Dodd-Frank when it comes to the Volcker Rule and the CLO matter that is before us today? Did they want to have this included in the rule that Volcker would eventually come out with? The answer is no.

The language specifically in 619 of Dodd-Frank—voted in favor of, by the way, by the gentleman from Massachusetts—says:

Nothing in this section shall be construed to limit or restrict the ability of a banking entity or nonbank financial company supervised by the Federal Reserve Board to sell or secure type loans in a manner otherwise permitted by law.

What does that sentence mean? That means that the sponsors of—and those like the gentleman from Massachusetts who supported Dodd-Frank—specifically put into the Dodd-Frank law the direction to the Fed and the other regulators that they should not be doing what they are doing right now. They should not be putting, as it says, limitations on this type of instrument.

So for all of those reasons, if the gentleman from Massachusetts is still watching what we are doing on the floor, perhaps we have convinced him that he should join with the majority on both sides of the House and not be part of the three or so who remain opposed to this and support the legislation, H.R. 4167.

With that, I yield back the balance of my time.

Mr. MURPHY of Florida. Mr. Speaker, I would like to thank my colleagues and the gentleman from New Jersey for their thoughtful debate on this commonsense improvement to the Volcker Rule.

I appreciate my colleagues on the Democratic side of the aisle always keeping the focus on preventing some of the world's largest banks from subjecting the American people to another financial crisis.

However, I believe this bill strikes the right balance to protect the American people and create jobs. It was reported by the Financial Services Committee with a strong bipartisan 53–3 vote, and I urge my colleagues to support this bill.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. GARRETT) that the House suspend the rules and pass the bill, H.R. 4167, as amended.

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

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF H.R. 4414, EXPATRIATE HEALTH COVERAGE CLARIFICATION ACT OF 2014

Mr. BURGESS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 555 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 555

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 4414) to clarify the treatment under the Patient Protection and Affordable Care Act of health plans in which expatriates are the primary enrollees, and for other purposes. All points of order against consideration of the bill are waived. The amendment printed in the report of the Committee on Rules accompanying this resolution shall be considered as adopted. The bill, as amended, shall be considered as read. All points of order against provisions in the bill, as amended, are waived. The previous question shall be considered as ordered on the bill, as amended, and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means; and (2) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Texas is recognized for 1 hour.

Mr. BURGESS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks on the resolution.

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

There was no objection.

Mr. BURGESS. Mr. Speaker, House Resolution 555 provides for the consideration to fix yet another flaw that has to be corrected in the Affordable Care Act due to the rushed process by which the bill was passed in March of 2010.

As a direct result of the hasty legislation, experts have estimated that over 1,000 Americans will lose their jobs unless Congress takes immediate action to correct and clarify the Affordable Care Act's impact on expatriate health care plans.

This bill before us today will do just that, putting Americans above partisan politics and helping yet another subset of people in our country who currently are being harmed by the President's takeover of our health care system.

The rule before us today provides for one full hour of debate equally divided and controlled by the chair and the ranking minority member on the Committee on Ways and Means. Further, the rule provides for the adoption of an amendment by the bill's authors, Representatives NUNES from California and CARNEY from Delaware, which addresses a number of concerns the minority expressed during debate of this legislation several weeks ago.

True to the Speaker's commitment of letting the House work its will, Republicans listened to those concerns and crafted a bipartisan amendment to improve the legislation. In addition, the rule provides the minority the standard motion to recommit.

H.R. 4414, the Expatriate Health Coverage Clarification Act of 2014, addresses the problem caused by the Affordable Care Act, which could result in those Americans who live abroad for a substantial portion of the year, those individuals referred to as expatriates, that could cause them to lose their health care coverage because of the one-size-fits-all approach to our health care system, which was employed by the wizards who wrote the Affordable Care Act.

Expatriate health care providers have traditionally offered tailored, specialized insurance plans to meet the needs of Americans who spend their time overseas. These citizens simply cannot rely on a local general practitioner or neighborhood clinic because, so often, they are far away from home.

However, the Affordable Care Act does not provide an avenue by which these plans can continue to be offered. Instead, Senator REID, Kathleen Sebelius, and Barack Obama decided it was up to them to decide how Americans' health insurance plans should be structured.

The legislation before us today is a clear example of why a top-down Federal approach to health care does not work. Consumers should be in the driver's seat deciding what works best for them, what works best for themselves and their families, not someone sitting in Washington, D.C.

Because of the regulations in the Affordable Care Act, insurers have announced that they will have to shift their expatriate operations overseas in order to be in compliance with the law, and with those operations will go those jobs. All Americans know that it was shown to be an empty promise when someone said, if you like your health care plan, you can keep it.

Well, Mr. Speaker, it is a darn good thing the President never promised, if you like your job, you can keep it. Over a thousand jobs tied to expatriate health care operations will now be shipped overseas. Americans who rely on these health plans, which until now have worked well for them and their families, are going to have to scramble and scramble fast to find alternative coverage.

Some examples of those Americans who will potentially lose their health care coverage due to the unyielding regulations of the Affordable Care Act include businessmen and businesswomen, pilots, foreign aid workers, ship operators, and tour guides.

The President has already acknowledged that his law will hurt these Americans, announcing that the Department of Health and Human Services would, yet again, ignore the law and provide a temporary waiver from complying with the law's requirements; but this is not how you fix flawed legislation.

You involve the legislative branch. You come to Congress, and you ask that you legislate and fix the problem in the law.

Now, the White House, where there is a so-called constitutional scholar, the President seems to have only read article II of the Constitution, skipping entirely over the first and longest article, article I, where the Founders make the case that Congress is the body where laws are passed, the body where laws are written, the body where laws are amended. As a result of the President making this change unilaterally, the relief is only temporary.

The bill before us today provides the long-term security, the security that is required to give these affected Americans and their families the certainty they need to make decisions for their futures. These expatriate plans are not barebone plans that some in this body have criticized.

This is not lousy insurance. They typically are robust plans. They are comprehensive plans, which simply cater to the special needs of Americans who travel and are gone for a good portion of the year.

□ 1330

The amendment by Representatives NUNES and CARNEY, which is adopted in the rule before us, takes a thoughtful piece of legislation and improves it even further. It clarifies that any future plans offered to expatriates must still comply with the actuarial requirements in the Affordable Care Act, as well as any pre-Affordable Care Act laws, including the Employee Retirement Income and Security Act, known as ERISA, and the Public Health Service Act. Moreover, it narrowly tailors this relief to those Americans who spend more than 180 days outside the country. These were concerns that Democrats expressed during the previous debate on this legislation, and they are fully addressed in the legislation before us today.

This is a carefully crafted fix. It was necessary because the underlying law was so poorly crafted. It is needed to help Americans who are being directly harmed by the President's health care law.

I encourage my colleagues to vote ''yes'' on the rule and ''yes'' on the underlying bill, and I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I want to thank the gentleman from Texas (Mr. BURGESS) for yielding me the customary 30 minutes.

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

(Mr. MCGOVERN asked and was given permission to revise and extend his remarks.)

Mr. MCGOVERN. I voted for the Affordable Care Act, I support the Affordable Care Act, and I believe in the Affordable Care Act. I believe every person in this country ought to have health care. I don't think that is a radical idea, but my friends on the other side of the aisle apparently do. I think everybody in this country is entitled to good, quality health insurance. I think when they get sick they ought to know they will be taken care of and not have to worry about whether they are going to get covered or not because of preexisting conditions or whether they are going to meet some sort of lifetime cap and be excluded from coverage.

That is what the Affordable Care Act is all about. That is what this big controversy that my friends on the other side of the aisle have decided to make on this issue is all about. So I am making sure that everybody in this country has health care. Boy, what a radical idea, what a radical idea.

I will also say that having supported the Affordable Care Act, it is not a perfect piece of legislation. I have never seen a perfect piece of legislation ever come out of Congress. Legislation, especially legislation that covers a subject as wide as this, at times will be tweaked. There will be unintended consequences that we will come and we will try to fix. That is what legislation is supposed to do: to try to fix the problems.

Democrats have said that from the beginning, that we want to make this bill work, work as well as it possibly can. We said we would be willing to work with Republicans and the administration to address the problems that have come about as a result of the implementation of this law. By no means does that mean that we should repeal the Affordable Care Act, which is something my Republican friends are obsessed with. To the contrary, we need to do everything we can to fix any challenges that this law may have to make sure that every American gets the benefit of the Affordable Care Act.

H.R. 4414, the Expatriate Health Coverage Clarification Act, is trying to fix one problem with the law. My friend from Delaware (Mr. CARNEY) and others are attempting to try to fix a provision in the law that causes some problems with the ways that expatriates are treated under the ACA.

This is one example of how we—Democrats and Republicans—should be able to work together. This is one example of how we—supporters and opponents of the ACA—should be able to lay those differences aside as we try to find solutions and move our country forward.

It is my understanding, Mr. Speaker, that House and Senate Democrats and Republicans have been working with the White House to come up with a solution that can pass both Houses of Congress and be signed by the President. It is also my understanding that discussions were ongoing as late as yesterday afternoon when the House majority decided to go with the version before us today instead of waiting to continue negotiations in a bipartisan, bicameral way so that we can get a bill moved expeditiously through both Houses and signed into law by the President of the United States.

I am more than a little disappointed, Mr. Speaker, because I want to work with the majority to fix this problem. I am concerned that this bill, the bill before us that we are talking about right now, creates other problems, namely excluding green card holders and nonimmigrant workers from most of the coverage protections provided by the ACA. I am disappointed that this process was closed down even though negotiations were still ongoing.

Quite frankly, Mr. Speaker, the gentleman from Texas literally took my breath away when he talked about that this represents the Speaker's pledge to let the House work its will. This issue first came up under a suspension, which was totally closed, and it is coming to the floor today under a closed rule. Those of us who have some ideas on how we might be able to make this more palatable to address some of the concerns that we have will not have that opportunity. They have closed the process down. I hardly think that that can be described as an open process or as a transparent process. This is yet another closed rule, another closed rule.

Mr. Speaker, this process was flawed and this process could have been better. There are many of us on my side of the aisle who believe that we need to fix this flaw that the gentleman from Delaware (Mr. CARNEY) has brought to our attention, but we need to do it in the right way, and this is not the right way to do it.

I think what is going to happen here is—my friends on the other side of the aisle control most of the votes here so they will probably pass this bill—but what will happen then is that the Senate will then have negotiations with the White House and try to figure out how to fix this problem. They will pass it, then it will have to come back to the House again, and then we will have to deal with it separately.

I regret very much that my friends have decided to go this way. If they had waited a few more days we probably could have gotten a solution to this that could have received unanimous support. Instead, we are back at the same old-same old, where it is attack the ACA, attack the ACA, and pretend to try to fix it by addressing a legitimate concern, but adding to that a whole bunch of extraneous stuff that creates other problems.

I would urge my colleagues to vote ''no'' on the rule and to vote ''no'' on the bill. Let's wait until the Senate gets it right with the White House and we can revisit this issue.

With that, I reserve the balance of my time.

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

This bill was brought to the floor under suspension of the rules prior to the Easter recess. So it has been available for consideration, for staff work to occur, for some period of time. The fact of the matter is that it is an imminent problem facing people who are working

outside of the country, and for that reason it was important to get it solved.

If the gentleman feels that more work should have been done prior to that time, perhaps they should have worked with the majority prior to it being brought up under suspension. I don't know the answer to that. But I do know where we are today is that this is a problem that needs to be fixed, and the Republican majority is seeing to it that it is fixed, bringing it to the floor under a rule. The minority will have an opportunity to amend during a motion to recommit, and I certainly look forward to a lively discussion during that time.

I reserve the balance of my time.

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

What we are considering right now before the full House is very clear.

One, a closed rule. What a closed rule means is that you can't offer any amendments. So some of the concerns that have been raised about the underlying bill we can't fix. For the life of me, I don't understand why, if the gentleman claims that the Republican majority is committed to an open, transparent process where the House can work its will, I don't understand why you would approve a closed rule on this.

Let's be honest about this. It is not like my friends on the other side of the aisle are doing anything else. We have had multiple repeals of the Affordable Care Act before us. We have had lots of message issues that their pollsters say poll well, but the Republican majority hasn't really done very much to help the American people in any way, shape, or form. So it is not like the time doesn't exist to maybe have a little bit more debate on an issue like this and be able to perfect this bill. This is a closed rule. This is a closed rule, this is a closed process, and this has become a closed House.

Again, I urge my colleagues to vote ''no'' on this closed rule, reject this closed process, reject the underlying bill, and I reserve the balance of my time.

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

This, this was brought to the House floor as a closed rule in March of 2010. This coercive, partisan piece of legislation which is going to affect health care in this country for every man, woman, and child for the next three generations, this was brought under a closed rule.

We are trying to fix one very narrow problem contained within these pages. It seems to me that there has been ample discussion. A bill was debated under suspension. It did not receive the required two-thirds vote, so it is being brought back today under a rule, and the minority will have an opportunity to offer an amendment during the motion to recommit. This was a closed rule which was very damaging to the country. Today's closed rule is simply to fix one of the many problems contained herein.

I reserve the balance of my time.

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

I remind the gentleman that the Speaker of the House said when the Republicans won the majority that they were going to conduct proceedings here in the most open way possible—this will be the most open and transparent House ever. And it has become the most closed House ever.

Because the gentleman brought up the Affordable Care Act, I want to make sure he understands the facts. While the bill we are talking about right now received 20 minutes of debate under suspension, let me read you the facts about the Affordable Care Act, in case my friend forgot.

The House held nearly 100 hours of hearings and 83 hours of committee markups. The House heard from 181 witnesses, both Democrats and Republicans. 239 amendments were considered in the three committees of jurisdiction, 121 of which were adopted. The bill was available for 72 hours before Members were asked to vote on it on the floor.

The process was just as open in the Senate. The Senate Finance Committee held more than 53 hearings. The Finance Committee also spent 8 days marking up the legislation, the longest markup in 22 years for the committee. The Senate Health Committee held 47 bipartisan hearings, roundtables, and walk-throughs on health care reform. The Patient Protection and Affordable Care Act may have started out with a different bill number, but the fact remains hundreds of hours of hearings on the Affordable Care Act, hundreds of witnesses, hundreds of amendments considered in the committee, and countless hours of townhall meetings.

My friend on the other side of the aisle likes to say, well, there was a different bill number when we voted here on the floor, but as he knows, the process of using a different bill number is very common around here. In fact, the Republican majority has done it several times in the past 3 years. But regardless of the bill number, the work that went into forming this legislation was one of the most open processes in the history of Congress.

That is the facts on that.

But let me also make one other point. The problem my friends on the other side of the aisle have with the Affordable Care Act is not with the process. It is just they don't believe that people ought to have affordable health care in this country. They have spent countless hours on this floor trying to repeal a bill that eliminates preexisting conditions as a way to deny people insurance.

They have been fighting against a bill that helps senior citizens get free preventive care coverage, that helps close that doughnut hole in the Medicare prescription drug bill. They are fighting against a bill that has brought millions and millions and millions of more people into a process where they can afford health care. So they have been against this from the very beginning.

I think the American people have a very different view. Their view is that they want this bill to work. My friends on the other side of the aisle have just spent countless hours, countless days, countless weeks, countless months just trying to repeal it. It is just Johnny One Note: repeal, repeal, repeal.

This idea that everybody should have affordable health care is such a controversy in the Republican Congress, I can't quite understand why. Why is it such a bad idea that everybody in this Congress has access to good quality health care? Why is that an idea that causes such resentment on the other side of the aisle? I don't get it.

We ought to make sure that this law gets implemented properly, and we ought to do this the right way. My friends don't want to do it the right way, so we are going to have to wait for the Senate to work it out with the administration and then send it back to us. There really should be a better way to do this.

With that, I reserve the balance of my time.

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

Mr. MCGOVERN. Does the gentleman have any other speakers?

Mr. BURGESS. Mr. Speaker, I yield myself 30 seconds.

As much as I would like to continue this lively back-and-forth, we both know each other's positions on this extremely well.

No, I have no other speakers.

I reserve the balance of my time.

□ 1345

Mr. MCGOVERN. I yield myself the balance of my time.

Mr. Speaker, I am going to urge my colleagues to vote ''no'' on the previous question.

If we defeat the previous question, I will offer an amendment to the rule that would allow the House to consider the Fair Minimum Wage Act. This week, the Senate will vote to raise the minimum wage to $10.10 an hour. Now is the time for the House to act and to honor our commitment to the middle class by giving hard-working Americans fair pay.

Mr. Speaker, I ask unanimous consent to insert the text of the amendment in the RECORD, along with extraneous material, immediately prior to the vote on the previous question.

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

There was no objection.

Mr. MCGOVERN. Again, I would urge my colleagues on the other side of the aisle, who like to talk about how the Republican majority is committed to allowing the House to work its will and is committed to an open and transparent process, to vote with us on this.

We have been trying to get the minimum wage bill to the floor forever, and we can't even get it up for a vote so that every Member has an opportunity to vote up or down. This is that opportunity so that we can have that vote, a vote to help lift people out of poverty and to help give people an opportunity to live better lives.

There are millions of workers in this country who are working full time—who are working hard at minimum wage jobs—and they are still stuck in poverty. There are millions and millions of people in this country who work hard full time at minimum wage jobs, but who earn so little that they still qualify for SNAP, and they rely on that program to put food on their tables because their paychecks don't provide enough.

This is an important issue, and I hope that my colleagues will support me on this. I urge all of my colleagues to vote ''no'' and defeat the previous question, and I urge a ''no'' vote on the rule.

I yield back the balance of my time.

Mr. BURGESS. I yield myself the balance of my time.

Mr. Speaker, today's rule provides for the consideration of a critical bill to ensure Americans who are being hurt by the Affordable Care Act can have some relief.

Americans and their families who live abroad for part of the year face losing this specialized health insurance coverage on which they have come to rely. In addition, the men and women who operate on these health care plans face having their jobs outsourced overseas in order for companies to comply with regulations from the Department of Health and Human Services.

I certainly want to thank Mr. NUNES and Mr. CARNEY for their thoughtful legislation. For that reason, I urge my colleagues to support both the rule and the underlying bill.

The material previously referred to by Mr. MCGOVERN is as follows:

AN AMENDMENT TO H. RES. 555 OFFERED BY MR. MCGOVERN OF MASSACHUSETTS

At the end of the resolution, add the following new sections:

SEC. 2. Immediately upon adoption of this resolution the Speaker shall, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 1010) to provide for an increase in the Federal minimum wage. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chair and ranking minority member of the Committee on Education and the Workforce. After general debate the bill shall be considered for amendment under the five-minute rule. All points of order against provisions in the bill are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions. If the Committee of the Whole rises and reports that it has come to no resolution on the bill, then on the next legislative day the House shall, immediately after the third daily order of business under clause 1 of rule XIV, resolve into the Committee of the Whole for further consideration of the bill.

SEC. 3. Clause 1(c) of rule XIX shall not apply to the consideration of H.R. 1010.

THE VOTE ON THE PREVIOUS QUESTION: WHAT IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308–311), describes the vote on the previous question on the rule as ''a motion to direct or control the consideration of the subject before the House being made by the Member in charge.'' To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that ''the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition'' in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R–Illinois) said: ''The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition.''

The Republican majority may say ''the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever.'' But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: ''Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment.''

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled ''Amending Special Rules'' states: ''a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate.'' (Chapter 21, section 21.2) Section 21.3 continues: ''Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon.''

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. BURGESS. I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

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

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

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by a 5-minute vote on adopting House Resolution 555, if ordered.

The vote was taken by electronic device, and there were—yeas 226, nays 189, not voting 16, as follows:

[Roll No. 180]

YEAS—226

Aderholt
Amash
Amodei
Bachmann
Bachus
Barletta
Barr
Barton
Benishek
Bentivolio
Bilirakis
Bishop (UT)
Black
Blackburn
Boustany
Brady (TX)
Bridenstine
Brooks (AL)
Brooks (IN)
Broun (GA)
Buchanan
Bucshon
Burgess
Byrne
Calvert
Camp
Cantor
Capito
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman
Cole
Collins (GA)
Collins (NY)
Conaway
Cook
Cooper
Costa
Cotton
Cramer
Crawford
Crenshaw
Culberson
Daines
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Farenthold
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffith (VA)
Grimm
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Heck (NV)
Hensarling
Herrera Beutler
Holding
Hudson
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (OH)
Johnson, Sam
Jolly
Jones
Jordan
Joyce
Kelly (PA)
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
LaMalfa
Lamborn
Lance
Lankford
Latham
Latta
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Marchant
Marino
Massie
McAllister
McCarthy (CA)
McCaul
McClintock
McHenry
McKinley
McMorris Rodgers
Meadows
Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Mullin
Mulvaney
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Palazzo
Paulsen
Pearce
Perry
Petri
Pittenger
Pitts
Poe (TX)
Pompeo
Posey
Price (GA)
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross
Rothfus
Royce
Runyan
Ryan (WI)
Salmon
Sanford
Scalise
Schock
Schweikert
Scott, Austin
Sensenbrenner

Sessions
Shimkus
Shuster
Simpson
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stewart
Stivers
Stockman
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walorski
Weber (TX)
Webster (FL)
Wenstrup
Westmoreland
Williams
Wittman
Wolf
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IN)

NAYS—189

Barber
Barrow (GA)
Bass
Beatty
Becerra
Bera (CA)
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Brady (PA)
Braley (IA)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carney
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu
Cicilline
Clark (MA)
Clarke (NY)
Clay
Clyburn
Cohen
Connolly
Conyers
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Deutch
Dingell
Doggett
Doyle
Duckworth
Edwards
Ellison
Engel
Enyart
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Garcia
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Hanabusa
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Larson (CT)
Lee (CA)
Levin
Lewis
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maffei
Maloney, Carolyn
Maloney, Sean
Matheson
Matsui
McCollum
McDermott
McGovern
McIntyre
McNerney
Meeks
Meng
Michaud
Miller, George
Moore
Moran
Murphy (FL)
Nadler
Napolitano
Neal
Negrete McLeod
Nolan
O'Rourke
Owens
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Perlmutter
Peters (CA)
Peters (MI)
Peterson
Pingree (ME)
Pocan
Polis
Price (NC)
Quigley
Rahall
Rangel
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schneider
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sinema
Sires
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Tsongas
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Waters
Waxman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—16

Brown (FL)
Campbell
Cleaver
Davis, Rodney
Griffin (AR)
Kind
McCarthy (NY)
McKeon
Miller, Gary
Murphy (PA)
Richmond
Rush
Schwartz
Wasserman Schultz
Whitfield
Wilson (SC)

□ 1418

Messrs. CARSON of Indiana and CASTRO of Texas, Ms. SINEMA, Messrs. ISRAEL and CARNEY changed their vote from ''yea'' to ''nay.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

Stated for:

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, on rollcall No. 180 I was unavoidably detained and did not finish meeting with Chancellor Phylis Wise in time to get to floor. Had I been present, I would have voted ''yes.''

PERSONAL EXPLANATION

Mr. KIND. Mr. Speaker, I was unable to have my votes recorded on the House floor on Monday, April 28, 2014 and Tuesday April 29, 2014. Severe weather in the Midwest cancelled my flight out of Minneapolis on Monday afternoon, and again delayed me out of Chicago on Tuesday morning. Had I been present, I would have voted in favor of H.R. 4192 (roll No. 178) and in favor of H.R. 4120 (roll No. 179) on Monday, April 28, and against H. Res. 555 (roll No. 180) on Tuesday, April 29.

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

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

RECORDED VOTE

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

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 238, noes 181, not voting 12, as follows:

[Roll No. 181]

AYES—238

Aderholt
Amash
Amodei
Bachmann
Bachus
Barber
Barletta
Barr
Barton
Benishek
Bentivolio
Bilirakis
Bishop (UT)
Black
Blackburn
Boustany
Brady (TX)
Bridenstine
Brooks (AL)
Brooks (IN)
Broun (GA)
Buchanan
Bucshon
Burgess
Byrne
Calvert
Camp
Cantor
Capito
Carney
Carter
Cassidy
Chabot
Chaffetz
Coble
Coffman
Cole
Collins (GA)
Collins (NY)
Conaway
Cook
Cooper
Costa
Cotton
Cramer
Crawford
Crenshaw
Culberson
Daines
Davis, Rodney
Denham
Dent
DeSantis
DesJarlais
Diaz-Balart
Duffy
Duncan (SC)
Duncan (TN)
Ellmers
Farenthold
Fincher
Fitzpatrick
Fleischmann
Fleming
Flores
Forbes
Fortenberry
Foxx
Franks (AZ)
Frelinghuysen
Gardner
Garrett
Gerlach
Gibbs
Gibson
Gingrey (GA)
Gohmert
Goodlatte
Gosar
Gowdy
Granger
Graves (GA)
Graves (MO)
Griffith (VA)
Grimm
Guthrie
Hall
Hanna
Harper
Harris
Hartzler
Hastings (WA)
Heck (NV)
Herrera Beutler
Holding
Hudson
Huelskamp
Huizenga (MI)
Hultgren
Hunter
Hurt
Issa
Jenkins
Johnson (OH)
Johnson, Sam
Jolly
Jones
Jordan
Joyce
Kelly (PA)
King (IA)
King (NY)
Kingston
Kinzinger (IL)
Kline
Labrador
LaMalfa
Lamborn
Lance
Lankford
Larson (CT)
Latham
Latta
LoBiondo
Long
Lucas
Luetkemeyer
Lummis
Marchant
Marino
Massie
McAllister
McCarthy (CA)
McCaul
McClintock
McHenry
McIntyre
McKinley
McMorris Rodgers
Meadows
Meehan
Messer
Mica
Miller (FL)
Miller (MI)
Mullin
Mulvaney
Murphy (FL)
Neugebauer
Noem
Nugent
Nunes
Nunnelee
Olson
Owens
Palazzo
Paulsen
Pearce
Perlmutter
Perry
Peters (CA)
Petri
Pittenger
Pitts
Poe (TX)
Pompeo
Posey
Price (GA)
Reed
Reichert
Renacci
Ribble
Rice (SC)
Rigell
Roby
Roe (TN)
Rogers (AL)
Rogers (KY)
Rogers (MI)
Rohrabacher
Rokita
Rooney
Ros-Lehtinen
Roskam
Ross
Rothfus
Royce
Runyan
Ryan (WI)
Salmon
Sanford
Scalise
Schneider
Schock
Schweikert
Scott, Austin
Sensenbrenner
Sessions
Shimkus
Shuster
Simpson
Sinema
Smith (MO)
Smith (NE)
Smith (NJ)
Smith (TX)
Southerland
Stewart
Stivers
Stockman
Stutzman
Terry
Thompson (PA)
Thornberry
Tiberi
Tipton
Turner
Upton
Valadao
Wagner
Walberg
Walden
Walorski
Weber (TX)
Webster (FL)
Wenstrup
Westmoreland
Whitfield
Williams
Wilson (SC)
Wittman
Wolf
Womack
Woodall
Yoder
Yoho
Young (AK)
Young (IN)

NOES—181

Barrow (GA)
Bass
Beatty
Becerra
Bera (CA)
Bishop (GA)
Bishop (NY)
Blumenauer
Bonamici
Brady (PA)
Braley (IA)
Brownley (CA)
Bustos
Butterfield
Capps
Capuano
Cárdenas
Carson (IN)
Cartwright
Castor (FL)
Castro (TX)
Chu
Cicilline
Clark (MA)
Clarke (NY)
Clay
Cleaver
Clyburn
Cohen
Connolly
Conyers
Courtney
Crowley
Cuellar
Cummings
Davis (CA)
Davis, Danny
DeFazio
DeGette
Delaney
DeLauro
DelBene
Deutch
Dingell
Doggett
Doyle
Duckworth
Edwards
Ellison
Engel
Enyart
Eshoo
Esty
Farr
Fattah
Foster
Frankel (FL)
Fudge
Gabbard
Gallego
Garamendi
Garcia
Grayson
Green, Al
Green, Gene
Grijalva
Gutiérrez
Hahn
Hanabusa
Hastings (FL)
Heck (WA)
Higgins
Himes
Hinojosa
Holt
Honda
Horsford
Hoyer
Huffman
Israel
Jackson Lee
Jeffries
Johnson (GA)
Johnson, E. B.
Kaptur
Keating
Kelly (IL)
Kennedy
Kildee
Kilmer
Kind
Kirkpatrick
Kuster
Langevin
Larsen (WA)
Lee (CA)
Levin
Lewis
Lipinski
Loebsack
Lofgren
Lowenthal
Lowey
Lujan Grisham (NM)
Luján, Ben Ray (NM)
Lynch
Maffei
Maloney, Carolyn
Maloney, Sean
Matheson
Matsui
McCollum
McDermott
McGovern
McNerney
Meeks
Meng
Michaud
Miller, George
Moore
Moran
Nadler
Napolitano
Neal
Negrete McLeod
Nolan
O'Rourke
Pallone
Pascrell
Pastor (AZ)
Payne
Pelosi
Peters (MI)
Peterson
Pingree (ME)
Pocan
Polis
Price (NC)
Quigley
Rahall
Rangel
Roybal-Allard
Ruiz
Ruppersberger
Ryan (OH)
Sánchez, Linda T.
Sanchez, Loretta
Sarbanes
Schakowsky
Schiff
Schrader
Scott (VA)
Scott, David
Serrano
Sewell (AL)
Shea-Porter
Sherman
Sires
Slaughter
Smith (WA)
Speier
Swalwell (CA)
Takano
Thompson (CA)
Thompson (MS)
Tierney
Titus
Tonko
Tsongas
Van Hollen
Vargas
Veasey
Vela
Velázquez
Visclosky
Walz
Waters
Waxman
Welch
Wilson (FL)
Yarmuth

NOT VOTING—12

Brown (FL)
Campbell
Griffin (AR)
Hensarling
McCarthy (NY)
McKeon
Miller, Gary
Murphy (PA)
Richmond
Rush
Schwartz
Wasserman Schultz

□ 1425

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

EXPATRIATE HEALTH COVERAGE CLARIFICATION ACT OF 2014

Mr. NUNES. Mr. Speaker, pursuant to House Resolution 555, I call up the bill (H.R. 4414) to clarify the treatment under the Patient Protection and Affordable Care Act of health plans in which expatriates are the primary enrollees, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. HARRIS). Pursuant to House Resolution 555, the amendment printed in House Report 113–422 is considered adopted, and the bill, as amended, is considered read.

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

H.R. 4414

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 ''Expatriate Health Coverage Clarification Act of 2014''.

SEC. 2. TREATMENT OF EXPATRIATE HEALTH PLANS UNDER ACA.

(a) IN GENERAL.—Subject to subsection (b), the provisions of (including any amendment made by) the Patient Protection and Affordable Care Act (Public Law 111–148) and of title I and subtitle B of title II of the Health Care and Education Reconciliation Act of 2010 (Public Law 111–152) shall not apply with respect to—

(1) expatriate health plans;

(2) employers with respect to any such plans for which such employers are acting as plan sponsors; or

(3) expatriate health insurance issuers with respect to coverage offered by such issuers under such plans.

(b) MINIMUM ESSENTIAL COVERAGE AND ELIGIBLE EMPLOYER-SPONSORED PLAN.—For purposes of section 5000A(f) of the Internal Revenue Code of 1986, and any other section of the Internal Revenue Code of 1986 that incorporates the definition of minimum essential coverage provided under such section 5000A(f) by reference, coverage under an expatriate health plan shall be deemed to be minimum essential coverage under an eligible employer-sponsored plan as defined in paragraph (2) of such section.

(c) QUALIFIED EXPATRIATES AND DEPENDENTS NOT UNITED STATES HEALTH RISK.—

(1) IN GENERAL.—For purposes of section 9010 of the Patient Protection and Affordable Care Act (26 U.S.C. 4001 note prec.), for calendar years after 2014, a qualified expatriate (and any dependent of such individual) enrolled in an expatriate health plan shall not be considered a United States health risk.

(2) SPECIAL RULE FOR 2014.—The fee under section 9010 of such Act for calendar year 2014 with respect to any expatriate health insurance issuer shall be the amount which bears the same ratio to the fee amount determined by the Secretary of the Treasury with respect to such issuer under such section for such year (determined without regard to this paragraph) as—

(A) the amount of premiums taken into account under such section with respect to such issuer for such year, less the amount of premiums for expatriate health plans taken into account under such section with respect to such issuer for such year, bears to

(B) the amount of premiums taken into account under such section with respect to such issuer for such year.

(d) DEFINITIONS.—In this section:

(1) EXPATRIATE HEALTH INSURANCE ISSUER.—The term ''expatriate health insurance issuer'' means a health insurance issuer that issues expatriate health plans.

(2) EXPATRIATE HEALTH PLAN.—The term ''expatriate health plan'' means a group health plan, health insurance coverage offered in connection with a group health plan, or health insurance coverage offered to a group of individuals described in paragraph (3)(B) (which may include dependents of such individuals) that meets each of the following standards:

(A) Substantially all of the primary enrollees in such plan or coverage are qualified expatriates, with respect to such plan or coverage. In applying the previous sentence, an individual shall not be taken into account as a primary enrollee if the individual is not a national of the United States and resides in the country of which the individual is a citizen.

(B) Substantially all of the benefits provided under the plan or coverage are not excepted benefits described in section 9832(c) of the Internal Revenue Code of 1986.

(C) The plan or coverage provides benefits for items and services, in excess of emergency care, furnished by health care providers—

(i) in the case of individuals described in paragraph (3)(A), in the country or countries in which the individual is present in connection with the individual's employment, and such other country or countries as the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor, may designate; or

(ii) in the case of individuals described in paragraph (3)(B), in the country or countries as the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor, may designate.

(D) In the case of an expatriate health plan that is a group health plan offered by a plan sponsor that—

(i) also offers a qualifying minimum value domestic group health plan, the plan sponsor reasonably believes that the benefits provided by the expatriate health plan are actuarially similar to, or better than, the benefits provided under a qualifying minimum value domestic group health plan offered by that plan sponsor; or

(ii) does not also offer a qualifying minimum value domestic group health plan, the plan sponsor reasonably believes that the benefits provided by the expatriate health plan are actuarially similar to, or better than, the benefits provided under a qualifying minimum value domestic group health plan.

(E) If the plan or coverage provides dependent coverage of children, the plan or coverage makes such dependent coverage available for adult children until the adult child turns 26 years of age, unless such individual is the child of a child receiving dependent coverage.

(F) The plan or coverage—

(i) is issued by an expatriate health plan issuer, or administered by an administrator, that maintains, with respect to such plan or coverage—

(I) network provider agreements with health care providers that are outside of the United States; and

(II) call centers in more than one country and accepts calls from customers in multiple languages; and

(ii) offers reimbursements for items or services under such plan or coverage in more than two currencies.

(G) The plan or coverage, and the plan sponsor or expatriate health insurance issuer with respect to such plan or coverage, satisfies the provisions of title XXVII of the Public Health Service Act (42 U.S.C. 300gg et seq.), chapter 100 of the Internal Revenue Code of 1986, and part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181 et seq.), which would otherwise apply to such a plan or coverage, and sponsor or issuer, if not for the enactment of the Patient Protection and Affordable Care Act and title I and subtitle B of title II of the Health Care and Education Reconciliation Act of 2010.

(3) QUALIFIED EXPATRIATE.—The term ''qualified expatriate'' means any of the following individuals:

(A) WORKERS.—An individual who is a participant in a group health plan, who is an alien residing outside the United States, a national of the United States, lawful permanent resident, or nonimmigrant for whom there is a good faith expectation by the plan sponsor of the plan that, in connection with the individual's employment, the individual is abroad for a total of not less than 180 days during any period of 12 consecutive months.

(B) OTHER INDIVIDUALS ABROAD.—An individual, such as a student or religious missionary, who is abroad, and who is a member of a group determined appropriate by the Secretary of Health and Human Services, in consultation with the Secretary of the Treasury and the Secretary of Labor.

(4) QUALIFYING MINIMUM VALUE DOMESTIC GROUP HEALTH PLAN.—The term ''qualifying minimum value domestic group health plan'' means a group health plan that is offered in the United States that meets the following requirements:

(A) Substantially all of the primary enrollees in the plan are not qualified expatriates, with respect to such plan.

(B) Substantially all of the benefits provided under the plan are not excepted benefits described in section 9832(c) of the Internal Revenue Code of 1986.

(C) The application of section 36B(c)(2)(C)(ii) of such Code to such plan would not prevent an employee eligible for coverage under such plan from being treated as eligible for minimum essential coverage for purposes of section 36B(c)(2)(B) of such Code.

(5) ABROAD.—

(A) UNITED STATES NATIONALS.—

(i) IN GENERAL.—Except as provided in clause (ii), for purposes of applying paragraph (3) to a national of the United States, the term ''abroad'' means outside the 50 States, the District of Columbia, and Puerto Rico.

(ii) SPECIAL RULE.—For purposes of applying paragraph (3) to a national of the United States who resides in the United States Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, or Guam, the term ''abroad'' means outside of the 50 States, the District of Columbia, Puerto Rico, and such territory or possession.

(B) FOREIGN CITIZENS.—For purposes of applying paragraph (3) to an individual who is not a national of the United States, the term ''abroad'' means outside of the country of which that individual is a citizen.

(6) UNITED STATES.—The term ''United States'' means the 50 States, the District of Columbia, Puerto Rico, the United States Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, and Guam.