

We were all horrified by what happened, but I thought both the Speaker and the minority leader came to the floor and set the right tone, not only for this Congress, but for the Nation. And Speaker RYAN, yesterday, I thought, truly was the Speaker of the entire House of Representatives because when he said that an attack against one of us is an attack against all of us, I think everyone feels that way.

I thought it was also important that both Speaker RYAN and Minority Leader PELOSI reminded us that we are all part of one family. Sometimes we might be a little bit dysfunctional, but the bottom line is we are all part of one family. And like all families, we have our disagreements, we have our points of view, and we fight for what we believe in, and there is nothing wrong with that. In fact, that is what is right about this country.

But, clearly, our politics in this country have gotten coarse and, in many cases, ugly, and what happened yesterday is something that I think that all of us are deeply shocked by. And so we pray for our colleague, STEVE SCALISE, we pray for Matt Mika, Zachary Barth, and the two Capitol Police officers, David Bailey and Crystal Griner. We pray for their speedy recovery.

I, too, want to echo the sentiments that were stated yesterday by our leadership, both in the Republican and the Democratic Parties, that we honor our Capitol Hill police officers. I mean, they protect us each and every day. They put their lives on the line for us. And if they weren't there, the situation could have been much, much worse, and so I thank God that they were there.

As far as the rule goes, the gentleman from Texas knows how I feel about closed rules. I voice my opinion on that often, and I will continue to voice my opinion on that. But I don't think today is the time for me to prolong this debate, and I think we should move on, and that is what I intend to do.

Just one final thing, Mr. Speaker, on a personal note. This is the last rule that David Vince will work on here in the Rules Committee. He has been a fixture over the past several years, both in committee meetings and here on the House floor. He has worked on everything from healthcare to national security and on complex legislation impacting the financial industry.

When David started working here in 2011, he went by his full name, David M. Cooper-Vince. But since he married his wife, Jessica, he now insists we simply call him David Vince, so we are all still adjusting to the change.

But there is good news. While David Vince is leaving the House, he is not going far. He will attend graduate school at Georgetown University here in Washington to study business. We all wish David and his wife, Jessica, well, and we hope to welcome him back to government service again someday.

So, David, thank you very much for your incredible service to this House.

Again, I thank the gentleman from Texas for yielding me the customary 30 minutes.

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

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

Let me just say that I do agree with the honorable gentleman from Massachusetts. Yesterday, I think Speaker RYAN gave one of the finest speeches that I have heard on the floor of this House.

I also agree that there will be ample time for debate on all of the issues that are encompassed in today's rule, and I look forward to that spirited debate, as I always have in the past. But I also agree with the gentleman, that some of that debate may be best left for another day.

I also want to acknowledge the gentleman from Massachusetts and his comments about David Vince. Any time one of our staffers departs from either the minority or the majority side, it is obviously a time of gratitude for their service, and we look forward to what is next in their lives.

But I want to join with the gentleman from Massachusetts that we appreciate the service of David Vince to the minority and to the members of the Rules Committee in general.

So thank you for your service to the House, David.

Mr. Speaker, I applaud my colleagues for all of their work on the rules and the underlying bills.

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

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

□ 1230

VETERANS EQUAL TREATMENT
ENSURES RELIEF AND ACCESS
NOW ACT

Mr. MARCHANT. Mr. Speaker, pursuant to House Resolution 379, I call up the bill (H.R. 2372) to amend the Internal Revenue Code of 1986 to clarify the rules relating to veteran health insurance and eligibility for the premium tax credit, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. MURPHY of Pennsylvania). Pursuant to House Resolution 379, the amendment in the nature of a substitute recommended by the Committee on Ways and Means, printed in the bill, is adopted and the bill, as amended, is considered read.

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

H.R. 2372

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 "Veterans Equal Treatment Ensures Relief and Access Now Act" or the "VETERAN Act".

SEC. 2. CLARIFICATION RELATING TO VETERAN HEALTH INSURANCE AND ELIGIBILITY FOR PREMIUM TAX CREDIT.

(a) AMENDMENT OF PRE-2020 CREDIT.—

(1) IN GENERAL.—Section 36B(c)(2)(B)(i) of the Internal Revenue Code of 1986, prior to any amendment by section 214 of the American Health Care Act of 2017, is amended by adding at the end the following: "For purposes of the preceding sentence, an individual shall not be treated as eligible for coverage described in section 5000A(f)(1)(A)(v) unless such individual is enrolled in such coverage."

(2) EFFECTIVE DATE.—The amendment made by this subsection shall apply to taxable years ending after December 31, 2013.

(b) AMENDMENT OF POST-2019 CREDIT.—

(1) IN GENERAL.—Section 36B(d) of such Code, as amended by section 214 of the American Health Care Act of 2017 and in effect for months beginning after December 31, 2019, is amended by adding at the end the following:

"For purposes of paragraph (2)(B), an individual shall not be treated as eligible for coverage described in section 5000A(f)(1)(A)(v) unless such individual is enrolled in such coverage."

(2) EFFECTIVE DATE.—The amendment made by this subsection is contingent upon the enactment of the American Health Care Act of 2017 and shall apply (if at all) to months beginning after December 31, 2019, in taxable years ending after such date.

The SPEAKER pro tempore. The gentleman from Texas (Mr. MARCHANT) and the gentleman from Massachusetts (Mr. NEAL) each will control 30 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. MARCHANT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include in the RECORD any extraneous material on the bill currently under consideration.

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

There was no objection.

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

I would first like to thank Chairman BRADY for his strong support of this bill, the Veterans Equal Treatment Ensures Relief and Access Now Act, the VETERAN Act. This important legislation, which was reported out of the Ways and Means Committee on a bipartisan basis, will ensure all eligible veterans have access to quality, affordable private health insurance.

Mr. Speaker, this Chamber cannot underscore enough the sacrifices of our veterans and the sacrifices they have made to protect the freedom and individual liberty of each American. In return for their faithful service, these brave men and women are promised that, when they return home, they will have access to affordable healthcare through the Veterans Administration.

However, some veterans decide to forego their VA benefits and, instead,

choose an alternative healthcare. Veterans should have the opportunity to choose the best healthcare option available to fit their needs. It is only right that our veterans are given the same opportunity as our other citizens have and the citizens that they defend.

There have been conflicting reports about the eligibility of certain veterans to receive tax credits for all health insurance under the American Health Care Act. Make no mistake about it, no veteran would see a change in their eligibility status as a result of the AHCA.

In fact, despite the Democrat's claims about veterans' eligibility for tax credits under the AHCA, when they voted for and signed ObamaCare into law, they failed to include this very same clarification in statute. Rather, they left it to the Department of the Treasury to issue a regulation clarifying that veterans are still eligible for a credit unless they are enrolled in a VA healthcare benefit plan.

So today this legislation, authorized by my friend and a veteran, Mr. SAM JOHNSON, should put into law current practice confirming that veterans can, without question, get a tax credit to purchase health insurance in the individual market if they choose not to enroll in VA coverage.

It is important to note that AHCA initially proposed to put into law this current practice, but that provision had to be removed due to Senate guidance about their Chamber's unique reconciliation rules. While I am disappointed that this happened, I am glad that this body is acting on this item today.

I would note that this legislation has received the support of several veterans' organizations, including the Paralyzed Veterans of America, the Association of the United States Navy, and The Retired Enlisted Association.

I think that something we can all agree on is that our veterans should have the choice in where they receive their healthcare, just like the American citizens they defended. In that spirit, this bill is something we can all get behind.

To our veterans and their families, I thank them for their service. To my friend SAM JOHNSON, I thank him for his leadership and the authoring of this important bill.

I ask my colleagues for their support of the VETERAN Act.

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

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

Mr. Speaker, before I begin, I want to send my deepest thoughts and prayers to our colleague Whip SCALISE, the Capitol Police officers, and the staff members that were injured in yesterday's shooting.

Although my Republican colleagues and I have robust policy discussions, ultimately, we desire the same goals. Today is no different, and our institution is based on the respect and

thoughtful debate that remain important pillars of our democracy.

Mr. Speaker, this discussion and debate that we are about to have here is an honest disagreement. There is no suggestion here that there is anybody on this side of the aisle that is any less enthusiastic or less sincere in their support of what it is that our veterans need and desire. This is an honest policy dispute.

And I must tell you, based on long service in this institution, this is an unusual manner in which to proceed. We are actually being asked today to amend a piece of legislation that a month ago left this institution. I have not been witness to this, I believe, in the past; and I hope that, as we go on for the next hour, we will have a chance to connect the dots for our colleagues about why this underlying bill is less than desirable.

Last month, the Republicans brought TrumpCare to the House floor and every Democrat in this institution opposed it. This was the Republican leadership's second attempt to pass the repeal, and it seems that their first attempt was not harmful enough to the American people.

The measure, as passed, takes health insurance from millions of Americans, raises premiums for working families, and places an age tax on older Americans. Middle class Americans would end up on the losing end, while millionaires would receive a handsome, nearly \$1 trillion tax cut.

Perhaps most concerning is that Members voted in favor of this legislation without understanding its impact on the American people. There were no hearings on TrumpCare. Amendments were rushed to the floor without committee consideration, and the CBO score was not available at the time the House considered it.

CBO, based on nonpartisan career professionals, provides important context and independent advice for Members of Congress. It provides an opportunity for us to look at the long-term results and ramifications of policies we are considering.

Clearly, our Republican friends don't care about the jarring consequences CBO foretold. The House has ignored certain procedures when considering these important measures.

First, since the Republican repeal bill passed, the CBO confirmed that the measure would leave 23 million Americans without health insurance. It would cut Medicaid by \$800 billion, discriminate against individuals with pre-existing conditions, and drastically raise premiums for older Americans.

Earlier this week, the CMS actuary confirmed that out-of-pocket costs will rise by 61 percent, and premiums will be 5 percent higher than under current law. Simply put, TrumpCare would force Americans to pay more for lower quality healthcare coverage.

Second, this bill is not appropriate to consider now because it amends the TrumpCare bill, as I noted a moment

ago, that has not passed the Senate. And our Senate colleagues have stated they are rewriting a House bill that the President called "mean."

Now I would like to turn to my substantive concerns with this bill.

H.R. 2372 would amend the AHCA to allow veterans not enrolled in military-related coverage to receive tax credits. It does nothing to fix the issues in the TrumpCare bill.

Whether or not you initially supported the wars in Iraq and Afghanistan—and I was one of the few in this institution that voted and spoke against the war in Iraq those years ago—these wars have created 1 million more veterans, and we need to do what we can to provide them with the support that we promised them.

Let me remind my colleagues that the TrumpCare bill would shift costs onto veterans through per capita caps, roll back Medicaid expansion for veterans, and erode essential health benefits and preexisting conditions protections.

The Republican health plan would dramatically cut Medicaid, a program that provides healthcare for nearly 2 million veterans. And the President's recently released budget takes it a step further by cutting veterans' programs, including disability benefits.

Even if this bill is incorporated into TrumpCare legislation, it would not undo the terrible cuts in the bill: enormous coverage losses, more than \$800 billion worth of cuts to Medicaid, unravel important consumer protections or cuts to programs designed to help address the opioid addiction crisis in my State of Massachusetts and throughout the Nation.

I am quite sure everyone in this institution at this moment and those who are viewing know somebody close to them who is addicted to opioids.

In addition, Medicaid is now a program that many middle class Americans rely on for long-term care. Thanks to Medicare and Medicaid, your parents are not living in your attic.

This bill does nothing to fix the Republican healthcare plan and could create new problems. If Republicans are serious about addressing middle class American healthcare needs, they should go back to the drawing board and start over and work with us.

This exercise is a distraction from the real issue, which is the harm caused by the underlying TrumpCare bill. Instead, we should be considering issues that help hardworking Americans and their families.

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

Mr. MARCHANT. Mr. Speaker, I agree with Ranking Member NEAL that this is just a difference of opinion. It is a difference of policy opinion. There is no animosity on either side of this debate.

Mr. Speaker, I yield such time as he may consume to the gentleman from Tennessee (Mr. ROE), chairman of the Veterans' Affairs Committee.

Mr. ROE of Tennessee. Mr. Speaker, I rise today in support of H.R. 2372, the Veterans Equal Treatment Ensures Relief and Access Now, or VETERAN, Act, which I am proud to sponsor along with Congressman SAM JOHNSON from Texas and a number of our colleagues.

The VETERAN Act would codify an existing Internal Revenue Service regulation, allowing a veteran who is eligible for but not enrolled in the Department of Veterans Affairs healthcare system to use a tax credit to purchase health insurance. Language that would have codified that regulation in law was removed from a draft version of the American Health Care Act in 2017 earlier this year to comply with Senate rules.

While the removal of that language from the version of the bill that ultimately passed the House in no way changed existing regulation or a veteran's eligibility to receive a tax credit pursuant to it, it did form a basis for politically charged assertions that the American Health Care Act would harm veterans.

First, congressional intent is clear. Second, I am confident that the IRS would interpret the relevant language of the American Health Care Act in the same manner as it did similar language in the Affordable Care Act under the President Obama administration.

Nevertheless, I am glad that the passage of the VETERAN Act today will, once and for all, put an end to posturing over this issue and codify Congress' expectation that veterans who are eligible for but not enrolled in the VA healthcare system may continue to receive applicable tax credits to purchase health insurance.

Mr. Speaker, I urge all of my colleagues to support the passage of the VETERAN Act today.

Mr. NEAL. Mr. Speaker, I yield 3 minutes to the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. Mr. Speaker, I thank my friend from Massachusetts for yielding me this time.

Mr. Speaker, I rise in support of the VETERAN Act, the legislation before us today, and I do so for a very simple reason: This merely codifies what is already existing law under the Affordable Care Act, or so-called ObamaCare, something that was done through rule-making that I presume has bipartisan support.

□ 1245

Yes, it is important to protect the veterans, but the reason we are on the floor today is another example of one of the greatest legislative malpractice acts ever committed in Congress: trying to pass a Republican healthcare bill with no oversight, with no hearing, no public input, and no experts testifying to run the traps for us as far as the intended and the unintended consequences.

The reason we are on the floor now 1 month after passage of that bill is to try to correct just one of the deficiencies that exist in it.

I say it is a so-called healthcare bill because what it really is is a \$900 billion tax break to the most wealthy individuals in our country, including insurance companies and drug companies, under the guise of healthcare reform and asking 23 million Americans, including 2 million veterans, as my friend from Massachusetts just pointed out, in Medicaid to give up their healthcare coverage to pay for that massive tax cut.

It also will discriminate against older Americans in a rural congressional district, such as mine in western and north central Wisconsin, by allowing insurance companies to charge them higher premiums. It will also allow insurance companies to once again discriminate against individuals that have preexisting conditions.

It does absolutely nothing to control the costs of healthcare—which have been rising—especially prescription drug costs that are affecting all Americans, and it was done in a way to jam this Congress and jam the American people about the consequences of this so-called healthcare bill.

So, yes, let's fix and make sure that we are protecting veterans who are getting their healthcare outside the VA medical center so that they, too, qualify for premium tax credits, which this legislation allows.

But let's do healthcare the right way by studying the implications of what will affect one-fifth of the entire U.S. economy and almost one-half of all Federal spending. Let's regroup and do it the right way, through normal legislative process. That is having bipartisan discussions, committee hearings, and talking to the experts—consumers and patients alike—so we know what we are getting into when we are trying to take a run at the importance of healthcare in our country.

One area that I think we can reach bipartisan agreement on or should be focused on are further steps to reduce the cost of healthcare to make it more affordable for all Americans. Again, we are missing that opportunity because of the lack of hearings and because of how this legislation was rushed through this Chamber just a month ago.

We on this side didn't even get to see the language of it until late the night before it was on the House floor. That is no way to legislate healthcare policy.

Mr. Speaker, let's fix it today with this one small piece of legislation.

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

Mr. NEAL. Mr. Speaker, I yield 2½ minutes to the gentleman from California (Mr. TAKANO), who is a well-known advocate for veterans.

Mr. TAKANO. Mr. Speaker, I want to begin my remarks by offering my thoughts and prayers to Majority Whip STEVE SCALISE and his family, as well as Special Agents David Bailey and Crystal Griner, and the two other members of our community who were injured in yesterday's attack.

We are a family—from Members to staff, to the Capitol Police officers who keep us safe. Families have disagreements and arguments, but, in the end, we support each other. Speaker RYAN got it absolutely right yesterday: an attack on one of us is an attack on all of us.

We owe it to the American people to hold a vigorous and public debate of our ideas, but we also owe it to them and to each other to do so without losing touch with our humanity.

With that in mind, Mr. Speaker, I rise in support of H.R. 2372, which would protect access to tax credits for up to 7 million veterans on the American Health Care Act. However, I am concerned by the process that led to this legislation.

In testimony to the Rules Committee and on the House floor, I described this loophole in the bill that jeopardizes access to tax credits for veterans who are eligible but not enrolled in the VA.

Repeatedly, supporters of the AHCA told me that veterans' tax credits would be protected by existing regulation. This bill is evidence that the loophole is an issue and that the existing regulation would no longer apply if the Affordable Care Act was repealed.

While I am glad we are making this fix, I am concerned that the rushed process for considering the AHCA led to the House passing disruptive healthcare legislation without fully understanding its impact on millions of Americans, especially our Nation's veterans.

The tax credit issue is relatively easy to solve, but there are more complicated issues for veterans under the AHCA that require more comprehensive solutions.

The \$834 billion cut to Medicaid could impact nearly 2 million veterans. The potential for States to waive protections like essential health benefits could lead many veterans without health coverage for the invisible wounds of war. Indeed, military service could be construed as a preexisting condition.

As someone who repeatedly called out this veterans loophole, I feel compelled to support this fix, but my support is not an endorsement of the AHCA or its impact on veterans and their families.

Mr. MARCHANT. Mr. Speaker, I yield such time as he may consume to the gentleman from Florida (Mr. BILIRAKIS), a member of the Veterans' Affairs Committee.

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of the VETERAN Act, H.R. 2372.

Our Nation's veterans must have access to affordable, quality healthcare options. I know that is one thing, of course, everybody can agree on, particularly when it comes to our veterans.

The VETERAN Act codifies an important protection for those who served. Veterans who are not already enrolled in health insurance through

the VA will continue to have the option to purchase coverage on the individual insurance market.

Under the American Health Care Act, those veterans seeking coverage on the individual market will be eligible for tax credits to purchase the plan that is right for them. It is only right. This bill ensures our veterans have more options and more control over their healthcare.

Mr. Speaker, again, this is something we can all agree on. I am proud to be an original cosponsor of this legislation, and I urge passage.

Mr. NEAL. Mr. Speaker, I yield 2½ minutes to the gentlewoman from New Hampshire (Ms. KUSTER).

Ms. KUSTER of New Hampshire. Mr. Speaker, I rise to speak on H.R. 2372, the VETERAN Act. However, before I speak about this bill, I would like to take a moment to thank my colleagues, General BERGMAN and Dr. WENSTRUP, both colleagues of ours on the very bipartisan Veterans' Affairs Committee, for their bravery on the ball field yesterday.

Yesterday was a harrowing day for my colleagues, and their courage under fire made this Congress and America proud. While Majority Whip SCALISE is still in critical condition, our colleagues, who both served our country in uniform, gave Mr. SCALISE a fighting chance. Please keep Mr. SCALISE, Matt Mika, Zack Barth, and U.S. Capitol Police Officers Crystal Griner and David Bailey in your thoughts and prayers.

I rise before you today on the VETERAN Act to voice my concerns on the underlying bill it seeks to fix: the American Health Care Act.

My colleagues and I criticized the AHCA a few weeks ago because it did not give veterans access to, and choice for, affordable healthcare. I am very glad to be here today now that my Republican colleagues have realized this error and are seeking to help veterans gain access to tax credits.

I renew my commitment to work in a bipartisan way to improve the healthcare system in America. Our goal should be a system that provides access to affordable healthcare to all Americans, including those who have served in uniform.

But no one should be under the illusion that the AHCA, with or without the VETERAN Act, will achieve these goals. The AHCA includes significant negative changes to Medicaid. This Congress and the American people should know that more than 2 million veterans rely upon Medicaid for their healthcare, and millions more spouses and children of veterans also rely on Medicaid. The AHCA would slash \$834 billion in Medicaid coverage.

When 40 percent of working-age veterans have no other coverage, passing the AHCA will mean that these veterans and their families have no access to lifesaving healthcare.

As co-chair of the bipartisan task force combating the opioid epidemic, I urge my colleagues to consider that

Medicaid provides vital mental health and substance abuse treatment for many of these veterans and their families that they will not receive otherwise. For our veterans seeking treatment for combat wounds, PTSD, MST, and other conditions, under the AHCA, military service to our country could be considered a preexisting condition resulting in a denial of care.

Mr. MARCHANT. Mr. Speaker, I have no further speakers at this time, and I reserve the balance of my time.

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

Mr. Speaker, in closing, I want to make sure that the American people understand the impact of the underlying bill that H.R. 2372 intends to amend.

The bill purports to make a fix to the Republicans' harmful healthcare bill, but the fix is inadequate for the harm the underlying legislation would cause.

We have independent verification from both the CMS actuary and the Congressional Budget Office to reinforce our position. The Republican healthcare bill would cause millions to lose health insurance, face higher premiums and out-of-pocket costs, and jeopardize the health security that Americans with preexisting conditions have today.

We should be working to improve our healthcare system, not making it more difficult and unaffordable for America's families. If this is such a great policy, let's not tie it to a bill that is doomed in the Senate. In fact, if anybody can find out where it is even being discussed or authored in the Senate, they should inform us. It clearly is not being done in the open. Let's not tie it to that simple provision, and pass it as it stands alone today.

Middle class Americans can't afford this recipe. I urge my colleagues to work over the next few months to educate the American people about the Republican health plan and how harmful it is to our Nation's health. Hospitals oppose it, doctors oppose it, and patient groups oppose it. The bill needs to be scrapped. We should instead be helping the middle class, not giving giant tax cuts to the wealthy.

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

Mr. MARCHANT. Mr. Speaker, again, I would like to express my gratitude to Ranking Member NEAL and his hard work on the Ways and Means Committee and his keeping the issue before us.

But the AHCA makes no changes to veterans' healthcare. Under this bill, unless vets decide to enroll in VA coverage, they are eligible for financial support. Veterans should have the opportunity to choose the best healthcare option to meet their needs. It is only right that our veterans are given the same opportunities as the citizens that they defended.

Mr. Speaker, I urge my colleagues to support the VETERAN Act. I ask for its passage, and I yield back the balance of my time.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I'd first like to thank Chairman BRADY for his strong support of my bill, the veterans Equal Treatment Ensures Relief and Access Now (VETERAN) Act. This important legislation, which passed the Ways and Means Committee with bipartisan support, seeks to ensure all eligible veterans have access to quality, affordable private health insurance.

Mr. Speaker, I spent 29 years in the U.S. Air Force, so I understand the sacrifices our veterans have made to protect the freedom and individual liberties of each American. In return for their faithful service, these brave men and women are promised that when they return home, they will have access to affordable healthcare through the VA.

However, some some veterans decide to forgo VA coverage and instead choose to enroll in other health coverage—as is their right. But regardless of their eligibility for VA health coverage, veterans should have the opportunity to choose the best health care option to meet their needs. It is only fair that our veterans are given the same opportunities as the citizens they defend.

With respect to the American Health Care Act, some folks have raised concerns about the eligibility of certain veterans to receive tax credits for health insurance. Specifically in question are veterans who are eligible for, but not enrolled in, VA Health Coverage. Make no mistake about it, we must ensure that these veterans have the same access to the tax credits provided by The American Health Care Act as any other American would.

That's where my bill, The Veteran Act, comes into play. My bill would simply put into law a guarantee that veterans can indeed get these tax credits to purchase health insurance in the individual market. Without The Veteran Act, the eligibility of America's veterans for AHCA tax credits would be left in the hands of IRS bureaucrats. That would be a mistake. This is too important of an issue to leave in the hands of the IRS. Bottom-line: this is a belt-and-suspenders approach to ensure veterans have access to these tax credits.

It's important to note that the American Health Care Act initially proposed to provide tax credits to veterans, but this language had to be removed due to reconciliation rules. While I was disappointed that this section was removed, I am glad we are doing the right thing today.

I would note that this legislation has received the support of several veterans' organizations, including:

- (1) The Paralyzed Veterans of America;
- (2) The Association of the United States Navy; and
- (3) The Retired Enlisted Association.

As I stated earlier, our veterans should have choice in where they receive their healthcare, just like the American citizens they defend. I think that's something we can all agree upon. And in that spirit, I think this bill is something we can all get behind. I ask my colleagues for their support of The Veteran Act.

To our veterans and their families, I thank you for your service. God bless you, and God bless America. I salute you.

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

Pursuant to House Resolution 379, the previous question is ordered on the bill, as amended.

The question is on engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, was read the third time, and passed.

□ 1300

BROADER OPTIONS FOR AMERICANS ACT

Mr. TIBERI. Mr. Speaker, pursuant to House Resolution 379, I call up the bill (H.R. 2579) to amend the Internal Revenue Code of 1986 to allow the premium tax credit with respect to unsubsidized COBRA continuation coverage, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 379, the amendment in the nature of a substitute recommended by the Committee on Ways and Means, printed in the bill, is adopted and the bill, as amended, is considered read.

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

H.R. 2579

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 “Broader Options for Americans Act”.

SEC. 2. PREMIUM TAX CREDIT ALLOWED WITH RESPECT TO UNSUBSIDIZED COBRA CONTINUATION COVERAGE.

(a) IN GENERAL.—Section 36B(f) of the Internal Revenue Code of 1986 is amended—

(1) by inserting after “in section 9832(b)” the following: “offered in the individual health insurance market within a State (within the meaning of section 5000A(f)(1)(C)), or any unsubsidized COBRA continuation coverage,” and

(2) by striking paragraph (1) and by redesignating paragraphs (2), (3), (4), and (5) as paragraphs (1), (2), (3), and (4), respectively.

(b) CERTIFICATION OF UNSUBSIDIZED COBRA CONTINUATION COVERAGE.—Section 36B(g) of such Code is amended by redesignating paragraph (9) as paragraph (10) and by inserting after paragraph (8) the following new paragraph:

“(9) SPECIAL RULE FOR UNSUBSIDIZED COBRA CONTINUATION COVERAGE.—In the case of unsubsidized COBRA continuation coverage—

“(A) subsection (d)(1) shall be applied by substituting ‘COBRA continuation coverage which is certified by the plan administrator (as defined in section 414(g)) of the group health plan’ for ‘health insurance coverage which is certified by the State in which such insurance is offered’, and

“(B) the requirements of paragraph (8) shall be treated as satisfied if the certification meets such requirements as the Secretary may provide.”.

(c) UNSUBSIDIZED COBRA CONTINUATION COVERAGE.—Section 36B of such Code is amended by adding at the end the following new subsection:

“(h) UNSUBSIDIZED COBRA CONTINUATION COVERAGE.—For purposes of this section—

“(1) IN GENERAL.—The term ‘unsubsidized COBRA continuation coverage’ means COBRA continuation coverage the payment of applicable premiums (as defined in section 4980B(f)(4)) for which is solely the obligation of the taxpayer.

“(2) COBRA CONTINUATION COVERAGE.—The term ‘COBRA continuation coverage’ means continuation coverage provided—

“(A) pursuant to part 6 of subtitle B of title I of the Employee Retirement Income Security

Act of 1974 (other than under sections 602(5) and 609), title XXII of the Public Health Service Act, section 4980B (other than subsection (f)(1) thereof insofar as it relates to pediatric vaccines), or section 8905a of title 5, United States Code,

“(B) under a State law or program that provides coverage comparable to coverage described in subparagraph (A), or

“(C) under a group health plan that is a church plan (as defined in section 414(e)) and is comparable to coverage provided pursuant to section 4980B.

Such term shall not include coverage under a health flexible spending arrangement.”.

(d) CONFORMING AMENDMENT.—

(1) Section 36B(d)(2)(A) is amended by inserting “COBRA continuation coverage or” after “other than”.

(2) Section 36B(g)(6) of such Code is amended by striking “subsection (f)(5)” and inserting “subsection (f)(4)”.

(e) AMENDMENT OF SECTION 36B AS AMENDED BY AMERICAN HEALTH CARE ACT OF 2017.—Whenever in this section an amendment is expressed in terms of an amendment to section 36B of the Internal Revenue Code of 1986, the reference shall be considered to be made to such section as amended by the American Health Care Act of 2017 and in effect for months beginning after December 31, 2019.

(f) EFFECTIVE DATE.—The amendments made by this section are contingent upon the enactment of the American Health Care Act of 2017 and shall apply (if at all) to months beginning after December 31, 2019, in taxable years ending after such date.

The SPEAKER pro tempore. The gentleman from Ohio (Mr. TIBERI) and the gentleman from Massachusetts (Mr. NEAL) each will control 30 minutes.

The Chair recognizes the gentleman from Ohio.

GENERAL LEAVE

Mr. TIBERI. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the bill currently under consideration.

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

There was no objection.

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

Mr. Speaker, I, too, want to add my thoughts and prayers for our colleague and friend, Congressman STEVE SCALISE, and the victims of yesterday’s shooting. May God be with them during this time.

Mr. Speaker, my bill, Broader Options for Americans Act, is before us today.

We have all heard about COBRA continuation coverage, which allows someone with group health insurance who experiences a qualifying life event to keep their job-based coverage when they no longer have a job and, most importantly, their plan’s networks of providers—doctors, hospitals, et cetera—for a certain amount of time.

Currently, consumers with COBRA coverage, who could face a cost of up to 102 percent of plan costs, are not eligible for ObamaCare’s Federal subsidies. My bill allows individuals who pay for the full cost of such continuation of

coverage to qualify for the tax credit established under the American Health Care Act.

This allows those consumers, including clergy, church lay workers, and their dependents who are experiencing similar circumstances and who get their coverage through church plans, who have been affected by sudden life changes to receive assistance to pay for their unsubsidized health premiums.

This bill represents another step forward in our continuing work to help Americans access more options for true patient-centered healthcare.

Mr. Speaker, this hits close to home for me. As a high school student, my dad lost his job of 25 years. I think the gentleman from Massachusetts has heard that story before. We, as a family, lost our healthcare and went into COBRA coverage.

This is a solution that impacts people across America, and I urge my colleagues on both sides of the aisle to pass this legislation today.

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

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

Mr. Speaker, I want to express again, as I did earlier, the support we have for the Capitol Police and others for the good work they do every single day and extend our best wishes to Majority Whip SCALISE.

My friend, Mr. TIBERI, who is managing time on the Republican side, said he was, I think, 17 years old. If he were here and had supported the Clinton healthcare bill, that never would have happened. That would be another way that we might want to look at.

Mr. Speaker, as I said a bit ago, this is an unusual procedure. We are being asked to amend legislation that left the institution. Heaven knows where the Republican healthcare bill rests today. The President calls it mean; the Senate won’t tell us where they are, as they write the bill, and when it might emerge; and we find ourselves offering amendments to something that is not going to happen.

H.R. 2579, the Broader Options for Americans Act, would allow premium tax credits to be used for unsubsidized COBRA coverage under TrumpCare. Unfortunately, this does nothing to fix the AHCA, the underlying measure this bill intends to amend.

Older Americans are likely to rely on COBRA, and the AHCA would allow insurers to charge older Americans up to five times more than they charge younger Americans. The tax credits in H.R. 2579 would not make COBRA coverage any more affordable for the American people. In addition, it could potentially weaken the risk pool coverage because it would encourage older and sicker workers to remain on COBRA that could hurt small businesses. This is simply a backdoor way for States to discriminate against existing conditions.

Because of weakening essential healthcare in the underlying