartisan legislation to repeal the Cadillac tax, I ask that all Members of this body be equally mindful in moving swiftly to also repeal the medical device tax.

Ms. DELBENE. Madam Speaker, I yield 1½ minutes to the gentleman from Illinois (Mr. DANNY K. DAVIS).

Mr. DANNY K. DAVIS of Illinois. Madam Speaker, I strongly support this bill to eliminate the 40 percent tax on high-quality healthcare benefits.

Americans are facing a healthcare affordability crisis. Employers and insurers are already using this tax to justify raising the cost of healthcare for hard-working Americans by increasing copays, deductibles, and out-of-pocket expenses.

In the last decade, annual deductibles for families have exploded by 212 percent, and spending on coinsurance has increased nearly 50 percent. A Kaiser Family survey reveals that these changes create alarming barriers to healthcare for working families, with almost 50 percent of respondents indicating that someone in their family postponed care due to costs.

I stand with the 43 national labor unions and the dozens of patient organizations, healthcare advocates, and business leaders who support this important bill to protect healthcare benefits for American workers. Healthcare is a right. I am pleased to support this bill.

Mr. KELLY of Pennsylvania. Madam Chair, may I inquire how much time is left.

The SPEAKER pro tempore. The gentleman from Pennsylvania has 9½ minutes remaining. The gentlewoman from Washington has 10½ minutes.

Mr. KELLY of Pennsylvania. I reserve the balance of my time.

Ms. DELBENE. Madam Speaker, I include in the RECORD letters of support for H.R. 748.

THE ERISA INDUSTRY COMMITTEE,
Washington, DC, July 15, 2019.

DEAR MEMBER OF CONGRESS: This week, the House is expected to vote on H.R. 748, the ''Middle Class Health Benefits Tax Repeal Act of 2019.'' The ERISA Industry Committee (ERIC) is the only national trade association that advocates exclusively for large employer plan sponsors on health, retirement, and compensation public policies on the federal, state, and local levels. ERIC member companies employ workers in every state and community and provide health coverage that is valued and relied upon by families across the country. ERIC urges members of Congress to vote YES and support this legislation.

H.R. 748, supported by more than 360 cosponsors in the House, would eliminate the impending 40% ''Cadillac'' excise tax on high-cost employer-sponsored health insurance. The tax does not target overly-generous benefits; instead, it attacks plans based upon their costs. As such, plans that insure more individuals with chronic conditions, more seniors, more women, and populations more likely to incur health care costs will be unfairly taxed at an unsustainable rate—as will those based parts of the country where health care is more expensive.

If Congress fails to repeal the Cadillac tax, employers may have to:

Directly shift costs to employees. This could include increasing the portion of the plan premium employees pay, increasing deductibles, copays and coinsurance.

Eliminate employer contributions to consumer-directed accounts. This includes Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs), or Flexible Spending Accounts (FSAs).

Reduce access to care. This includes tightening networks and excluding high-cost providers, implementing barriers to high cost treatments and providers (step therapy, prior authorization), moving expensive medicines deeper into Rx formularies, and eliminating coverage for some medications.

Eliminate coverage for spouses and dependents, and separate out or eliminate excepted benefits. These include dental, vision, hospital indemnity, cancer-only, or other ''add-on'' benefits.

Drastically redesign plans. For instance, ending preferred provider organization (PPO) or similar plans, and implementing a high-deductible health plan (HDHP) or a health maintenance organization (HMO).

Eliminate investments in health. Investments that plan sponsors make to improve health may save money later, but the costs of those investments could be considered to add value to the plan. As such, plans may consider eliminating on-site clinics, wellness programs, telehealth benefits, health information technology investments, and other health improvement efforts that have up-front costs.

As we have previous reported to Congress, the Cadillac tax is an existential threat to employer-sponsored health benefits. Repealing the Cadillac tax is ERIC's top priority on behalf of our member companies. While employers support efforts to reduce health care costs, a tax on benefits will do the opposite, making health insurance less affordable for workers, their families, and retirees.

As such, when H.R. 748 comes to a vote, ERIC urges members to vote YES. We look forward to working with Congress to finally repeal this damaging tax, to ensure affordability of health benefits for patients.

Sincerely,

JAMES P. GELFAND.

AMERICAN BENEFITS COUNCIL,
Washington, DC, July 14, 2019.

Hon. NANCY PELOSI,
Speaker of the House, House of Representatives, Washington, DC.

Hon. KEVIN MCCARTHY,
Minority Leader, House of Representatives, Washington, DC.

DEAR SPEAKER PELOSI AND LEADER MCCARTHY: We are very gratified that the Middle Class Health Benefits Tax Repeal Act (H.R. 748) will be voted upon shortly in the House of Representatives. This widely bipartisan measure sponsored by Representatives Joe Courtney and Mike Kelly would fully and immediately repeal the 40 percent ''Cadillac Tax'' that threatens the high-value, high-quality health coverage that 181 million Americans receive through employers. We ask that you strongly urge the members of your respective caucuses to support this measure. Passage of H.R. 748 with a large bipartisan majority will send a powerful signal to the Senate of the need to quickly approve this legislation.

The American Benefits Council's members either directly sponsor or support sponsors of health and retirement benefits for virtually all Americans covered by employer-provided plans. Consequently, we are keenly aware of the drastic impact the ''Cadillac Tax'' would have on health care benefits. We have already witnessed some of the negative consequences, even though the tax does not technically go into effect until 2022.

Starting that year, a 40 percent excise tax will be imposed on employer-sponsored coverage that exceeds certain dollar thresholds. For millions of Americans who rely upon health insurance coverage through an employer, the looming implementation of the tax has already resulted in reduced coverage and increased out-of-pocket costs. The reason for this is, to ensure the impact of the tax on participants is not imposed suddenly and severely in 2022, many employers have already reluctantly been compelled to make plan changes: reducing important benefits or asking workers to assume a larger share of deductibles and copayments. This trend will accelerate without swift action by Congress.

AGC KEY VOTE: VOTE ''YES'' ON H.R. 748, THE MIDDLE CLASS HEALTH BENEFITS TAX REPEAL ACT OF 2019

JULY 16, 2019.

DEAR REPRESENTATIVE: On behalf of the Associated General Contractors of America (AGC), I write to urge you to support the Middle Class Health Benefits Tax Repeal Act (H.R. 748). This bipartisan legislation would repeal the 40 percent excise tax on employer-sponsored health coverage and employee benefits under the Affordable Care Act (ACA). Because ensuring the ability to provide affordable health care is a critical issue for the construction industry, AGC reserves the right to record your vote on this bill as a ''key vote'' for the education of its membership.

The 40 percent excise tax, also known as the ''Cadillac tax,'' would force contractors to cut or limit employee benefits for millions of employees. Though dubbed the Cadillac tax because the provision was targeting ''high cost'' employer-sponsored health coverage, it is causing an adverse effect on the affordability and quality of health coverage available to construction employees and their families even before it has taken effect.

While we appreciate prior delays of this tax, uncertainty remains in the employer health market as the U.S. Treasury Department begins to develop proposed rules for implementation. As construction employers make health plan decisions well in advance of a coverage year beginning, looming proposed rules have a direct impact on their planning process for the next several coverage years.

AGC supports the affordability and viability of providing employersponsored coverage now and in the future. As such, the 40 percent excise tax should be permanently repealed. Again, AGC reserves the right to record your vote as a ''key vote'' for the education of its membership.

Sincerely,

JIMMY CHRISTIANSON,
Vice President, Government Relations.

NATIONAL BUSINESS GROUP ON HEALTH,
July 16, 2019.

Hon. JOE COURTNEY (D–CT)
Washington, DC.

Hon. MIKE KELLY (R–PA)
Washington, DC.

DEAR REPRESENTATIVES COURTNEY AND KELLY: The National Business Group on Health (Business Group) again writes in strong support of your bipartisan bill (H.R. 748) that would eliminate the 40 percent tax on the value of health benefits above a government-determined amount imposed by the Patient Protection and Affordable Care Act (ACA), commonly referred to as the ''Cadillac Tax''. Any tax that raises the cost of health benefits will harm the more than 181 million Americans who rely on and value employer-sponsored health coverage. Even though the Cadillac Tax is delayed to 2022, the Business Group urges the 116th Congress to pass this important bipartisan legislation early in 2019 to provide permanent relief and clarity to employees that this fundamentally flawed tax will not impact their health benefits.

According to our survey data, absent plan changes, 73% of companies who responded will have at least one plan that triggers the tax in 2022 and 94% will in 2026. In a few short years, if the tax is not repealed, it will affect nearly 100% of employer plans since the tax is indexed to general inflation, not medical inflation, which is consistently much higher.

Furthermore, the National Business Group on Health, which represents 440, primarily large, employers (including 75 of the Fortune 100) who voluntarily provide health benefits and other health programs to over 55 million American employees, retirees, and their families, believes that not only is this tax flawed, it is also not the most effective way to tackle rising health care costs. Rather than focus on demand-side taxes that will raise costs for working Americans and their employers, Congress should focus on supply-side drivers of medical inflation and unnecessary.

Sincerely,

BRIAN J. MARCOTTE,
President and CEO.

NATIONAL COALITION ON BENEFITS,
July 17, 2019.

TO THE MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES: The National Coalition on Benefits (NCB), a coalition of businesses and associations committed to protecting the ability of employers to provide uniform employee health benefits across the country, strongly supports the passage of H.R. 748, the ''Middle Class Health Benefits Tax Repeal Act of 2019.'' This legislation would repeal the looming ''Cadillac Tax,'' a 40 percent excise tax imposed on employee health benefits above a certain threshold.

Employers strongly support the full repeal of the Cadillac Tax because this tax inevitably forces the reduction of employee benefits and, because of the flawed indexing provisions of the underlying Affordable Care Act, this tax will affect most plans in a few years, even those with reduced benefits. Employers devise benefit plans two years in advance of the actual plan year. As a result, employers are being forced now to reduce employee benefits in order to avoid the impending reach of the Cadillac Tax.

Working Americans don't want their health benefits taxed at a time when they're already confronting higher premiums and out-of-pocket costs. Indeed, a 2018 election night poll, conducted by pollster Frank Luntz, highlights that 81 percent of voters oppose taxes on employer-provided health coverage.

The Cadillac Tax presents a direct threat to the more than 181 million Americans who rely on employer-sponsored coverage to meet their health care needs. The NCB thanks Reps. Joe Courtney and Mike Kelly for their dogged and unwavering commitment to repealing this onerous tax on employee benefits and urges the House to approve H.R. 748.

Sincerely,

NATIONAL COALITION ON BENEFITS.

DEAR REPRESENTATIVE: On behalf of NFIB, the nation's leading small business advocacy organization, I write in support of H.R. 748, the Middle Class Health Benefits Tax Repeal Act of 2019. This legislation repeals the 40 percent excise tax on employer-sponsored health insurance, also known as the ''Cadillac tax.'' This bill will be considered an NFIB Key Vote for the 116th Congress.

The cost of health insurance continues to be the number one problem for small business owners, according to NFIB's Problems and Priorities survey. As health insurance costs increase, fewer small business owners are able to offer coverage to employees. In 2010, 39 percent of small businesses offered health insurance. In 2018, fewer than 30 percent of small businesses offered coverage, a net decrease of 24 percent. The Cadillac tax will exacerbate this trend. Health insurance cost increases will accelerate as more small businesses are subject to the Cadillac tax.

The Cadillac tax will also be an administrative nightmare for small business owners. Early guidance from the Internal Revenue Service (IRS) proposed requiring small business owners to calculate their tax liability, notify the IRS and health insurers of their tax liability, and remit the tax liability to the health insurers. Small business owners do not have time or resources for significant new compliance and reporting burdens.

NFIB supports passage of H.R. 748 and will consider a vote in favor of the legislation as an NFIB Key Vote for the 116th Congress. H.R. 748 will help mitigate health insurance cost increases and relieve administrative burdens for small business owners and employees. We look forward to working with you to protect small business as the 116th Congress moves forward.

Ms. DELBENE. Madam Speaker, I yield 1½ minutes to the gentlewoman from California (Ms. SÁNCHEZ).

Ms. SÁNCHEZ. Madam Speaker, I rise in support of the Middle Class Health Benefits Tax Repeal Act, and I want to thank Chairman NEAL and Mr. COURTNEY for their tireless efforts to get this legislation passed.

I have been proud to support the repeal of the Cadillac tax for many years. Last Congress, I offered an amendment to repeal the tax during the healthcare repeal and replace debate.

It is important to remember that the Cadillac tax does not just affect high-value plans. If Congress does not act, the tax will hit hardworking Americans and their families who receive employer-sponsored insurance. Employers have already started shifting costs to their workers in anticipation by increasing deductibles, copays, and coinsurance.

Congress has voted twice to delay the tax, but now is the time to officially repeal it. I am pleased that we are finally taking this vote today. I look forward to passage today and will keep working to strengthen and protect America's healthcare.

I include in the RECORD letters from CWA, UAW, AFSCME, AFT, and AFGE and the AFL–CIO in support of this bill.

COMMUNICATIONS WORKERS OF AMERICA,
July 15, 2019.

DEAR REPRESENTATIVE NEAL: On behalf of the officers and 700,000 members of the Communications Workers of America (CWA), I am writing to urge you to vote in favor of H.R. 748, the Middle Class Health Benefits Tax Repeal Act of 2019, when it comes before the House this week.

This bill will permanently repeal the 40% tax on employer health benefits which is currently scheduled to take effect in 2022. It will provide relief to our members, and working people everywhere, whose health benefits are under continual attack by employers looking to shift the cost of care to workers.

A recent study by the Commonwealth Fund found that the number of Americans who are underinsured as a result of high out-of-pocket costs and deductibles has grown by over 50% since 2010. The fastest growth in under-insurance has come from Americans with employer-provided coverage.

This is consistent with our members' experience at the bargaining table, where fights to preserve affordable coverage and prevent plan cuts dominate our negotiations at every employer. The 40% benefit tax will exacerbate this trend and force cuts across our health plans, making health care less affordable.

Our members are currently negotiating agreements with employers that extend to 2022. Current data indicates many of our largest member health plans will be subject to this tax immediately when it goes into effect that year. That is why action now to resolve this issue now is critical.

H.R. 748, the Middle Class Health Benefits Tax Repeal Act, will improve health care for working people across the country, providing relief to workers who are paying high prices for their negotiated healthcare. CWA will consider votes on this bill on our Congressional Scorecard.

Thank you in advance for your consideration.

Sincerely,

SHANE LARSON,
Director of Legislative, Political and International Affairs.

INTERNATIONAL UNION, UNITED AUTOMOBILE, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA—UAW
Detroit, MI, July 16, 2019.

DEAR REPRESENTATIVE: On behalf of the more than one million active and retired members of the International Union, United Automobile, Aerospace & Agricultural Implement Workers of America (UAW), we urge you to vote yes on the Middle Class Health Benefits Tax Repeal Act (H.R. 748). This bill would permanently repeal the excise tax on high cost employer-sponsored health coverage. The tax is scheduled to be levied on the aggregate amount of employer-sponsored coverage exceeding thresholds established in the law ($11,200 for individual coverage and $30,100 for family coverage). The excise tax is currently set to take effect in 2022.

The UAW believes affordable comprehensive health care should be a right for every American. That is why we strongly support the Affordable Care Act (ACA) and vehemently oppose all efforts to repeal the law. The ACA has made important strides towards the goal of universal, comprehensive, affordable coverage. In fact, since its passage in March 2010, more than 20 million people have gained health care coverage. In addition, tens of millions more with preexisting conditions have been able to get affordable and comprehensive insurance because discriminating against people with pre-existing conditions is prohibited under the ACA. Workers with employer sponsored coverage have benefited from this and other protections, like the prohibition on lifetime caps, found in the law. Without these protections, unionized workers would have to collectively bargain for these essential, common sense protections.

Like any comprehensive law, the ACA needs to be refined and repealing the scheduled tax on employer sponsored coverage would improve our health care system.

As the Congressional Budget Office (CBO) and prominent economists have predicted, employers have responded to the impending tax by increasing worker's deductibles, copays, and/or coinsurance in order to avoid being hit by the tax. Employers have increased cost sharing under their plans, switched to lower cost benefits, eliminated plan options, or narrowed provider networks in anticipation of the tax, according to a 2016 national survey of employers conducted by the Kaiser Family Foundation.

The percentage of employers with a plan reaching the threshold is projected to grow fairly rapidly over time, to 28% in 2025 and 37% in 2030.

If Congress fails to act, working families will be negatively impacted as employers turn to a range of options to avoid the tax by reducing the value of health care coverage, which could include increasing deductibles, copays, coinsurance and out-of-pocket limits. This tax places a disproportionate burden on working families and makes health care less affordable.

We urge you to vote in support of the Middle-Class Health Benefits Tax Repeal Act (H.R. 748).

Sincerely,

JOSH NASSAR,
UAW Legislative Director.

AFSCME,
Washington, DC, July 16, 2019.

HOUSE OF REPRESENTATIVES,
Washington DC.

DEAR REPRESENTATIVE: On behalf of the members of American Federation of State, County and Municipal Employees (AFSCME), I urge you to support passage of the bipartisan ''Middle Class Health Benefits Tax Repeal Act of 2019'' (H.R. 748), which would repeal the 40 percent (''Cadillac'') tax on employer-sponsored high cost worker and retiree health benefits. AFSCME strongly supports H.R. 748 to prevent further increases in workers' health costs and erosion of their health benefits.

Repealing the 40 percent tax is needed because it encourages employers and insurers to reduce working families' health benefits thereby raising medical copays, coinsurance, deductibles, and related out-of-pocket health expenses. AFSCME seeks immediate repeal because, while the tax does not take effect until 2022, it already is reducing benefits—as AFSCME (and other stakeholders) are already negotiating multi-year contracts extending beyond early 2022. This tax is troubling because it is regressive, disproportionately burdens working families, and discriminates against female dominated occupations like nurses and teachers. Groups of workers who are relatively older, less healthy, or working jobs with relatively high health risks will also suffer additional health costs.

More broadly, America's health care system faces an escalating affordability crisis and this 40 percent tax worsens it. For example, the Congressional Budget Office (CBO) analysis of this tax states, ''empirical evidence suggest that it will be passed on to employers who purchase or provide insurance that is subject to the tax—and then ultimately passed on to workers.'' To help workers and improve affordability, this 40 percent tax should be repealed now. This tax also is a poorly targeted and ineffective tool. It will soon affect tens of millions of working families and recently released data reports 21 percent to 31 percent of employers offering health benefits in 2022 will owe this tax. Others estimate more large employers will owe this tax, dispelling the myth that this tax only affects plans with strong benefits.

H.R. 748 has diverse and broad support, including endorsements from 43 national labor unions, many patient and consumer organizations, such as Families USA, groups that treat and cure diseases such as American Cancer Society Cancer Action Network, and prominent business interests like the U.S. Chamber of Commerce and Business Roundtable. Furthermore, the public has opposed this tax for years and a 2018 Election Day poll reported 81 percent of voters oppose taxing employer-provided health coverage. Repealing the 40 percent tax is a vital step to help make health care more affordable. We urge you to support the bipartisan ''Middle Class Health Benefits Tax Repeal Act,'' H.R. 748, and vote yes on this important legislation.

Sincerely,

SCOTT FREY,
Director of Federal Government Affairs.

AFT,
Washington, DC, July 15, 2019.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 1.7 million members of the American Federation of Teachers, I urge you to vote YES on H.R. 748, the Middle Class Health Benefits Tax Repeal Act.

The AFT has always opposed the 40 percent excise tax on high-quality healthcare plans, included in the Affordable Care Act, which will negatively impact families that have worked for, and earned, strong healthcare coverage. We have been gratified that Congress has pushed back the implementation date of this tax in the past. It is clear, however, that full repeal of this excise tax is needed to prevent employers from using the threat of the tax as a cudgel to demand reduced benefits or coverage from educators, nurses, bus drivers, social workers and other AFT members.

The AFT strongly supports the ACA's expansion of health insurance, as well as the act's consumer protections and emphasis on preventive care. We know firsthand that having affordable, high-quality health insurance is a key component to upward mobility and a sustainable middle class. Under current law, the number of insured Americans is higher than ever before; that includes the large number of contingent workers we represent, who make up an increasing share of today's workforce.

The ACA was intended to help ensure that we all have access to high-quality healthcare without depleting our paychecks and compromising our ability to save for the future. The excise tax, rather than expanding high-quality healthcare, would do the opposite. If the 40 percent excise tax on the cost of employer-sponsored health insurance plans is implemented, working families will be hurt.

Some analysts argue that this tax will lead employers and employees to seek out "more efficient" plans and perhaps to an increase in wages. However, we have not seen an increase in wages and remain concerned that workers will be moved to high deductible/co-pay health plans as a result of this tax. The cost curve will not bend; costs will simply be shifted over to those lower- and middle-income workers already struggling because of stagnant wages. This will lead to more workers forgoing necessary care or going into debt to pay for the high out-of-pocket costs.

In addition to having the potential to shift costs to working families, the excise tax will disproportionately affect older workers and women. This is of particular concern to the AFT, as a substantial number of our members are female, and many live in high-cost regions. Congress did recognize the obvious impact on women and older workers by trying to mitigate it with the "age and gender adjustment" provisions in the law. However, these provisions are insufficient, and implementation of the tax would almost certainly lead to higher healthcare costs for these groups.

There is near-universal agreement between employers and employees that the excise tax is bad policy for American workers, and must be repealed. That is why more than 360 members of the House have co-sponsored this much-needed, bipartisan legislation. I urge you to join them and vote YES on H.R. 748.

Finally, I want to thank Rep. Joe Courtney, who introduced H.R. 748, for his relentless efforts and commitment to repealing this counterproductive tax. His determination and leadership on this issue have been remarkable, and our members appreciate his dedication.

Thank you for considering our views on this important matter.

Sincerely,

RANDI WEINGARTEN,
President.

AMERICAN FEDERATION OF
GOVERNMENT EMPLOYEES, AFL-CIO.

DEAR REPRESENTATIVE: On behalf of the more than 700,000 federal and District of Columbia employees represented by the American Federation of Government Employees, AFL-CIO (AFGE), I write to urge your support for the bipartisan "Middle Class Health Benefits Tax Repeal Act of 2019" (H.R. 748) which would eliminate the unfair and unwarranted 40 percent tax on relatively high cost employer-sponsored health insurance. We ask that you vote "YES" when the bill comes to the floor later this week.

Most federal employees and federal retirees participate in the Federal Employee Health Benefits Program (FEHBP). The premiums for almost every plan that participates in FEHBP would be hit by this tax, making a very expensive program even more expensive for both taxpayers and participants. FEHBP plans are expensive, and thus are subject to this tax, not because the benefits they provide are so comprehensive, but because the structure of FEHBP leads to high premiums. FEHBP plans yield enormous political power to charge high prices, escape audit by virtue of their exemption from application of the government's cost accounting standards, and are characterized by risk segmentation that raises their premiums above the actuarial value of their benefits. Indeed, the generosity of benefits is a relatively insignificant factor in the overall size of FEHBP's premiums. Age, gender, health status and program structure are the most important factors in determining premiums, and premiums determine whether a plan is subject to the tax.

The 40 percent excise tax is not scheduled to take effect until 2022, so now is the time for repeal, before it has any further deleterious effect on the working and middle class families that are its targets. Support for repeal of this regressive tax is widespread. There is no doubt that its effect will be to make health insurance less affordable. That is certainly true for federal employees and retirees whose compensation has declined in real terms over the past decade due to pay freezes and retirement benefit reductions. AFGE strongly urges you to support H.R. 748, the "Middle Class Health Benefits Tax Repeal Act of 2019."

Sincerely yours,

J. DAVID COX, SR.

Ms. DELBENE. Madam Speaker, I yield 1 minute to the gentlewoman from California (Ms. JUDY CHU).

Ms. JUDY CHU of California. Madam Speaker, I rise in support of H.R. 748, repealing the so-called Cadillac tax.

I believe that we in Congress should be incentivizing employer-sponsored insurance to be more generous, not less; and at a time when the President is working to dismantle the Affordable Care Act and pushing through regulations that allow junk plans to flourish, we need to stand with American workers and fight for more generous health plans.

The plans that are hit by this tax cover more female employees, more workers with dependent children, more older workers, and employees at small businesses. These are the people who are being hit by high deductibles, rising premiums, and more cost sharing in the health system than ever before.

A recent study showed that in 2018, 58 percent of Americans do not have $1,000 of savings in case of an emergency, and yet the average deductible in 2018 was $1,350.

We must pass this bill.

I include letters of support for H.R. 748 into the CONGRESSIONAL RECORD from organizations such as the Alliance for Retired Americans, the Alliance to Fight the 40, and the College and University Professional Association for Human Resources.

ALLIANCE FOR RETIRED AMERICANS,
Washington, DC, July 15, 2019.

DEAR REPRESENTATIVE: On behalf of the 4.4 million members of the Alliance for Retired Americans, I am writing to urge you to vote in favor of H.R. 748, the Middle Class Health Benefits Tax Repeal Act, when it comes up for a vote on the House floor this week.

As you know, approximately 181 million Americans rely on employer-provided health insurance to pay for the medical care that they need. The 40% excise tax, originally passed as a part of the Affordable Care Act, is assessed on any health plan that provides more than $10,200 for individual coverage and $27,500 for family coverage.

While intended to target high-premium plans for the wealthy to expand benefits and coverage for uninsured individuals, the tax squarely affects middle class workers and their families. Johns Hopkins University researchers projected that 75% of employer-sponsored plans will be affected by the tax.

Retirees are especially vulnerable to higher health care costs and will be hurt if the tax goes into effect. Older Americans' retiree insurance plans typically have higher premiums. If not repealed, employers may reduce the benefits provided to their retirees who are younger than 65 and eliminate supplemental coverage altogether for Medicare eligible retirees age 65 and over. In addition, the tax disproportionately hurts women, low- to middle-class individuals and families, people with disabilities, workers with high-risk occupations, and those with chronic medical conditions.

Many workers are already experiencing the effects of the tax. Some employers are reducing health coverage for their employees to avoid the tax. Others are increasing premiums and deductibles to shift costs to workers. The Middle Class Health Benefits Tax Repeal Act will eliminate this looming danger facing millions of American workers.

I urge you to vote in favor of H.R. 748 to protect quality health coverage for older Americans and millions of workers and their families. The importance of this vote cannot be overstated.

Sincerely,

RICHARD J. FIESTA,
Executive Director.

ALLIANCE TO FIGHT THE 40,
July 15, 2019.

Hon. MITCH MCCONNELL,
Majority Leader, U.S. Senate,
Washington, DC.
Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.
Hon. CHARLES SCHUMER,
Minority Leader, U.S. Senate,
Washington, DC.
Hon. KEVIN MCCARTHY,
Minority Leader, House of Representatives,
Washington, DC.

DEAR LEADER MCCONNELL, MINORITY LEADER SCHUMER, SPEAKER PELOSI, AND MINORITY LEADER MCCARTHY: We are writing on behalf of the 181 million Americans who receive health care coverage through an employer. This coverage is threatened by the looming 40% tax on employer-provided coverage. We applaud the House for the bipartisan support and for bringing H.R. 748, a bill that fully repeals the "Cadillac Tax," to the floor for a vote this week. We urge the Senate to approve quickly, and send this bill to the president before the end of the year.

The tax is having a real impact, today, on the lives and pocketbooks of American workers. A poll conducted July 12, 2019, found that 86% of voters oppose taxing employer-provided health insurance.

The "Cadillac Tax" increases the health care cost burden for working Americans, threatens patient access to care, and targets vulnerable populations such as the families and sick individuals most needing care. A significant majority of voters—across party lines—oppose this tax because it increases out-of-pocket costs for older, sicker and underserved communities. Taxing workers trying to manage chronic conditions fails to address our most urgent health care challenges.

At 40%, the tax is twice the top corporate rate and will have significant consequences. Waiting to address the tax forces employers to adjust benefits now in anticipation of the tax. Several studies have shown that the "Cadillac Tax" would have a direct and negative impact on the continued affordability of employer-provided health insurance because employers will be compelled to reduce benefits and increase deductibles and other out-of-pocket costs to avoid the tax.

We need to protect the millions of American families with employer-provided health care coverage from further benefit losses and cost hikes. A healthy workforce drives a healthy economy, but the so-called "Cadillac Tax" will drive America's health care—and workforce—in the wrong direction.

There is strong support for repealing the 40% tax from both sides of the aisle and both sides of the Capitol—and all across the country. Currently, there are more than 360 cosponsors in the House and 42 cosponsors in the Senate who support legislation to repeal the tax. In addition, 665 organizations including, businesses, nonprofits, cities, chambers of commerce, insurers, brokers, unions, and patient advocacy groups recently signed a letter supporting full repeal of the ''Cadillac Tax.''

We urge you to keep health care affordable for working families by including full repeal of the ''Cadillac Tax'' in any package under consideration before the end of this year.

Thank you for your consideration of this request.

ALLIANCE TO FIGHT THE 40.

COLLEGE AND UNIVERSITY PROFESSIONAL ASSOCIATION FOR HUMAN RESOURCES,
Knoxville, TN, July 17, 2019.

Hon. MITCH MCCONNELL,
Majority Leader, U.S. Senate,
Washington, DC.
Hon. CHARLES SCHUMER,
Minority Leader, U.S. Senate,
Washington, DC.
Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.
Hon. KEVIN MCCARTHY,
Minority Leader, House of Representatives,
Washington, DC.

DEAR LEADER MCCONNELL, MINORITY LEADER SCHUMER, SPEAKER PELOSI, AND MINORITY LEADER MCCARTHY: On behalf of the College and University Professional Association for Human Resources (CUPA–HR), I write in support of H.R. 748, a bill that fully repeals the ''Cadillac Tax,'' and urge members of the House to vote ''YES'' when the bill comes to the floor for a vote this week. I also urge the Senate to approve this bill quickly and send the bill to the President's desk before the end of the year.

CUPA–HR serves as the voice of human resources (HR) in higher education, representing more than 31,000 human resources professionals and other higher education leaders at over 2,000 colleges and universities across the country. Its membership includes 93 percent of all U.S. doctoral institutions, 79 percent of all master's institutions, 58 percent of all bachelor's institutions and over 500 two-year and specialized institutions. Higher education employs over 3.9 million workers nationwide, with colleges and universities in all 50 states.

CUPA–HR members collectively provide comprehensive health benefits to millions of employees, retirees, students and their families. As such, CUPA–HR supports and encourages employer efforts to provide benefits that enhance employees' health and wellness—including efforts to keep healthcare affordable.

For these reasons we urge the full House to vote ''yes'' on this legislation. Please do not hesitate to reach out to me to discuss this issue further.

Sincerely,

JOSHUA A. ULMAN,
Chief Government Relations Officer, College and University Professional Association for Human Resources.

SHRM,
Alexandria, VA, July 15, 2019.

Speaker NANCY PELOSI,
House of Representatives.
Leader KEVIN MCCARTHY,
House of Representatives.
Leader CHARLES SCHUMER,
U.S. Senate.
Leader MITCH MCCONNELL,
U.S. Senate.

DEAR SPEAKER PELOSI, LEADER MCCARTHY, LEADER SCHUMER, AND LEADER MCCONNELL, For over seventy years the Society for Human Resource Management (SHRM) has represented the interests of our nation's Human Resources (HR) professionals. Today, with more than 300,000 members who impact the lives of 115 million employees each day we use our voice to elevate issues squarely at the intersection of work, workers and the workplace. Workplace healthcare is one of those issues.

SHRM believes public policy must strengthen the employer-based health care system, which provides coverage to more than 181 million Americans. As the bedrock of the U.S. health care system, employer-sponsored plans are the largest providers of health insurance (66 percent of the workforce) to individuals in the United States. Therefore, I write to share SHRM's strong support of H.R. 748 and S. 684, the Middle Class Health Benefits Tax Repeal Act.

Although not effective until 2022, employers are already restructuring their health care benefit offerings to avoid the tax. According to a new analysis by the Kaiser Family Foundation, the anticipated tax would affect one in five (21%) employers offering health benefits when it takes effect in 2022 unless employers change their health plans.

As 2022 approaches, more employers will have to closely scrutinize their health benefit offerings and make the necessary changes to avoid the tax, which may include reducing benefits and/or altering wellness and chronic care prevention programs. While the excise tax is only intended to target high-value plans, modest plans will also be impacted, meaning millions of Americans and their families could face higher copays and deductibles, causing some to decline employer-provided health care.

The Cadillac Tax must be dealt with well in advance of its proposed implementation date, otherwise employees could see further changes in their benefit options. For these reasons, I urge you to support H.R. 748 when it is considered on the House floor this week and encourage swift action in the Senate.

Sincerely,

JOHNNY C. TAYLOR, JR., SHRM–SCP,
President & CEO.

PARTNERSHIP FOR EMPLOYER-SPONSORED COVERAGE,
July 15, 2019.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.
Hon. KEVIN MCCARTHY,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER PELOSI AND LEADER MCCARTHY: As members of the Partnership for Employer-Sponsored Coverage, we write with our strong support for passage of the Middle Class Health Benefits Tax Repeal Act (H.R. 748), to repeal the 40 percent excise tax on employer-sponsored health coverage and employee benefits under the Affordable Care Act (ACA). This important reform effort impacts the over 181 million Americans covered through employment-based benefits plans.

The Partnership for Employer-Sponsored Coverage is committed to ensuring that employer-sponsored coverage is strengthened and remains a viable, affordable option for decades to come. Employer-sponsored coverage has been the backbone of our nation's health system for nearly eight decades. Employers have a vested interest in health care quality, value, and system viability.

The 40 percent excise tax, also known as the Cadillac tax, would force employers to cut or limit employee benefits. The tax is a blunt instrument that proponents envision will address the demand side of rising health costs. While dubbed the Cadillac tax because the provision was targeting ''high cost'' employer-sponsored health coverage, it would impact the vast majority of employee benefits plans.

While we appreciate prior delays of this tax, uncertainty remains in the employer health market as the U.S. Treasury Department begins to develop proposed rules for implementation. Employers make plan decisions well in advance of a coverage year beginning and looming proposed rules have a direct impact on plan decisions that are being made now for the 'next several coverage years.

Full repeal of the Cadillac tax is extremely timely. H.R. 748 will bring certainty to millions insured under an employer plan.

Sincerely,

American Hotel & Lodging Association.
American Rental Association.
American Staffing Association.
Associated General Contractors of America.
Auto Care Association.
The Council of Insurance Agents & Brokers.
Food Marketing Institute.
HR Policy Association.
International Franchise Association.
National Association of Health Underwriters.
National Association of Wholesaler-Distributors.
National Restaurant Association.
National Retail Federation.
Retail Industry Leaders Association.
Society for Human Resource Management.

Ms. DELBENE. Madam Speaker, I yield 1½ minutes to the gentleman from Pennsylvania (Mr. BRENDAN F. BOYLE).

Mr. BRENDAN F. BOYLE of Pennsylvania. Madam Speaker, I thank my friend from Washington State for yielding.

More than anything, today is about fairness for America's workers. I come to this issue with the experience of remembering on several occasions when I was growing up, my parents, who were both hardworking members of organized labor, going through a contract negotiation and wondering, if they were going to go out on strike, what was going to happen.

On more than one occasion, it would end like this. They would say: Well, I think we got a fair deal. We are forgoing a pay increase, but thank God we are able to save our healthcare and our benefits.

Time and time again, thousands—indeed, millions—of American workers made that decision that they would forgo pay raises, forgo pay increases, so they could save their healthcare. So then, decades later, to face a 40 percent tax on that healthcare just is not right and not fair to America's workers.

So I am proud to stand here today with my fellow Pennsylvanian on the other side of the aisle, with colleagues of mine on both sides of the aisle, in order to repeal this Cadillac tax which never should have been passed in the first place.

Madam Speaker, I will enter into the RECORD a number of letters from organizations all supporting this piece of legislation to repeal the Cadillac tax.

NRF,
July 16, 2019.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.
Hon. KEVIN MCCARTHY,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER PELOSI AND MINORITY LEADER MCCARTHY: I write to share the strong support of the National Retail Federation (NRF) for H.R. 748, the Middle Class Health Benefits Tax Repeal Act of 2019. Please note that NRF may consider votes on the strongly bipartisan H.R. 748 and related procedural motions as Opportunity Index Votes for our annual voting scorecard.

The National Retail Federation, the world's largest retail trade association, passionately advocates for the people, brands, policies and ideas that help retail thrive. From its headquarters in Washington, D.C., NRF empowers the industry that powers the economy. Retail is the nation's largest private-sector employer, contributing $2.6 trillion to annual GDP and supporting one in four U.S. jobs—42 million working Americans. For over a century, NRF has been a voice for every retailer and every retail job, educating, inspiring and communicating the powerful impact retail has on local communities and global economies.

H.R. 748, introduced by Representatives Joe Courtney (D–CT) and Mike Kelly (R–PA), will repeal the Affordable Care Act's 40% excise tax on the excess value of employer-sponsored health plans. Though portrayed as being targeted at rich ''gold-plated'' benefit plans, the ''Cadillac Tax'' is projected to hit much more mainstream plans covering low- and middle-class families in the coming years because of how it is indexed.

This legislation helps protect health insurance coverage enjoyed by 181 million Americans. According to 2018 mid-term election polling, 81 percent of voters oppose taxing employer-provided health coverage.

NRF appreciates Congress' past two successful efforts to delay the ''Cadillac Tax.'' We urge its full repeal, however, because this tax forces the reduction of benefits well in advance of its effective date. Employers generally craft benefit plans two or more years in advance of the actual plan year. Benefits are being reduced now (increasing employee cost-sharing) to avoid the unfair tax on ''excess'' benefits.

We strongly urge your support for H.R. 748, bipartisan legislation to repeal the ''Cadillac Tax.''

Sincerely,

DAVID FRENCH,
Senior Vice President, Government Relations.

NECA,
HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the National Electrical Contractors Association (NECA), I am writing in strong support of H.R. 748—Middle Class Health Benefits Tax Repeal Act of 2019, introduced by Rep. Joe Courtney (D–CT) and Rep. Mike Kelly (R–PA)

This critically needed legislation seeks to repeal the ''Cadillac tax,'' which if implemented would levy a 40 percent tax on ''high-end'' employer-sponsored health insurance plans with benefits valued at $10,200 per year per individual or $27,500 per family. This tax ignores significant demographic and geographic factors and applies to benefits that help keep employees healthy, such as health savings accounts. Most importantly, it penalizes employers, including NECA contractors, for providing their employees with quality health coverage.

NECA contractors work to provide quality, affordable health coverage through self-insured, employer-sponsored group plans to well over 500,000 employees across our nation. Employer-sponsored health insurance provides affordable quality coverage in the best interest of American businesses and their workers. Although the tax does not go into effect until 2022, employers are already being compelled to reduce benefits or implement increased cost-sharing to avoid being on a trajectory to trigger the tax thresholds. If Congress does not act now, the tax will hurt millions of Americans with employer-sponsored health care.

Thank you for your consideration of these views. As the nationally recognized voice of the $171 billion electrical construction industry, NECA, and our 118 local chapters nationwide urge you to vote yes on H.R 748. Please note that we will include this vote in our NECA Legislative Report Card for the 116th Congress.

Thank you for your consideration of our views.

Sincerely,

MARCO A. GIAMBERARDINO, MPA,
Vice President, Government and Public Affairs.

NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS,
Washington, DC, July 15, 2019.

Hon. NANCY PELOSI,
Speaker, House of Representatives,
Washington, DC.
Hon. KEVIN MCCARTHY,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER PELOSI AND LEADER MCCARTHY: The National Association of Health Underwriters (NAHU) endorses the passage of H.R. 748, a repeal of the 40% excise tax on certain employer-sponsored health insurance plans, known as the ''Cadillac Tax.'' NAHU represents 100,000 licensed agents and brokers who are engaged in the sale and service of health insurance and other ancillary products. NAHU members serve employers and consumers around the country. Our members work to help millions of employers of all sizes finance, administer and utilize their group health benefit plans on a daily basis, and they know firsthand how the 40% excise tax on health benefits will hurt middle-class consumers.

H.R. 748 has received bipartisan support with 361 co-sponsors with a majority of each party caucus supporting repeal of the Cadillac Tax. The Cadillac Tax, set to go into effect in 2022, will impose a 40% excise tax on health plans that exceed certain cost thresholds beginning in 2022. Specifically, the law calls for a 40% excise tax on the amount of the aggregate monthly premium of each primary insured individual that exceeds the year's applicable dollar limit, which will be adjusted annually to the Consumer Price Index plus one percent. The current threshold for when the tax applies is set to $11,100 for individual coverage and $29,750 for ''other than self-only'' coverage. Because of the wide-ranging benefits that can be counted towards the tax, including HSAs, HRAs, FSAs and other cost-containment measures, many employers will find their plans exceeding these thresholds when the tax takes effect. While designed as a disincentive for employers offering the most benefit-rich plans, in reality the tax will impact a majority of plans, including those that aren't benefit-rich and were not the intended targets of this provision.

All employers could be subjected to this tax, with various factors determining the likelihood of a plan's costs exceeding the threshold. These include family size, state benefit mandates, high-cost geography, age, health status, the size of the employer and other factors. In addition to paying the tax, employers will be forced to handle onerous compliance requirements on a monthly basis to record and pay the tax to insurers. In turn, insurers will be required to treat the tax as revenue and will be taxed on that amount, which will increase the size of the tax for everyone. Individuals and families who are already struggling to afford existing plan premiums and higher deductibles will also be hit by the tax, further increasing their costs.

We appreciate your consideration on this issue that is important for businesses and their employees so that all families can afford quality healthcare. We look forward to working with you and your colleagues in enacting this bipartisan legislation this year.

Best regards,

JANET TRAUTWEIN,
Executive Vice President and CEO.

NATIONAL ASSOCIATION OF MANUFACTURERS,
July 16, 2019.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the National Association of Manufacturers (NAM), the largest manufacturing association in the United States representing 14,000 manufacturers in every industrial sector and in all 50 states, I am writing to urge you to support the Middle Class Health Benefits Tax Repeal Act of 2019 (H.R. 748) introduced by Representatives Joe Courtney (D–CT) and Mike Kelly (R–PA).

Manufacturers consistently rank the rising cost of health care as a primary business challenge in the NAM's Quarterly Outlook Survey. Despite the challenge, approximately 98 percent of NAM members continue to provide health insurance to employees. The manufacturing industry is committed to providing quality health benefits to employees to maintain a healthy workforce, attract and retain talent and because it is the right thing to do. Many are leading new health benefit initiatives to provide quality care that reduces growing health benefits costs. Additionally, manufacturers oppose applying heavy federal tax burdens on employers' and workers' health bills.

H.R. 748 would permanently repeal the 40 percent tax-hike on ''high-cost'' health benefits, commonly referred to as the Cadillac Tax. While this tax was initially intended to impact high-cost employer-sponsored health care plans, it is expected to burden a broad crosssection of small and large employers across the country and to discourage employer innovations that are improving benefits for manufacturing workers. Manufacturers have been forced to begin plan preparations even though the tax is scheduled to go into effect in 2022. Fully repealing the Cadillac tax, health insurance tax and medical device tax remain top health care priorities for manufacturers.

The NAM urges strong support for H.R. 748 and appreciates ongoing efforts to eliminate the looming threat of health care taxes on manufacturers. Thank you for your consideration.

Sincerely,

ROBYN M. BOERSTLING,

Vice President, Infrastructure, Innovation and Human Resources Policy.

NATIONAL TAXPAYERS UNION
50TH ANNIVERSARY, JULY 16, 2019

NTU urges all Representatives to vote ''YES'' on H.R. 748, the Middle Class Health Benefits Tax Repeal Act of 2019. This legislation would permanently repeal the flawed ''Cadillac tax'' scheduled to go into effect in 2022, which could impact up to one in five employers immediately. Congress should also work to permanently repeal the medical device tax and the Health Insurance Tax (HIT), both of which are scheduled to go into effect in 2020.

NTU has noted before that the Affordable Care Act's excise tax on high-cost employer-sponsored insurance (ESI), popularly known as the ''Cadillac tax,'' is a poor solution to a real policy dilemma—addressing the employer-sponsored health insurance tax exclusion that has distorted markets. Even though the intent of the tax was to reduce health care costs and boost the economy, the Joint Committee on Taxation (JCT) and the Congressional Budget Office (CBO) have estimated that the Cadillac tax will depress wages.

The Cadillac tax would also have a far-reaching impact on ESI plans. The Kaiser Family Foundation (KFF) recently reported that the Cadillac tax could impact more than one in five employers (21 percent) in 2022, when the tax is scheduled to go into effect. Since the cost of ESI plans is expected to rise faster than inflation, a growing proportion of plans will likely become subject to the tax over time. KFF-estimates that nearly two in five ESI plans (37 percent) will be subject to the tax by 2030.

When it comes to taxes imposed by the Affordable Care Act, though, Congress should not stop with Cadillac tax repeal. Both the medical device tax and the Health Insurance Tax (HIT) have been suspended by Congress, but are scheduled to resume in 2020. The costs of these taxes will ultimately be borne by consumers, in the form of higher health spending and higher premiums. Additionally, Congress should examine the tax treatment of health care in a holistic fashion and work toward a minimally distortionary environment that empowers consumers to make decisions about their own health care needs.

NTU strongly urges Representatives to support H.R. 748, and additionally to permanently repeal both the medical device tax and HIT.

Roll call votes on H.R. 748 will be included in our annual Rating of Congress and a ''YES'' vote will be considered the pro-taxpayer position.

Ms. DELBENE. Madam Speaker, I yield 1½ minutes to the gentleman from Nevada (Mr. HORSFORD).

Mr. HORSFORD. Madam Speaker, thank you to my colleague from Washington for managing this important bill.

I rise today to speak in support of the Middle Class Health Benefits Tax Repeal Act. We cannot afford to let this 40 percent excise tax on employer-sponsored health plans to take effect. This tax would increase costs for America's working and middle-class families.

For many working families, necessary medical treatment remains tragically unaffordable due to exorbitant out-of-pocket costs and deductibles. If this so-called Cadillac tax isn't repealed, this crisis of affordability for medical care will only worsen.

To avoid the excise tax, employers will, in all likelihood, reduce the value of their plans and reduce benefits and even increase their workers' share of the cost. This would result in increases in out-of-pocket costs for more than 180 million workers, including 1.3 million people in my home State of Nevada, and it would decrease access to quality insurance plans across the country.

This vote helps labor throughout the country, including the Culinary Workers Union in my home State. Members' benefits, wages, and overall compensation allow them to stay afloat financially, and to quote the international union president for UNITE HERE, D. Taylor: ''They drive used cars, not Cadillacs, and their healthcare does not include spa treatments.''

At a time when this is the reality for our constituents, Congress should make sure that employers doing the right thing and providing high-value health insurance to their employees are supported.

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

Ms. DELBENE. Madam Speaker, I yield an additional 30 seconds to the gentleman from Nevada.

Mr. HORSFORD. Madam Speaker, Congress should make sure that employers doing the right thing and providing high-value health insurance to their employees are supported, not penalized with an egregious tax.

Madam Speaker, I include in the RECORD a letter from UNITE HERE and several other national organizations.

UNITEHERE!,
Las Vegas, NV, July 15, 2019.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of UNITE HERE and the 300,000 men and women and their families from the fastest growing private sector labor union in America, I am asking for your vote to approve H.R. 748, the ''Middle Class Health Benefits Tax Repeal Act of 2019.''

It is time to finally put a marker down and bring real tax relief to hard pressed working Americans, not just to health insurance and medical device companies who have a legion of lobbyists at their disposal. At a time when consumer anxiety is high and where only one job should be enough to make a living but isn't, the 181 million middle-class Americans who receive their health benefits from a private employer need an economic boost and some good news. I want to make the position of our union and membership clear: We support tax relief for middle-class Americans, starting with the repeal of the 40% excise tax on employer-sponsored health insurance.

The so-called ''Cadillac Tax'' impacts far more health plans than many members of Congress, including some Democrats, who characterize these hard-earned health benefits ''overly generous.'' In fact, the 40% excise tax unfairly taxes our own members who make—all in, salary and benefits—under $50,000 a year. UNITE HERE members' benefits, wages, and overall compensation allow them to stay afloat financially. They drive used cars, not Cadillacs, and their health care does not include spa treatments.

Delayed but not yet repealed, this tax has already incentivized employers to dramatically reduce their health benefits and overall compensation to avoid the tax thresholds. As you should be aware, health care costs are soaring. In fact, 73% of employers have changed, or plan to change, their health insurance offerings to avoid the tax, according to a recent survey by the International Foundation. Many of our low-income members reject pay raises just to maintain their health benefits.

Our union is already doing its part to keep health costs down among our members. Ken Blair, President of UNITE HERE Local 217 says: We're fighting hard to keep our costs down inside our union by making sure our members stay healthy or making sure they use the most cost effective way to keep our insurance low. Now we're going to be taxed!

Our membership is majority minority, a majority of women, and represent workers from over (111) countries. On behalf of our members, I again urge you to vote for H.R. 748 and stand up for millions of middle-class Americans who receive modest health insurance coverage through their jobs.

D. TAYLOR,
International President, UNITE HERE.

SERVICE EMPLOYEES INTERNATIONAL UNION,
Washington, DC, July 17, 2019.

DEAR REPRESENTATIVE: On behalf of the two million members of the Service Employees International Union (SEIU), I urge you to vote for H.R. 748, Middle Class Health Benefits Tax Repeal Act, which will eliminate the 40 percent ''Cadillac'' tax on health benefits. Employers are using the tax as justification to shift more costs to employees, raising costs for workers and their families. Congress must take action to ensure that everyone has access to affordable coverage whether that coverage comes through an employer-sponsored plan, private non-group coverage, or public programs.

Too many working families are struggling to afford high out of pocket costs—including deductibles, co-insurance, and co-payments required under their employer sponsored insurance (ESI) plans. Unfortunately, the impending 40 percent health benefits tax has exacerbated the trend of shifting health costs to working people by creating new pressure for employers to reduce the generosity of coverage in order to avoid triggering the tax. Though some claim providing consumers more ''skin in the game'' through increased cost-sharing will encourage them to use care more efficiently and reduce costs, research demonstrates that high cost-sharing requirements prevent people from accessing even necessary care, including care for chronic illnesses that could prevent more expensive interventions in the future. For example, a 2019 survey of adults with employer health benefits conducted by the Kaiser Family Foundation/LA Times found that half of respondents said that they or someone in their family went without or postponed needed care or medication as a result of cost. Given the economic stress working people face, policies should encourage high-value comprehensive coverage. The 40 percent health benefits tax acts to discourage it.

Furthermore, since their inception, unions have advocated and bargained on behalf of their members for comprehensive affordable healthcare. As a union, we value the robust health insurance coverage we fought for at the bargaining table for so many years, often at the expense of higher wages. Many of our members live in geographic areas with higher living expenses that include significant health costs. The majority of our membership is comprised of women; as they are likely to need health services that will cost more than their younger male counterparts, their coverage plans will be more expensive. We should not punish workers who, through their union, are able to have a voice in their pay and benefits and in fact should honor the choices and decisions workers make through negotiations with their employers.

For decades, SEIU members have fought for healthcare as a basic human right, not a privilege. We believe that everyone in America has a right to quality, affordable healthcare. SEIU members support all legislation that improves and strengthens our healthcare system—including expanding coverage and lowering excessive out-of-pocket costs—that are a huge financial burden on working American families today and a major cause of economic stress. We view repeal of the excise tax as a necessary improvement that is consistent with our goal to support policies that make healthcare more affordable. While some in the Administration and Congress actively work to sabotage our healthcare system, whether through regulation or legal attacks, it is heartening to see that others are taking seriously their obligation to try and improve America's healthcare seriously.

For all these reasons, we ask you to support the Middle Class Health Benefits Tax Repeal Act (H.R. 74).

Sincerely,

MARY KAY HENRY,
International President.

LIUNA!,
Washington, DC, July 15, 2019.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 500,000 members of the Laborers' International Union of North America (LIUNA), I urge you to support and vote for H.R. 748, bipartisan legislation to repeal the so-called Cadillac Tax provision of the Affordable Care Act (ACA).

Since the ACA became law, this regressive tax has been a looming dark cloud above every union member's health benefits and the remaining 181 million Americans who rely on their employer-sponsored insurance. For the half-million members of LIUNA whose healthcare benefits are collectively bargained for and essentially self-funded in order to provide good healthcare for themselves and their families, this is unacceptable and it needs to end now.

For nearly ten years, unions, businesses, patient advocates, and consumer groups have supported repeal of the Cadillac Tax, and, with over 350 cosponsors, we finally have the opportunity to repeal it.

We urge you to support H.R. 748 and vote to end this unfair tax on America's working class.

With kind regards, I am

Sincerely yours,

TERRY O'SULLIVAN,
General President.

AIR LINE PILOTS
ASSOCIATION INTERNATIONAL,
Washington, DC, July 16, 2019.

DEAR REPRESENTATIVE: On behalf of the 62,000 professional pilots represented by the Air Line Pilots Association, International (ALPA), I write in support of the bipartisan Middle Class Health Benefits Tax Repeal Act of 2019 (H.R. 748). H.R. 748, introduced by Representative Joe Courtney (D–CT), repeals the 40% excise tax on health care plans.

H.R. 748 currently has 361 bipartisan cosponsors, and polls conducted in 2018 revealed that taxing employer provided health care benefits is opposed by over 81% of Americans. The excise tax on employer provided health care benefits is predicated on the flawed economic assumption that the cost of a health insurance plan is the main driver of health care costs. Detailed analysis of our health insurance system has demonstrated that the real drivers of health care costs are location, occupation, gender and age.

Without a repeal, many employers are necessarily preparing for the introduction of the excise tax by increasing copays, deductibles and out of pocket maximums in their health care plans. The excise tax will further erode the health care protection provided by our plans and drive out of pocket costs up for professional pilots and other workers.

When H.R. 748 comes up for a vote this week, I urge you to support it. Thank you for your consideration.

Sincerely,

CAPT. JOSEPH G. DEPETE,
President, Air Line Pilots Association Intl.

JULY 15, 2019.

Hon. RICHARD E. NEAL,
House of Representatives,
Washington, DC.

DEAR CONGRESSMAN NEAL: On behalf of our 3 million members and the 50 million students they serve, we urge you to VOTE YES on the Middle Class Health Benefits Tax Repeal Act (H.R. 748), which would eliminate the 40 percent excise tax on ''high cost'' employer-sponsored health plans scheduled to take effect in 2022. Votes on this issue may be included in NEA's Report Card for the 116th Congress.

Under the Affordable Care Act, ''high cost'' employer-sponsored health benefits whose value exceeds specified thresholds will be subject to a 40 percent excise tax starting in 2022: $11,200 for single coverage and $30,150 for family coverage, the Tax Policy Center projects. We support repeal because:

The tax would take money out of the pockets of educators who have accepted lower wages in return for decent health care coverage—just when there's growing recognition among lawmakers and the American people that educators deserve better compensation. Moreover, educators would be among those hit hardest by the tax as noted in an analysis published in Health Affairs.

The tax applies equally to plans for lower- and higher-income employees, as well as retirees, regardless of whether they live in areas with unusually high health care costs.

The tax is far likelier to hit plans due to factors beyond employees' control—their age, gender, and location—than because of the benefits provided.

Initially, the Kaiser Family Foundation estimates, the tax would affect 21 percent of employers who provide health coverage—31 percent when workers' voluntary contributions to Flexible Spending Accounts are taken into account as the law requires.

Over time, more and more workers would be subject to the tax since health care costs continue to rise at a faster rate than inflation.

Educators are already struggling to make ends meet—they cannot afford to pay even more for health care. Please VOTE YES on the Middle Class Health Benefits Tax Repeal Act (H.R. 748).

Sincerely,

MARC EGAN,
Director of Government Relations, National Education Association.

UNITED STEELWORKERS,
Pittsburgh, PA, July 16, 2019.

Re United Steelworkers support H.R. 748, the Middle Class Health Benefits Repeal Act of 2019.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 850,000 members of the United Steelworkers (USW), I urge you to support the Middle Class Health Benefits Repeal Act of 2019 (H.R. 748).

With more than half of Americans covered under employer-sponsored healthcare, the so-called ''Cadillac Tax'' could affect the healthcare costs of more than 181 million Americans across the country. By allowing this excise tax to go into effect, hardworking middle-class families with employer-sponsored healthcare plans could face reduced benefits and increased out-of-pocket costs as employers push to restructure and renegotiate workers' hard-earned healthcare benefits.

The bipartisan Middle Class Health Benefits Repeal Act of 2019 (H.R. 748) would repeal the 40 percent excise tax on the value of employer-sponsored health plans, ensuring that workers and their families retain access to the care they need. Although the tax has been delayed multiple times since its inception, its looming nature impacts the bargaining of multi-year contracts between USW members and employers. The USW is currently negotiating contracts including healthcare plans that will be subject to the tax without congressional action, and workers are facing the potential costs at a time when out-of-pocket healthcare expenses are already rising.

Despite hefty increases in premiums, deductibles and co-pays, workers are not experiencing equivalent increases in their wages. According to the Kaiser Family Foundation's 2018 Employer Health Benefits Survey, workers' healthcare costs are increasing faster than both inflation and wages. Since 2008, deductibles on workers' plans have increased 212 percent and family premiums have risen 55 percent. Further taxing workers' healthcare benefits will only add to the burden of these increased healthcare costs, not reduce them.

It is time for Congress to permanently repeal the misguided excise tax on employer-sponsored health plans. The USW urges you to support the Middle Class Health Benefits Repeals Act of 2019 (H.R. 748) and pass this important legislation.

Sincerely,

THOMAS M. CONWAY,
International President.

Mr. HORSFORD. Madam Speaker, I urge all of my colleagues today to stand with America's working men and women and support the Middle Class Health Benefits Tax Repeal Act and vote in favor of abolishing this tax.

Ms. DELBENE. Madam Speaker, I yield 1 minute to the gentleman from Ohio (Mr. RYAN).

Mr. RYAN. Madam Speaker, I want to thank the gentlewoman for yielding.

Madam Speaker, it is always a pleasure to be able to come to this floor and join in agreement with the gentleman from Pennsylvania. It does not happen very often, but I am glad we can be here.

This is about the working class. I represent a district in northeast Ohio that has high union membership. As the gentleman from Pennsylvania stated a few minutes ago, there are a lot of contract negotiations. They are always happening. And more often than not, over the last 20 or 30 years, the men and women of labor have been forced to negotiate contracts where they didn't get an increase, maybe a 1 percent, 1½ percent increase, but they were always able to sustain their healthcare. So this is a very important piece of legislation, one I know we have been working on.

I want to thank the gentlewoman from Washington State. I want to thank Chairman NEAL from the Ways and Means Committee. This has been a long time coming. I hope we can fix this, and I hope it is the first step to us building out a better healthcare system that is more affordable, more accessible, more innovative, and more focused on prevention as we move down road in the next several months.

Mr. KELLY of Pennsylvania. Madam Speaker, I yield myself the balance of my time.

I want to thank my colleagues on the other side.

There is an old saying in life that sometimes you get a second chance to do the right thing. Eight years ago when the Affordable Care Act was passed, I am sure it was an oversight or an undersight or just not actually understanding what was taking place that day, my colleagues on the other side at that point were looking to pass the Affordable Care Act, and one of the victims in that was employer-sponsored insurance.

We referred to it today as the ''Cadillac tax,'' and I am glad we used that term, quite frankly. I told you earlier I am a Cadillac dealer, so I am really happy to hear it. Any time anybody thinks something is outstanding, they call it a Cadillac.

But what we are going to do today has nothing to do with fancy cars. It has nothing to do with extravagant health plans, but it does have everything to do with punishing hardworking Americans and their families. What we are doing today is a crucial step toward protecting employer-sponsored health insurance for all Americans.

Again, as I said earlier, we are doing the right things for the right reasons for the right people, not just Republicans, not just Democrats, but every single American out there who gets his or her health insurance through their employer.

It is a remarkable thing to see happen here on the people's floor, the people's House, where we come together and agree that we can fix a wrong, we can right a wrong, we can make things right that we maybe had a different look at 8 years ago but we decided today that it just really makes sense to do that.

I want to give a special thank-you, though, to my good friends TOM REED and JOSH GOTTHEIMER for forming the Problem Solvers Caucus. In the rules package this year, they were able to bring up a rule that says if you get 290 sponsors or cosponsors on a piece of legislation, that needs to come forward.

JOE COURTNEY has worked on this for many years, and we have already talked about the number of people who were already on board and ready to see this come forward, but it just couldn't get through the procedures to get to the floor. And I think when I go back home, people would say to me, if you have so many people that agree on the same thing and are doing the right thing for the right reasons, why can't you get it done? And then you have to say: Well, you know what? Not only do you not understand it, I don't either.

□ 1700

If we are acting in the best interests of the people we represent, then we should be able to do these things. So sometimes you take a look at what is holding you back from doing the right thing and you say there is something in the rules that needs to change, and that has taken place today.

But the really great part of it is—the really great part, is that Republicans and Democrats are coming together in the peoples' House and doing the right thing, ensuring, at least from our part of the Congress, that we can repeal this onerous tax on hardworking Americans.

So I am so glad to be here today and I am so thankful. Working with JOE COURTNEY has been absolutely marvelous. The gentleman has really had staying power. He has never given up on this. He has stayed on it and stayed on it and stayed on it. There is an old saying: Play through the whistle.

I have got to tell you, Madam Speaker, in this case, JOE COURTNEY played through the echo of the whistle. He never gave up.

So to be here with my colleagues today and coming to a conclusion that this is the right thing for us to do is really good.

Madam Speaker, I want to thank my friends that came here and spoke today on behalf of our side of the aisle for supporting this.

We have had an opportunity this afternoon to do something, to do something not for ourselves, but for the people who sent us here to represent them.

Madam Speaker, having said that, I would urge all of my colleagues to vote in support of this piece of legislation and pass it and send it on to the Senate, where we would hope they would understand that at this end of the Capitol, there is overwhelming support for hardworking Americans and their healthcare.

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

Ms. DELBENE. Madam Speaker, I strongly support H.R. 748, the Middle Class Health Benefits Tax Repeal Act of 2019.

This legislation has been a bipartisan goal since I came to Congress in 2012, the permanent repeal of the Cadillac tax. The original design of the Cadillac tax was meant to be a narrowly targeted tax on the most extravagant plans.

Instead, the tax will hit working families for a variety of factors far beyond their control. That includes age, geography, and occupation.

A recent analysis from the Kaiser Family Foundation found that the Cadillac tax will impact over 20 percent of employers when the tax goes into effect in 2022. When flexible spending account contributions are included, that number jumps to over 30 percent and would affect just under half of all workers by 2030.

While the intended goal of the Cadillac tax was to put downward pressure on plan costs, the mechanics of the tax will simply put more costs onto working families in the form of higher deductibles and greater cost-sharing so employers can avoid the tax.

Madam Speaker, I remind my colleagues that healthcare costs are a top concern of the American people, and today we can take a meaningful step to address that concern.

Madam Speaker, I urge all Members to vote ''yes'' on this legislation, and I yield back the balance of my time.

Mr. LYNCH. Madam Speaker, I rise in strong support of H.R. 748, the Middle-Class Health Benefits Tax Repeal Act. This important, bi-partisan legislation will finally repeal, once and for all, the excise tax on employer and labor union sponsored health plans, also known as the "Cadillac Plan Tax." This fix is long overdue.

This egregious tax, if allowed to take effect, would have hit the health insurance that 181 million working Americans and many union members and their families rely on. It would have likely resulted in increased costs, and ultimately lesser access to health care, thereby defeating the purpose for passing the A.C.A. in the first place.

This was one of the reasons why I voted against the final compromise version of the A.C.A. in 2010: because while the Cadillac Tax was not in the House-passed bill, the Senate added it into the legislation that came back to the House. I believed then, and still do now, that imposing a 40 percent tax on health insurance for union workers would hurt hard-working American families—the very people who sent us here to make their lives better.

Madam Speaker, before coming to Congress and before becoming a labor rights lawyer, I was an ironworker for 18 years. I worked side-by-side with men and women in the building trades who wanted nothing more than to work hard and be able to take care of their families. When I was President of my local union, I was acutely aware of the importance of the benefits, such as health care, that we would negotiate on behalf of our members. It is important to remember that generations of union workers have stood on the picket line or taken less pay in their paycheck in order to get better health care coverage. The Cadillac Tax included in the A.C.A. actually sought to punish those workers for standing up for their families. Imposing this tax would have broken the good-faith promises made to these hard-working Americans.

I am not alone in recognizing the serious harms of the proposed excise tax, because members of Congress from both sides of the aisle came together to delay this tax again and again, moving its effective date from 2018 to 2022. In addition, today's legislation, H.R. 748, has an astounding 369 cosponsors. I think that must be some kind of record. That kind of bipartisanship has sadly become rarer these days, but this level of agreement only goes to show that passing this bill is the right thing to do.

Madam Speaker, this fix for the A.C.A. has been long-needed and I am pleased that we are finally taking this important step to protecting health care for hundreds of thousands of hard working, middle-class Americans. I urge my colleagues to support this commonsense bill.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Massachusetts (Mr. NEAL) that the House suspend the rules and pass the bill, H.R. 748, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. KELLY of Pennsylvania. Madam 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 motion will be postponed.

RAISING A QUESTION OF THE PRIVILEGES OF THE HOUSE

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

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

The Clerk read as follows:

H. RES. 498

Resolved, that Donald John Trump, President of the United States, is unfit to be President, unfit to represent the American values of decency and morality, respectability and civility, honesty and propriety, reputability and integrity, is unfit to defend the ideals that have made America great, unfit to defend liberty and justice for all as extolled in the Pledge of Allegiance, is unfit to defend the American ideal of all persons being created equal as exalted in the Declaration of Independence, is unfit to ensure domestic tranquility, promote the general welfare and to ensure the blessings of liberty to ourselves and our posterity as lauded in the preamble to the United States Constitution, is unfit to protect the government of the people, by the people, for the people as elucidated in the Gettysburg Address, and is impeached for high misdemeanors that the following Article of Impeachment be exhibited to the Senate:

Article of Impeachment exhibited by the House of Representatives of the United States, in the name of itself, of the people of the United States, against Donald John Trump, President of the United States, in maintenance and support of its impeachment against him for high misdemeanors committed as President constituting harm to American society to the manifest injury of the people of the United States:

Article I.

The House of Representatives on July 16, 2019, strongly condemned President Donald Trump's racist comments that have legitimized and increased fear and hatred of new Americans and people of color by saying that our fellow Americans who are immigrants, and those who may look to the President like immigrants, should "go back" to other countries, by referring to immigrants and asylum seekers as invaders," and by saying that Members of Congress who are immigrants, or those of our colleagues who are wrongly assumed to be immigrants, do not belong in Congress or in the United States of America.

In all of this, the aforementioned Donald John Trump has, by his statements, brought the high office of the President of the United States in contempt, ridicule, disgrace, and disrepute, has sown seeds of discord among the people of the United States, has demonstrated that he is unfit to be President, and has betrayed his trust as President of the United States to the manifest injury of the people of the United States, and has committed a high misdemeanor in office.

Therefore, Donald John Trump by causing such harm to the society of the United States is unfit to be President and warrants impeachment, trial, and removal from office.

The SPEAKER pro tempore. The resolution qualifies.

MOTION TO TABLE

Mr. McCARTHY. Madam Speaker, I have a motion to table the articles of impeachment at the desk.

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

The Clerk read as follows:

Mr. McCarthy moves to lay the resolution on the table.

The SPEAKER pro tempore. The question is on the motion to lay the resolution on the table.

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

Mr. McCARTHY. Madam Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The vote was taken by electronic device, and there were—yeas 332, nays 95, answered "present" 1, not voting 4, as follows:

[Roll No. 483]

YEAS—332

Aderholt
Aguilar
Allen
Allred
Amash
Amodei
Armstrong
Arrington
Axne
Babin
Bacon
Baird
Balderson
Banks
Barr
Bera
Bergman
Beyer
Biggs
Bilirakis
Bishop (GA)
Bishop (UT)
Blunt Rochester
Bost
Brady
Brindisi
Brooks (AL)
Brooks (IN)
Brownley (CA)
Buchanan
Buck
Bucshon
Budd
Burchett
Burgess
Bustos
Byrne
Calvert
Carbajal
Carter (GA)
Carter (TX)
Cartwright
Case
Casten (IL)
Castor (FL)
Chabot
Cheney
Chu, Judy
Cisneros
Cleaver
Cline
Cloud
Clyburn
Cole
Collins (GA)
Collins (NY)
Comer
Conaway
Connolly
Cook
Cooper
Correa
Costa
Courtney
Cox (CA)
Craig
Crawford
Crenshaw
Crist
Crow
Cuellar
Cummings
Cunningham
Curtis
Davids (KS)
Davidson (OH)
Davis (CA)
Davis, Rodney
DeLauro
DelBene
Delgado
Demings
DesJarlais
Deutch
Diaz-Balart
Duffy
Duncan
Dunn
Emmer
Eshoo
Estes
Ferguson
Finkenauer
Fitzpatrick
Fleischmann
Fletcher
Flores
Fortenberry
Foster
Foxx (NC)
Frankel
Fulcher
Gaetz
Gallagher
Gallego
Garamendi
Gianforte
Gibbs
Gohmert
Golden
Gonzalez (OH)
Gonzalez (TX)
Gooden
Gosar
Gottheimer
Granger
Graves (GA)
Graves (LA)
Graves (MO)
Green (TN)
Griffith
Grothman
Guest
Guthrie
Haaland
Hagedorn
Harder (CA)
Harris
Hartzler
Hastings
Hayes
Heck
Hern, Kevin
Herrera Beutler
Hice (GA)
Higgins (LA)
Hill (AR)
Hill (CA)
Himes
Holding
Hollingsworth
Horn, Kendra S.
Horsford
Houlahan
Hoyer
Huizenga
Hunter
Hurd (TX)
Jeffries
Johnson (GA)
Johnson (LA)
Johnson (OH)
Johnson (SD)
Jordan
Joyce (OH)
Joyce (PA)
Kaptur
Katko
Keating
Keller
Kelly (MS)
Kelly (PA)
Khanna
Kilmer
Kim
Kind
King (IA)
King (NY)
Kinzinger
Krishnamoorthi
Kuster (NH)
Kustoff (TN)
LaHood
LaMalfa
Lamb
Lamborn
Langevin
Larson (CT)
Latta
Lawson (FL)
Lee (NV)
Lesko
Lewis
Lipinski
Loebsack
Long
Loudermilk
Lucas
Luetkemeyer
Luján
Luria
Lynch
Malinowski
Maloney, Sean
Marchant
Marshall
Massie
Mast
McAdams
McBath
McCarthy
McCaul
McClintock
McEachin
McHenry
McKinley
Meadows
Meeks
Meuser
Miller
Mitchell
Moolenaar
Mooney (WV)
Morelle
Mucarsel-Powell
Mullin
Murphy
Neal
Newhouse
Norman
Nunes
O'Halleran
Olson
Palazzo
Palmer
Panetta
Pappas
Pence
Perlmutter
Perry
Peters
Peterson
Phillips
Porter
Posey
Price (NC)
Quigley
Ratcliffe
Reed
Reschenthaler
Rice (NY)
Rice (SC)
Riggleman
Roby
Rodgers (WA)
Roe, David P.
Rogers (AL)
Rogers (KY)
Rooney (FL)
Rose (NY)
Rose, John W.
Rouda
Rouzer
Roy
Ruiz
Ruppersberger
Rush
Rutherford
Ryan
Sánchez
Sarbanes
Scalise
Schiff
Schneider
Schrader
Schrier
Schweikert
Scott (VA)
Scott, Austin
Sensenbrenner
Serrano
Sewell (AL)
Shalala
Sherrill
Shimkus
Simpson
Sires
Slotkin
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (WA)
Smucker
Soto
Spanberger
Spano
Stanton
Stauber
Stefanik
Steil
Steube
Stevens
Stewart
Stivers
Suozzi
Takano
Taylor
Thompson (PA)
Thornberry
Timmons
Tipton
Torres Small (NM)
Trone
Turner
Underwood
Upton
Van Drew
Veasey
Visclosky
Wagner
Walberg
Walden
Walorski
Waltz
Wasserman Schultz
Watkins
Weber (TX)
Webster (FL)
Wenstrup
Westerman
Wexton
Wild
Williams
Wilson (SC)
Wittman
Womack
Woodall
Wright
Yarmuth
Yoho
Young
Zeldin

NAYS—95

Adams
Barragán
Bass
Beatty
Blumenauer
Bonamici
Boyle, Brendan F.
Brown (MD)
Butterfield
Cárdenas
Carson (IN)
Castro (TX)
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cohen
Davis, Danny K.
Dean
DeGette
DeSaulnier
Dingell
Doggett
Doyle, Michael F.
Engel
Escobar
Espaillat
Evans
Fudge
García (IL)
Garcia (TX)
Gomez
Green, Al (TX)
Grijalva
Higgins (NY)
Huffman
Jackson Lee
Jayapal
Johnson (TX)
Kelly (IL)
Kennedy
Kildee
Kirkpatrick
Larsen (WA)
Lawrence
Lee (CA)
Levin (CA)
Levin (MI)
Lieu, Ted
Lofgren
Lowenthal
Lowey