

# CUSTOM HEALTH OPTION AND INDIVIDUAL CARE EXPENSE ARRANGEMENT ACT

## GENERAL LEAVE

Mr. SMITH of Missouri. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and submit extraneous material on H.R. 3799.

The SPEAKER pro tempore (Ms. HAGEMAN). Is there objection to the request of the gentleman from Missouri?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 524 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 3799.

The Chair appoints the gentleman from Arkansas (Mr. CRAWFORD) to preside over the Committee of the Whole.

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## IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 3799) to amend the Internal Revenue Code of 1986 to provide for health reimbursement arrangements integrated with individual health insurance coverage, with Mr. CRAWFORD in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate shall be confined to the bill and shall not exceed 80 minutes equally divided among and controlled by the chair and ranking minority member of the Committee on Education and the Workforce, or their respective designees, and the chair and ranking minority member of the Committee on Ways and Means, or their respective designees.

The gentlewoman from North Carolina (Ms. FOXX), the gentleman from Virginia (Mr. SCOTT), the gentleman from Missouri (Mr. SMITH), and the gentleman from Texas (Mr. DOGGETT) each will control 20 minutes.

The Chair recognizes the gentleman from Missouri (Mr. SMITH).

Mr. SMITH of Missouri. Mr. Chair, I yield myself such time as I may consume.

Mr. Chair, we are here today considering this legislation because we have listened to the American people and are taking action on their behalf.

The Ways and Means Committee has traveled over 5,000 miles to hear directly from working Americans about the impact today's economy has had on them and their communities. Whether it be in a lumber mill in West Virginia or a cattle ranch in Oklahoma, workers, families, farmers, and small businesses have told us the same thing: They need relief from the Biden economy.

The legislation before us today will help make life a little bit easier on small businesses. It allows them to provide more options to their employees

when it comes to health insurance benefits.

The CHOICE Arrangement Act gives small businesses more flexibility to provide health insurance benefits to current and future workers. Introduced by Representative HERN, this legislation codifies a Trump administration rule allowing small businesses to reimburse employees for buying their own health insurance on the individual market.

Washington should not stand in the way of workers getting the healthcare coverage that is best for them and their families. Just as important, workers should be able to take their insurance plan with them if they leave their current job. This bill gives small businesses the opportunity, if they so choose, to shed the administrative burden of managing traditional insurance coverage. At the same time, it gives workers more options for their own healthcare and makes the coverage portable.

Also included in the underlying bill is a provision from Representative TENNEY that ensures small businesses are made aware of the flexible, tax-advantaged insurance coverage options available to them and their employees. We have heard that 70 percent of small businesses are not aware of the various health insurance options out there, such as CHOICE arrangements, qualified small employer health reimbursement arrangements, or the small business healthcare tax credit. This bill would make sure small businesses are notified about the availability and tax benefits of these options so businesses can make more informed decisions about how to support their employees' healthcare choices.

This legislation also includes important provisions to increase access to stop-loss insurance and expand association health plans, which will create more choices for American small businesses to offer health benefits to their workers at lower costs.

Mom-and-pop stores did not set out to be paper pushers and benefit managers, and we should not force them into that role. I urge my colleagues to support this bill to help small businesses support their workforce and let them focus on what they do best: serving their customers and employees.

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

Mr. DOGGETT. Mr. Chair, I yield myself such time as I may consume.

Millions of Americans are finding the security and the peace of mind that comes from having access to a family physician through the Affordable Care Act. If the gentleman has been listening to the American people, he has turned a tin ear to the 16 million Americans that have now enrolled in the marketplaces under the Affordable Care Act.

Republicans, unwilling to accept the success of what they demeaned as ObamaCare, Republicans who failed more than 60 times in this House to re-

peal ObamaCare, who failed three times in the Supreme Court to undermine ObamaCare, have now embarked on a new strategy, which is to circumvent and undermine the invaluable protections of the Affordable Care Act.

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With this bill, Republicans are demanding that every individual who gets stuck in one of these newfangled plans that they have is denied protection from having their insurer exclude preexisting conditions, no assurance of coverage for essential medical care, and no assurance of affordability.

I offered an amendment to correct one part of this defective bill to give Americans statutory protection, so they are not back in the old pre-Affordable Care Act period of losing coverage when they needed it most because they had something the insurance company defined as a preexisting condition, but that was rejected.

At the time, they claimed that was their intent, but when you look at the specific statutory language, there is no doubt that the protection for preexisting conditions and essential conditions is excluded from their legislation.

These so-called Individual Coverage Health Reimbursement Arrangements, ICHRAs, are about as convoluted as the name suggests. They are as my grandson, Canyon, would say, they are icky.

Handing people a voucher and telling them to go shop for coverage follows the same ill-conceived Republican approach to sabotage Medicare, which they continue to promote in their latest budget. Instead of giving Medicare beneficiaries guaranteed coverage, they would give seniors a voucher with declining value and tell them to go find coverage.

Instead of the guaranteed, comprehensive coverage workers now receive, this bill would force so many people to find healthcare in a sea of junk, exposing them to misleading marketing and aggressive brokers. An estimated 2 million workers would be immediately impacted by this sorry bill, and with another provision that is in the bill that directs the Treasury Department to go out and promote access to junk plans, we could expect these numbers of impacted workers to increase.

Inevitably, the result is bare-bones, junk insurance that misleads on coverage, has high out-of-pocket costs, and abandons those with preexisting conditions. The policy's fine print takes away all the bold promises of the marketing. Those who need coverage the most will be unable to afford it or receive minimal junk coverage.

In a Nation that is as rich as America, going broke shouldn't be a side effect of trying to get healthcare, but exposing more people to financial ruin is exactly what this kind of legislative approach will achieve.

This misguided scheme suffers, I think, from a form of preexisting condition itself. It is called amnesia, because they forget the conditions that

existed for so many Americans in this country before the Affordable Care Act became law. Situations like those who contacted me from Texas: Someone who had been a victim of domestic violence declared to have a preexisting condition; an infant born with some preexisting condition denied the coverage that they need; any number of excuses when coverage was needed the most because of preexisting conditions.

That is why I thought it was so important to amend this legislation, and the refusal of my Republican colleagues to clarify that now sends forward loud and clear that that is their objective.

There is even more ick to the ICHRA bill that is being introduced, and that is the opportunity that is created for class discrimination. This bill legalizes that discrimination. My amendment would have prevented that also.

Employees that are out there on the assembly line; those who are in the chicken processing plant, or the meat-packer, or out in the cornfields; they are in the dirtiest, most difficult, and usually the lowest-paid jobs. They can be treated one way under this bill, while the executives sitting off in the office tower are treated another and getting an entirely different kind of coverage because of the way they have written their bill.

Lower-wage workers who would be eligible, in fact, for a better policy under the Affordable Care Act with a no-premium or low-premium policy, would instead be required to search for a policy with more holes than safety net.

Finally, we discover something on which Republicans are pro-choice. I didn't think they were pro-choice on anything, but the genuine choice they provide is to the employer, not to the employee, a choice to divide employees into the haves and the have-nots; providing employer coverage to some and leaving others to fend for themselves.

Predictably, that burden will fall on the low-wage workers and the sick employees that employers don't want to cover. One survey already of employers found that 60 percent of large firms intended to offer ICHRA to only low-wage workers. That is icky.

To prohibit discrimination by employers and junk plans alike, the amendment I offered would have offered protection. This bill, as it stands, does not. It should be rejected.

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

Mr. SMITH of Missouri. Mr. Chair, all CHOICE Arrangement Act plans must cover preexisting conditions, cap out-of-pocket expenses, and cover key health benefits.

CHOICE arrangements do not allow employers to discriminate against any group of employees. They require equal contributions to all employees with the same employment status, and only adjust contribution amount for age and family size, to make the record straight.

I yield 3 minutes to the gentleman from Oklahoma (Mr. HERN), the sponsor of this legislation.

Mr. HERN. Mr. Chairman, as a small business owner and job creator for over the past 35 years, I offered healthcare plans to my employees and worked with them to find the best coverage for their families. I have seen firsthand the impact of increasing healthcare, and I have also done the burdensome paperwork to manage the plans on the back end.

I came to Congress 4 years ago, and the reason I came was because of the burden that this Congress over the years has put on job creators across America.

The small business healthcare package being debated today helps simplify healthcare and empower people in one of their most personal decisions, their healthcare.

I find it ironic that the gentleman across the aisle identifies the ACA requirements as junk because the CHOICE Arrangement Act follows the ACA guidelines. It encourages people to go out and shop. It follows the rules on preexisting conditions.

But what we really know, what they don't like about this is it doesn't go in the direction they want to go, which is to federalize all healthcare. That has been the mission since day one, for the government to run your healthcare. That just simply won't work.

I am proud that this package includes my bill, the CHOICE Arrangement Act, which allows employees to use money from their employer to buy the healthcare plan that works best for them.

Four years ago, the Trump administration finalized a rule to create CHOICE accounts, allowing businesses to reimburse their employees for the cost of the health insurance plan of their choosing. CHOICE accounts put individuals—individuals, not the Federal Government—in the driver's seat when it comes to picking their healthcare plan and lets their employer financially support their decision.

This bill would codify that rule into law, benefiting everyone and, overall, increasing the amount of people who have health insurance. You would think that would be a good thing, but apparently not with my Democratic colleagues.

Every patient's health needs are unique, and every person's situation is different. This is why it is so important to expand and protect the different options available to employers to provide health benefits in different ways.

I am happy to see Congress address the burdens small businesses face when providing healthcare benefits to their employees. This bill fulfills part of a promise that the Republican Party has made to America, to bring back true choice to American healthcare by enabling small businesses to provide the best care for their employees.

As the chairman said, time and time again, in hearings that we have been at across America talking to people that are experiencing the burdens that come out of this Congress, it is amazing to

me that the Democrats who are businesspeople that are on the committee, when talking without their talking points identify—The CHAIR. The time of the gentleman has expired.

Mr. SMITH of Missouri. Mr. Chair, I yield an additional 1 minute to the gentleman from Oklahoma.

Mr. HERN.—businesses as people who apparently abuse their employees and the employees continue to come to work. That is the irony of this. They have no idea what they are talking about.

The reality is there are other job openings for everybody to go to, and yet, people continue to work. The only way you are prosperous in America and run a great business is if you take care of your people. That is it. That is all you have. That is what differentiates you in the world of a free market. I would hope that my Democratic colleagues would recognize that and give a little credit to the people who are out there putting their money and their risk on the line.

In addition to my bill, this small business package includes legislation from my colleagues BOB GOOD, CLAUDIA TENNEY and TIM WALBERG that will provide small businesses access to the association health plans to build their negotiating power, stop-loss insurance to protect from catastrophic losses, and reporting from Treasury to update small business owners on new healthcare plans.

Small businesses make up the foundation of the American economy and have true incentives, moral and financial, to pay to keep Americans healthy. We should enable them to do so. I urge my colleagues to vote "yes" on this bill.

Mr. DOGGETT. Mr. Chairman, I yield myself such time as I may consume.

The gentleman has repeated his stated intent to provide the protection that his bill denies, and I would refer him, again, to page 3, line 2 of this bill as it was presented in committee, and the failure to refer to section 2791(b)(5) of the Public Health Service Act means that that protection will not be there. It could easily have been added if that were the true intent. It is omitted.

Same page, line 12, the failure to include guarantees against non-discrimination is not there.

He is concerned about federalizing healthcare. Well, all that I want to do is set a minimum Federal standard that no person in this country will be denied because of a preexisting condition the healthcare that they deserve. That is what the Affordable Care Act was designed to achieve, not only for those in the marketplace, but beyond.

Secondly, I want to ensure that different classes of employees are not treated differently. Let me just describe a little more of what is involved there.

Just as they would allow insurers to discriminate against a newborn with a

heart murmur and call that a pre-existing condition, their bill would permit an employer to discriminate against their own employees.

Just to give you a practical example. We have a lot of chicken processing plants down in northeast Texas. If there is a facility out there where the chicken pluckers are chasing the chickens, removing the feathers that are flying, those tough, dirty, hot jobs processing them may be managed by a group in some high-rise in Dallas or Tyler.

Well, this bill, as it is written, will allow those executives to get their group health insurance policy with all the protections against preexisting conditions and being able to see, perhaps, a concierge service for their healthcare. But the folks that are down there chasing the chickens and plucking the chickens, they get an ICHRA. All they get is ick. That is wrong.

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

Mr. SMITH of Missouri. Mr. Chairman, the CHOICE Arrangement Act will expand coverage for more types of workers by allowing employers to offer a CHOICE Arrangement to different groups of employees who may not have been offered health insurance previously, such as part-time or seasonal workers.

Under this policy, nearly 1 million workers will have health insurance coverage for the very first time.

Mr. Chair, I yield 2 minutes to the gentlewoman from New York (Ms. TENNEY), who is an author of a piece of this legislation.

Ms. TENNEY. Mr. Chair, I rise today in support of the CHOICE Arrangement Act and my Small Business Flexibility Act, which is included in the underlying bill as the chairman just recognized.

Over the past 10 years, health insurance premiums have gone up 130 percent, and deductibles have increased by 125 percent, and that is on average. It is even greater in some areas, especially for small business owners.

This lack of affordability has led to the percentage of small businesses providing health insurance decreasing from almost 45 percent to 31 percent today. In addition, 75 percent of businesses with fewer than 200 employees now only offer one healthcare choice. That is no choice.

Small business operators want to provide for their employees. They want to offer competitive benefits that promote choice in the marketplace while prioritizing excellent care, quality, and affordability. The problem is these costs are simply prohibitive.

We should not accept this as the status quo, and, thankfully, there are commonsense solutions that can help small businesses lower cost and increase choice for their employees.

Recent surveys have found that 70 percent of small businesses are not even aware of the flexible opportunities to help them provide affordable

health insurance as a benefit to their employees, such as the Small Business Healthcare Tax Credit, CHOICE Arrangement Act, and Qualified Small Employer Health Reimbursement Arrangements.

My Small Business Flexibility Act will close this awareness gap by requiring the Treasury Department to notify and educate small businesses on the flexible coverage options.

Small employers want to provide these benefits to their employees for, among so many other reasons, long-term retention to allow them to ensure that they have high quality of life, and each of them has access to healthcare.

It is time that we increased awareness of these programs and address any obstacles to their successful and effective implementation. Therefore, I urge my colleagues to support the CHOICE Arrangement Act and the Small Business Flexibility Act.

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Mr. DOGGETT. Mr. Chairman, I continue to reserve the balance of my time.

Mr. SMITH of Missouri. Mr. Chairman, I yield 2 minutes to the gentleman from Pennsylvania (Mr. SMUCKER).

Mr. SMUCKER. Mr. Chairman, I rise in support of H.R. 3799.

The comments by Mr. DOGGETT and others would make you think it is an entirely different bill. There is nothing in this bill that would change coverage for preexisting conditions. I don't know what he is talking about with icky because more people will have healthcare available to them as a result of this bill.

Mr. Chairman, I serve on two committees that have crafted pieces of this legislation, the Ways and Means Committee and the Education and the Workforce Committee. I think that all of us—and I think this is probably shared on both sides of the aisle—want all Americans to have access to the healthcare and to the insurance that they choose for themselves. As I said, I think we share that.

Certainly, as a small business owner myself, I can relate to businessowners who want to ensure that their employees, their team members have access to the healthcare. They want them to be healthy; they want them to go home from work healthy; and they are very interested in ensuring that their employees have affordable coverage.

This committee focused on expanding the CHOICE arrangements, which is a system that will provide numerous benefits for employees and small businesses because it lets job creators offer their workers cash to purchase individual health plans, which will help by ensuring that if workers move from one job to another, they can take their health plan with them. They are more portable, so that is a great change that will help a lot of individuals.

On the Education and the Workforce Committee, we wrote legislation that

expands association health plans, or AHPs, which enable employers and the self-employed to band together. I have heard from a lot of self-employed individuals in my community who are having trouble accessing health insurance that they prefer. This would allow them to band together across State lines to purchase health coverage for themselves and, in the case of small businesses, for their workers.

The CHAIR. The time of the gentleman has expired.

Mr. SMITH of Missouri. Mr. Chair, I yield an additional 1 minute to the gentleman from Pennsylvania.

Mr. SMUCKER. Mr. Chair, there is one other thing in this bill which I think is very positive. We took action to preserve self-insurance. This is a system in which large and small employers pay for healthcare services directly instead of purchasing plans with a large insurer, which leads to savings and leads to collaboration between employers and workers at their company to ensure better wellness approach to keep employees healthy and not be required to access healthcare costs. It helps the workers, and it saves costs across the board. Self-insurance is another part of this bill that we preserve, which I think is very great.

The bottom line is that American workers and businesses need affordable and flexible healthcare options. This package of bills achieves those goals, and I urge my colleagues to support this legislation.

Mr. DOGGETT. Mr. Chairman, I yield myself such time as I may consume.

Let me respond to the gentleman from Pennsylvania. He says there is nothing in this bill about preexisting conditions and discrimination, and he is absolutely right. That is the whole failing of this bill. It does not include the protections that are necessary to ensure that no American is discriminated against on the basis of preexisting conditions and that no employer can discriminate among groups of its employees.

He also says this is going to open more opportunities for more people to get health coverage. I would point out that studies have shown that 95 percent of the people who are in these icky plans now once had good group health coverage. My concern is that we will see even more people lose their good group health coverage and be put into an icky plan.

As for the Small Business Flexibility Act, I am for the Treasury and others educating all employers and employees about their rights and opportunities, but I think this part of the overall package is very slanted. Treasury needs to be out there educating employers, some of whom may not know themselves the limitations that these junk plans have and how much they will disserve their employees. We need education of employees on how to understand whether their employer's offer of coverage meets the minimum standard and is truly affordable for the

purposes of being able to otherwise enroll in subsidized marketplace coverage. I think there are limitations on that portion of the bill as well and that it, therefore, should be rejected.

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

Mr. SMITH of Missouri. Mr. Chairman, when Democrats expanded ObamaCare subsidies in the Inflation Reduction Act, those billions of dollars flow directly to large health insurers. CHOICE arrangements, however, allows small businesses—small businesses—to reimburse their own employees directly for them to shop and purchase their own health insurance. This is how Washington should be empowering small businesses, not bailing out large health insurers.

Mr. Chairman, I yield 1 minute to the gentlewoman from Oregon (Mrs. CHAVEZ-DEREMER).

Mrs. CHAVEZ-DEREMER. Mr. Chairman, I rise in support of the CHOICE Arrangement Act.

Small business owners are being hamstrung by soaring healthcare costs. I know firsthand because I am a small business owner, but you don't have to take my word for it. The data speaks for itself.

In Deschutes County in my district, the average small business premium for a family has increased by 111 percent from 2014 to 2022.

It is past time to provide small business owners with more options so workers can access cheaper coverage. We can accomplish this by expanding association health plans and providing more flexibility to ensure employees can get the coverage that fits their needs best.

Mr. Chairman, I am proud to support small businesses, which create jobs, foster innovation, and keep our economy running strong.

Let's get this done to ensure these employers can keep their doors open.

Mr. DOGGETT. Mr. Chairman, I yield myself such time as I may consume.

The chairman of our committee says that there were great gifts to insurance companies. What the Build Back Better bill did was to give individuals additional tax credits. Some Republicans call those tax cuts, but they were credits given to people to be able to afford insurance. As a result of that improvement, many more Americans got the insurance that they need.

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

Mr. SMITH of Missouri. Mr. Chairman, I remind the body that Build Back Better was never signed into law because neither the Democrats in the Senate nor the White House would even support it.

Mr. Chairman, I yield 1 minute to the gentleman from Pennsylvania (Mr. MEUSER).

Mr. MEUSER. Mr. Chairman, I thank the chairman of Ways and Means, my good friend from Missouri, very much for having this important debate for the CHOICE Arrangement Act.

Mr. Chairman, this bill does nothing more than expand the association health plans. Businesses want to have current coverage that exists today. They can keep it. President Trump years back enacted an expansion of association health plans which greatly benefited the farmers in my district and the small businesses in my district to find plans that suited them.

They used the power of their numbers to reduce costs 29 percent. We have better coverage, preferable to the entities, at lower costs. If they like their current coverage, they can keep it. It sounds way too logical, apparently, for this body. There is no logical reason to oppose H.R. 3799 other than for special interests or political motivation.

Mr. DOGGETT. Mr. Chairman, I yield myself such time as I may consume.

I say to the chairman, he is absolutely correct. I referred to the Build Back Better instead of the American Rescue Plan. It is easy to get confused about them. The American Rescue Plan was, of course, signed into law and has helped so many Americans. However, we always know that whatever the name, Republicans are against all of them, as they were, and voted unanimously against all of the opportunity that they created for millions more Americans to get and keep health insurance and provide themselves security.

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

Mr. SMITH of Missouri. Mr. Chairman, if the gentleman from Texas has no further speakers, I am prepared to close. I reserve the balance of my time.

Mr. DOGGETT. Mr. Chairman, I yield myself the balance of my time to close.

I focused on one part of this entire package of bills, but together it is truly a thinly veiled attempt to circumvent the Affordable Care Act. Being unable to repeal it, having nothing but nothing care to replace it with is really kind of a death by a thousand cuts, making healthcare less accessible and affordable for so many at-risk workers.

The bills in this package include a codification of the Trump-era rule that allows employers to offer these ICHRA plans to their employees instead of employer-sponsored health plans.

Under this plan, employers may offer a voucher and force their employee to shop for their own coverage.

Under this bill, employers are permitted to pick and choose among their employees and discriminate against some with their vouchers.

This bill also includes an expansion of the association health plans, which my colleague from Virginia will discuss at greater length. That has been a standard tenet of Republicans' assault on the Affordable Care Act. It is a provision that would allow self-employed individuals and small businesses to circumvent the guarantees of the Affordable Care Act and steer consumers into shoddy coverage that does not cover

the healthcare they most need when they need it, the essential health benefits.

It also does not offer them protection against preexisting conditions or age or the fact that before the Affordable Care Act was adopted, women were discriminated against at a great rate and often denied the coverage that they needed or it was priced so high they could not afford it.

The bill would also preempt State regulation of association health plans and disrupt risk pools as these plans do not have to follow standard premium-setting rules and risk adjustment. This bill is similar to the Trump administration rule that was struck down in 2019.

If you are beginning to recognize a pattern here, this is all Trump, Trump, Trump because he is still the Pied Piper for the Republican Conference, as we just saw in this disgraceful presentation about our honorable colleague ADAM SCHIFF.

This package also contains a provision to encourage employers to offer self-funded plans, which are not required to comply with ACA protections, again, on preexisting conditions, on essential health benefits, and more. Most employers do not want to take on the risk of offering a self-funded plan. However, by expanding stop-loss coverage, which sets a catastrophic amount the employer will be responsible for, and then covers any other costs that may come up from covering their employees, self-funded plans will be more attractive.

This legislation prevents Federal and State governments from regulating stop-loss coverage and risks more employers opting for self-funded plans that do not protect healthcare consumers.

Finally, without providing any additional resources, this legislative package tells the Treasury Department to educate employers about how great these new icky plans are and their health reimbursement accounts, which would bar workers from more affordable coverage under the marketplace already available.

At the heart of this effort is just the perpetual push by House Republicans to weaken the protections of the Affordable Care Act, which have prevented financial ruin for so many people and assured access to healthcare for so many people.

Under the provisions of this bill, employers can form association health plans to skirt some of the requirements of the ACA like the essential health benefits. State and Federal regulators will be hamstrung in their ability to protect small businesses and workers in self-funded plans.

Utilizing these icky ICHRA plans, employers can also push those with preexisting conditions, women, and older workers into the individual market with vouchers while keeping their younger and healthier employees on employee-sponsored insurance. Therefore, the sick get treated differently.

Those who have disabilities, who have had long-term chronic conditions, could be treated very differently and put at great risk.

I think for all these reasons that this legislation should be soundly rejected. This is an opportunity to defend all that the Affordable Care Act has meant to Americans and offer that opportunity to more people rather than deception that is the hallmark of this bill and following the Trump approach that junk insurance is what would be most available to Americans.

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

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Mr. SMITH of Missouri. Mr. Chair, I yield myself the balance of my time.

Congress has an opportunity to help small businesses by making it easier for those who choose to provide health insurance for their employees.

This bill is the best of both worlds for small businesses and workers. It relieves many small businesses of the burden of administering a complex health insurance plan by allowing them to instead offer meaningful financial support to employees so that they can buy their own insurance. It takes some of the guessing game out of offering coverage by making sure small businesses are informed of the various options they have. It gives workers the freedom to choose the best possible coverage for themselves and their families.

By passing this legislation, we will allow small businesses to get back to the basics, helping their customers, taking care of their employees, and serving their communities.

I want to address the misleading claims we have heard from our Democrat colleagues. At our markup, one of my Democrat colleagues called the health plan options under this bill junk plans. That is unequivocally false. These funds can only be used to purchase plans that cover preexisting conditions. Regardless of what you hear on the other side, this covers plans with preexisting conditions. It covers plans that cap out-of-pocket expenses and guarantees coverage during open enrollment.

They also claim that we are opening a backdoor for businesses to discriminate in the health benefits offered to their employees. CHOICE arrangements provide the opposite of discrimination. They provide equal contributions to all employees with the same employment status, only adjusting for age and family size.

In fact, many businesses today don't offer health benefits to any of their part-time employees. Through CHOICE arrangements, these employees may be seeing their first offer of meaningful health benefits.

Today, we are taking another step forward to cut the bureaucratic red tape holding back small businesses. We should make it easier, not harder, to give America's workers, families, farm-

ers, and small businesses access to flexible healthcare options.

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

The Acting CHAIR (Mrs. WAGNER). The Chair now recognizes the Committee on Education and the Workforce. The gentlewoman from North Carolina (Ms. FOXX) and the gentleman from Virginia (Mr. SCOTT) each will control 20 minutes.

The Chair recognizes the gentlewoman from North Carolina.

Ms. FOXX. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I rise today to support the House Republican package to alleviate rising healthcare costs for small businesses. I am proud that the Committee on Education and the Workforce has taken a leading role in this effort.

Healthcare cost is the number one issue facing small businesses today. In fact, according to the NFIB, it has been their top issue for over 30 straight years. Through the dot-com bubble, the Great Recession, the COVID-19 pandemic, and record inflation, small businesses have consistently identified healthcare costs as their greatest concern.

House Republicans recognize that these small businesses are the engines of the American economy, and this package is the first step toward much-needed relief.

I will take a moment to discuss the two pieces of this package from the jurisdiction of the Education and the Workforce Committee. First, this package incorporates Representative Good's Self-Insurance Protection Act. We passed the Self-Insurance Protection Act through committee because small businesses are being squeezed. There is no other way to put it.

On the one hand, premiums are skyrocketing, and it is costing small businesses a fortune to cover their employees. Single-coverage premiums cost about \$8,000 per year now, and they are drastically outpacing inflation. The bottom-up inflationary pressures have inevitably forced small businesses out of the insurance marketplace, and more and more are deciding to self-insure. Experts predicted this when the ACA passed, and it has held true.

On the other hand, the government is coming from the top down and telling small businesses they cannot access stop-loss insurance. Stop-loss insurance is a financial tool that self-insured businesses typically buy to protect themselves from catastrophic costs, but the government overreaches, overregulates, and denies many small businesses this critical tool.

For example, in New York, insurers are expressly prohibited from selling stop-loss insurance to employers with fewer than 100 employees. The New York State Association of Health Underwriters wrote regarding the law: "Some groups have already lost their employer-provided health coverage al-

together and have had to go into the New York health insurance marketplace exchange to obtain coverage, only to find that their new coverage has higher copays, larger deductibles, greater total out-of-pocket annual limits, narrower in-plan healthcare provider networks, and fewer out-of-network medical specialists."

Like in a pincer maneuver, the government is coming from both sides and trapping small businesses in the middle with no options.

The Self-Insurance Protection Act is the solution. It provides a lifeline to small businesses and hardworking Americans who are being squeezed by the soaring cost of traditional health insurance. It would stop Federal and State overregulation of stop-loss insurance, allowing self-insured small businesses a way out of the government's two-sided trap.

Next, this package also incorporates Representative WALBERG's Association Health Plans Act, which is perhaps the single best cost-saving tool at our disposal. The Association Health Plans Act would offer immediate relief for everyday workers, taxpayers, and job creators. I know this because it has been tested.

In 2019, before the courts stopped President Trump's association health plan, AHP rule, America got a chance to see and feel the impact of deregulation. AHPs produced savings of up to 29 percent on average. At the upper limit, groups saved 50 percent with their newly formed AHPs.

AHPs achieve these savings by allowing small businesses to band together to increase their bargaining power when purchasing health insurance. Currently, many regulations restrict small businesses and individuals from doing so.

Enabling small economic actors to pool resources is critical to their competitiveness in the market. In healthcare, big companies enjoy large economies of scale, and only more so with each passing year.

Countless studies and evidence point toward this worrisome trend of market consolidation. Three pharmacy benefit managers own 80 percent of the market. Physician practices and hospitals are merging at a rapid pace. Thankfully, hospital mergers have slowed during and after the pandemic, but it is not enough. This bill helps mom-and-pop shops and self-employed workers fight back.

I should also clarify that this bill does not turn healthcare into the Wild West, like some Members claim. Important regulatory guidelines exist to make sure enrollees would not be defrauded under AHPs.

For example, every AHP must have a board consisting of at least 75 percent employer membership. This ensures that AHPs are maintained in good faith.

They are also required to abide by existing consumer protections, such as prohibitions against discriminating

based on an individual's health status and prohibitions against using pre-existing conditions to deny coverage, increase premiums, or impose waiting periods.

The benefits of the Association Health Plans Act can be summed up in the words of Trump's DOL: "AHPs are about more choice, more access, and more coverage." I agree.

Let's help small businesses get the relief they need and working Americans the coverage they deserve.

Madam Chair, I urge passage of this healthcare package, and I reserve the balance of my time.

Mr. SCOTT of Virginia. Madam Chair, I yield myself such time as I may consume.

Madam Chair, the proposals in H.R. 3799 are yet another recycled, futile attempt to sabotage the Affordable Care Act and actually make it harder for workers and families to find affordable, high-quality health insurance.

This legislative package includes two bills that were marked up by the Committee on Education and the Workforce.

The first is the Association Health Plans Act. This act undermines a core promise of the ACA, access to affordable healthcare for all. This faulty legislation may provide lower costs for some enrollees, but it would do so by skimping on benefits and increasing costs for everybody else.

Specifically, the bill would allow association health plans to cherry-pick low-risk, young individuals for a pool separate from the ACA marketplace. You may hear my colleagues on the other side of the aisle tout the bill's nominal protections against discrimination based on preexisting conditions, but they omit the details regarding the other large loopholes that leave consumers vulnerable in this bill, such as charging higher risk groups more so that the plan will not be attractive to them and charging low-risk groups less so that they will be the ones that come in.

In fact, this legislation explicitly authorizes AHPs to set premiums based on the "specific risk profile" of employer members, enabling them to charge higher premiums to groups based on their age, gender, and other factors. AHPs could also exclude certain categories of coverage, such as maternity care, mental health, or substance abuse disorder, to dissuade certain groups or individuals from enrolling. Under the bill, association health plans could also evade essential health benefits and other consumer protections under State and Federal law.

It is a bad idea because of simple arithmetic. If healthy, low-risk individuals can leave the Affordable Care Act marketplace risk pool and join a separate association and pay lower rates on average, those that did not get into these plans will, on average, pay higher premiums.

Let's be clear. Only low-cost groups will be in these plans because if you are

a high-risk group, the cost will be too much and will not be attractive. If they are high-risk groups with pre-existing conditions, older groups, and whatnot, they will not be able to form groups that charge less than the ACA marketplace, and nobody will want to join.

Under the ACA, everybody pays an average. If you have a preexisting condition, everybody pays the same, and everybody gets insurance at an affordable cost.

Everybody enjoys all the essential benefits under the ACA. Association plans, for example, do not have to provide coverage for essential benefits like maternity care will be borne by fewer and fewer people.

The average cost of insurance for those not in the plans will slowly grow as the number of association plans grows.

□ 1615

Various versions of this legislation have been pushed by Republicans for decades, but all iterations suffer from the same fundamental flaw, they shift costs to the most vulnerable. That is why more than 30 leading consumer and patient groups have expressed serious concerns with this harmful legislation.

The other bill marked up in the Education and the Workforce Committee was the Self-Insurance Protection Act, legislation that further erodes the ACA by exempting stop-loss insurance from key consumer protections.

The bill would prevent the Secretaries of Health and Human Services, Labor, and the Treasury from regulating stop-loss insurance coverage. Even more troubling, the bill makes it virtually impossible for States to protect consumers from abusive practices by invalidating State laws that regulate stop-loss.

Stop-loss insurance usually covers costs above a catastrophic level, over a million dollars or something like that. They can be written to cover everything over a thousand dollars when they become essentially regular insurance except that they are not regulated. There are no solvency regulations, no benefit regulations, no nothing.

We can all agree that small businesses and self-insured people deserve access to affordable healthcare, and that is what you get under the Affordable Care Act. We should also agree that people deserve basic consumer protections to ensure that they have insurance with quality, solvency, an agency to call if something goes wrong, and coverage for essential benefits. That is why we passed the Affordable Care Act in the first place. It is also why, when Democrats were in charge in the last Congress, we passed the American Rescue Plan and the Inflation Reduction Act to make coverage even more affordable.

The question before us is: Do we want to make sure that every individual can continue to find affordable and quality healthcare coverage, or do we want to pass H.R. 3799 and create roadblocks for Americans seeking care?

Madam Chair, I would hope that we would oppose this bill, and I reserve the balance of my time.

Ms. FOXX. Madam Chair, our colleagues are opposed to freedom in choosing healthcare. They want everyone in government-controlled healthcare and are quite willing to mislead the American people on what these bills do.

Madam Chair, I yield 3 minutes to the gentleman from Michigan (Mr. WALBERG), a member of the Committee on Education and the Workforce.

Mr. WALBERG. Madam Chair, I rise in support of H.R. 3799, the CHOICE Arrangement Act. I thank both the Ways and Means Committee and the Committee on Education and the Workforce for their hard work in bringing this important bill to the floor.

I must state that what I have heard over the last 20 minutes of sitting here and listening to my colleagues, it would lead me to believe that they think Republicans don't want good healthcare, that we don't need good healthcare, that we don't use good healthcare, and that we would support employers not giving us good healthcare or our constituents good healthcare, and that we would expect that Republican employers wouldn't feel the same impact of trying to compete with other employers whose benefits their employees look for.

That is just not true. I don't think the American public believes that. We have the same concerns. We want good healthcare. That is why this bill has been put forward.

With the ACA, true, everybody had insurance, but not everybody had healthcare when they tried to use it. The high cost of healthcare remains a struggle for small businesses, many of whom are facing lingering hardships from the pandemic as well as inflation.

In fact, a recent survey from the NFIB showed that while employers by and large believe offering health benefits is important, 98 percent of small businesses are concerned that healthcare costs will become unsustainable within the next 5 to 10 years.

The CHOICE Arrangement Act provides innovative healthcare solutions to bring down healthcare costs for small businesses.

I am proud that H.R. 3799 includes my legislation to expand association health plans. AHPs are commonsense solutions that empower small employers and their employees when making health coverage decisions.

Right now, small businesses are often on an unequal playing field with larger companies and unions. Because they have fewer employees, small businesses have limited bargaining power when it comes to negotiating for lower insurance costs for their workers and higher care coverage.



By providing small businesses with greater bargaining power, the Association Health Plans Act allows them to offer more quality options for workers at a better price.

Madam Chair, the Association Health Plans Act will level the playing field for small businesses and empower their employees to access quality healthcare at a lower cost. It also represents an important step toward purchasing health insurance across State lines.

Today's vote is an immediate first step to help job creators provide affordable healthcare options to their employees and transition toward a patient-centered healthcare system that works for Republicans and Democrats.

Madam Chair, I encourage support of H.R. 3799.

Mr. SCOTT of Virginia. Madam Chair, I yield such time as he may consume to the gentleman from Texas (Mr. DOGGETT), the ranking member of the Health Subcommittee of the Ways and Means Committee.

Mr. DOGGETT. Madam Chair, I would say to the gentleman from Michigan, I am sure there are many Republicans who want to assure good healthcare to all people. The problem is with this specific bill.

The one-page amendment that I offered could have guaranteed these ICHRA employees that they would face no discrimination among classes of employees and no barrier of preexisting conditions.

That clarification would have solved this problem, and their failure repeatedly to accept that one-page amendment, with no explanation other than that they wanted to do the same thing, or that it was duplicative, betrays the promise of this bill and suggests that discrimination and denial of coverage based on preexisting conditions is what Americans in these plans will face.

The chairman of the Ways and Means Committee, our colleague from Missouri (Mr. SMITH) closed by saying that his goal is to cut red tape. Well, that is a goal that I think all of us can share, but I am afraid that this bill, as written, will only throw more Americans into the red and into medical debt, which is already high despite the protections that we have provided to date.

There are so many families overwhelmed by medical debt, and some who will be denied the opportunity to get the protection they need from their healthcare providers because they simply cannot afford it.

Madam Chair, I would say at the appropriate time I will offer a motion to recommit to this bill and send it back to committee. If the House rules permit it, I would have offered this motion with an appropriate amendment to the bill.

My amendment would ensure that this bill does not take effect unless the Secretary of Health and Human Services certifies that this bill will not result in anyone losing access to coverage of essential health benefits or see their healthcare costs rise, the very objective that the gentleman from Virginia has been discussing.

Madam Chair, I include in the RECORD the text of this amendment.

Mr. Doggett moves to recommit the bill H.R. 3799 to the Committee on Ways and Means with instructions to report the same back to the House forthwith, with the following amendment:

Add at the end the following new title:

#### TITLE VI—EFFECTIVE DATE

##### SEC. 601. EFFECTIVE DATE.

Notwithstanding any other provision of this Act, the provisions of this Act and the amendments made by this Act shall not apply unless the Secretary of Health and Human Services submits to Congress a certification that such provisions and amendments will not result in—

(1) individuals losing access to coverage of essential health benefits (as defined for purposes of section 1302(b) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(b))); or

(2) higher costs to individuals for coverage that includes such benefits.

Mr. DOGGETT. Madam Chair, I hope my colleagues will join us in supporting it, recommitting this, pursuing the objective of better healthcare for all, and protecting all Americans from preexisting condition barriers, and ensuring they are not the subject of discrimination.

Ms. FOXX. Madam Chair, I yield 3 minutes to the gentleman from Virginia (Mr. GOOD), who introduced this resolution, and is chair of the Health, Employment, Labor, and Pensions Subcommittee.

Mr. GOOD of Virginia. Madam Chair, I rise in support of the CHOICE Arrangement Act because it charts a course for Americans to take charge of their healthcare.

This bill includes several important provisions, including one of my bills, the Self-Insurance Protection Act. Self-insured healthcare plans give employers more choices to build and tailor health plans that best meet the needs of their employees.

Self-insured plans are popular. In fact, in 2022, 65 percent of workers were enrolled in self-insured plans. Small and midsize businesses are turning to self-insured plans because of the flexibilities they provide in offering high-quality healthcare coverage at an affordable cost to employees.

Stop-loss insurance is a critical component of an employer's ability to successfully self-insure in a way that best suits their needs. Most employers choose to purchase stop-loss insurance to manage financial risk, shielding them from potentially catastrophic medical claims that could sink their businesses.

Unfortunately, Washington bureaucrats have tried to regulate stop-loss insurance into nonexistence. The Obama administration threatened to regulate stop-loss as traditional health insurance, a move that would make self-insurance inaccessible, and force individuals onto the ObamaCare exchange and drive up costs.

My bill would make sure the Biden administration can't mandate the deci-

sion of small business owners and weaponize regulations to prevent access to stop-loss policies for small business owners.

Additionally, some State laws unfairly limit small businesses from accessing the self-insured market solely based on the size of their operations. My legislation would protect the ability for businesses to self-insure and ensure that no government entity can prevent them from making the best possible decision for their business and their employees.

Another key provision of the CHOICE Arrangement Act would make Association Health Plans more accessible for small businesses and self-employed workers.

This policy is a big win for my home State of Virginia. Last year, Virginia passed a law allowing realtors to form Association Health Plans. Sadly, the Biden administration has threatened to block implementation of the State law because it doesn't comply with ObamaCare.

Voting for the legislation today would allow for the Virginia law to flourish without Federal Government intervention. The Medicare for All mentality thinks that businessowners aren't equipped to provide quality health coverage for their employees. That simply is not the case.

A majority of Americans, 159 million, in fact, have health benefits through their jobs, and they like their plans. Madam Chair, 78 percent of employers decide to enroll in employer-sponsored insurance when given the option.

The CHOICE Arrangement Act responds to the needs of the American people, and I hope all of my colleagues can support this effort to empower small business owners across America.

Mr. SCOTT of Virginia. Madam Chair, I would inquire as to how much time is remaining.

The Acting CHAIR. The gentleman from Virginia has 11½ minutes remaining, and the gentlewoman from North Carolina has 7½ minutes remaining.

Mr. SCOTT of Virginia. Madam Chair, I yield myself such time as I may consume.

Madam Chair, the gentleman from Michigan talked about the motive of employers. I think the employers want to give good coverage. The problem with this bill is it enables one company to find loopholes to get a good deal for that company even if it results in higher costs for everybody else. That is the problem with this legislation.

Madam Chair, I include in the RECORD a letter of opposition written by the AFL-CIO.

Among other things, the letter states that this bill undermines comprehensive coverage and subjects workers to financial risk.

AFL-CIO  
LEGISLATIVE ALERT,

June 20, 2023.

DEAR REPRESENTATIVE: On behalf of the AFL-CIO, I urge you to oppose the CHOICE Arrangement Act (H.R. 3799). This package would make two substantial changes in

health coverage policy—both harmful to workers.

First, H.R. 3799 will loosen the definition of association health plans (AHPs), opening the door for more employers to establish plans that evade Affordable Care Act (ACA) requirements to cover essential health benefits and participate in market-wide risk pools. Despite what their name suggests, association health plans are not a form of niche coverage for professional associations. Under current rules, AHPs may be established by multiple employers and draw broadly from insurance markets to enroll self-employed individuals. With the ability to set rates based on a limited pool of enrollees, AHPs have been able to offer coverage with lower premiums, but their track record is poor. Too often, these plans misjudged the risks involved and have gone insolvent, leaving enrollees in the lurch. In other cases, enrollees have been defrauded by scammers who exploited the AHP regulatory loopholes.

Second, under the guise of “protecting” stop-loss insurance for self-funded group health plans, H.R. 3799 would allow employer health plans to avoid the ACA requirement that insured plans cover essential health benefits. The policy is intended to allow plans that are unable to actually self-fund with adequate reserves to instead purchase a high level of stop-loss insurance. Lack of adequate reserves leave many of these plans, and their enrollees, at risk since stop-loss insurers often retain the right to drop the insurance if medical costs for the group begin to climb. This is not a stable form of coverage.

By allowing plans to offer coverage that does not comply with ACA essential health benefits requirements, both of these policies would allow plans to cherry pick healthier, less-costly enrollees from the small group and individual markets. This will increase premiums for good comprehensive coverage because risks cannot be spread widely to reduce costs for all.

We urge you to protect working people by opposing this legislation that undermines comprehensive coverage and subjects workers to financial risk.

Sincerely,

WILLIAM SAMUEL,  
*Director, Government Affairs.*

Mr. SCOTT of Virginia. Madam Chair, I include in the RECORD a broad post written by the Center on Budget and Policy Priorities.

Among other things, the post states that the bill will undermine consumer protections, segment insurance markets, and impose new burdens on individuals to navigate an already complex system.

[From the Center on Budget and Policy Priorities, June 20, 2023]

#### HEALTH BILLS HEADED FOR A VOTE IN THE HOUSE UNDERMINE CONSUMER PROTECTIONS AND MARKET RULES

(By Sarah Lueck)

The House is moving toward a vote on legislation that would weaken Affordable Care Act (ACA) consumer protections and private market rules. Proponents of these changes claim they will increase choices and reduce red tape for employers, but a closer look shows the problems they would create. The legislation would:

Expand association health plans (AHPs). The legislation would allow AHPs, a type of health plan that trade associations, professional groups, and other organizations may offer their members, to cover self-employed individuals and small businesses as if they were large employers. This would exempt

them from ACA standards that otherwise apply to health plans in the individual and small group markets. Similar to a Trump-era rule a court struck down in 2019, the bill would segment insurance risk pools: some individuals who are younger and healthier, or small businesses whose employees have that profile, could get plans with lower premiums because they would be priced separately from ACA-compliant coverage and would not have to meet ACA standards, such as a requirement to cover a set of essential health benefits. As a result, other individuals and small businesses remaining in ACA-regulated markets would see higher premiums.

Expand Individual Coverage Health Reimbursement Arrangements (ICHRA). The legislation would codify provisions similar to a Trump-era rule currently in place that allows employers to forgo offering a regular group health insurance plan and instead offer an HRA (a tax-favored, employer-funded account) that workers could use to buy their own individual insurance coverage. Increasing such arrangements could raise ACA marketplace premiums; they are likely to attract sicker-than-average firms that can spend less to fund an ICHRA than they must pay for a group health plan. And firms may find strategies to shift sicker workers to HRAs, even with guardrails in the legislation meant to prevent this.

Plus, these arrangements require employees to do considerable work compared with signing up for an employer plan—they must apply for and select a plan, set up premium payments, and understand what expenses the ICHRA covers. Also, workers offered an ICHRA could be confused about whether the offer renders them ineligible for a marketplace premium tax credit—that is, whether it constitutes an “affordable” employer offer that precludes credit eligibility. And while employers must give workers a notice of HRA rules, they needn’t personalize them to tell individual workers whether their plan is affordable. These complications for employees could drive down coverage.

Increase self-insured employer plans. Another provision would encourage more small employers with healthier workers to self-insure (meaning that the employer bears the financial risk), rather than offering a fully insured health plan (for which an insurer bears the risk). Specifically, the bill would protect a complex self-insurance arrangement known as level funding from tighter regulation. Similar to AHPs, this scheme allows small firms with healthier workers to provide plans that avoid ACA small-group market premium and benefit standards without being a large employer or taking on the risk of self-insurance. This provision would make level funding an even more common way for smaller firms to avoid having to offer plans that meet ACA market rules—this would raise premiums for small businesses that remain in the fully insured, small-group market if small firms with younger and healthier workers move to self-insure.

House committees recently approved other health bills that raise concerns. The Ways and Means Committee moved to expand health savings accounts (HSAs), which overwhelmingly benefit high income people and exacerbate racial and ethnic inequities in coverage access and wealth accumulation. HSA tax benefits currently are only available when someone has a high-deductible health plan that meets certain federal rules. But the committee approved a bill that would allow high-deductible plans to cover telehealth services pre-deductible, while still qualifying for HSA tax benefits. It is estimated to cost \$5 billion from 2025 through 2033.

Another bill, approved by the House Education and Workforce Committee, would let

employers offer workers stand-alone telehealth-only plans and exempt the plans from providing ACA consumer protections or meeting other federal laws that otherwise apply to employer coverage. The bill would exempt telehealth plans from, for example, covering mental health care at parity with other care and providing preventive services at no cost to enrollees. The plans could also impose annual and lifetime limits on coverage and sharply limit the types of conditions they would address.

Additional policy changes are needed to make health coverage and care more affordable for many people, despite the ACA’s significant benefits for individuals and small businesses. But the legislation heading to the House floor is misguided. It would undermine consumer protections, segment insurance markets, and impose new burdens on individuals to navigate an already complex system.

Mr. SCOTT of Virginia. Madam Chair, I reserve the balance of my time.

Ms. FOXX. Madam Chair, I yield 3 minutes to the gentleman from Georgia (Mr. ALLEN), a member of the Committee on Education and the Workforce.

Mr. ALLEN. Madam Chair, I rise today to urge a vote in support of the CHOICE Arrangement Act to enhance the flexibility and affordability of healthcare options for small businesses. Competition is the only way to drive down costs.

□ 1630

Democratic policies like ObamaCare have led to consolidation in the marketplace, skyrocketing premiums, and a broken individual health market that costs taxpayers more than \$1 trillion a year while covering only 4.6 percent of the population. Make no mistake, Madam Chair, the Federal Government owns healthcare, and there is no private system to compete with it.

As a small business owner, I was fortunate to be able to offer my employees private health insurance without having to send them to the ACA exchange, and I understand how much employers want to be able to offer their employees quality healthcare coverage at a low cost. I guarantee you, Madam Chair, that the business community will figure out healthcare and how to lower costs.

Unfortunately, many small businesses lack the economies of scale needed to negotiate lower prices with insurance companies. This common-sense package aims to reduce administrative burdens and empower small employers to be able to provide healthcare coverage to their employees by removing barriers and implementing innovative solutions like association health plans.

Small businesses and private employers can band together in association health plans to be in a better bargaining position to reduce healthcare costs for their employees. As an original cosponsor of the Association Health Plans Act, I am pleased it was included in the package we have before us today.

This legislation will also expand association health plans by allowing self-



employed individuals to participate in an ERISA-covered health plan.

I was proud to work with Congressman HERN on the Healthy Future Task Force Affordability Subcommittee last Congress, and the legislation we are debating today is a culmination of our hard work. We were able to produce solutions to provide high quality, affordable, and personalized healthcare for workers and their families, as well as innovative policies so more small businesses can offer healthcare benefits.

I am proud to have worked on the solutions included in the CHOICE Arrangement Act which will give small businesses the freedom to focus on serving their customers and employees.

Madam Chair, I urge my colleagues to support this bill.

Mr. SCOTT of Virginia. Madam Chair, I am prepared to close, and I yield myself the balance of my time.

Madam Chair, I regret that my Republican colleagues continue to relitigate the Affordable Care Act. However, what we have seen is not new. It is what we have seen time and time again over the last 13 years. They continue using every tool they can to undermine the ACA and limit access to quality healthcare, weaken consumer protections, and increase average costs.

The provisions of this package do nothing to lower overall healthcare costs for workers and their families. In fact, for most consumers, the result of this legislation is that while some may save a little bit, most consumers will end up paying more.

Madam Chair, I strongly urge my colleagues to oppose the bill, and I yield back the balance of my time.

Ms. FOXX. Madam Chair, I yield myself the balance of my time.

Madam Chair, my colleagues have explained that many things that our colleagues across the aisle have said about these bills are not accurate.

I am not going to say it again, but I think it is important that we say that these bills are going to do good things for the American people. It is going to provide choice and it is going to provide lower costs.

I am certain of two things: one, healthcare costs present a significant burden on small businesses; and, two, inaction is not going to cut it.

This comprehensive small business healthcare package is a proven first step on free market principles and reducing government interference. By empowering small businesses with choice in competition, we can lower healthcare costs and increase access to high-quality care.

I hope the other side of the aisle gives this legislation the serious consideration it deserves. I often hear complaints that Republicans don't have a plan to fix healthcare costs. Here it is.

Let's reduce healthcare costs together and pass this package.

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

The Acting CHAIR. All time for general debate has expired.

Pursuant to the rule, the bill shall be considered for amendment under the 5-minute rule.

In lieu of the amendment in the nature of a substitute recommended by the Committee on Ways and Means, printed in the bill, an amendment in the nature of a substitute consisting of the text of Rules Committee Print 118-9, modified by the amendment printed in part C of House Report 118-115, shall be considered as adopted. The bill, as amended, shall be considered as the original bill for the purpose of further amendment under the 5-minute rule and shall be considered as read.

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

H.R. 3799

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

# **TITLE I—ASSOCIATION HEALTH PLANS ACT**

## **SEC. 101. SHORT TITLE.**

*This title may be cited as the "Association Health Plans Act".*

## **SEC. 102. TREATMENT OF GROUP OR ASSOCIATION OF EMPLOYERS.**

(a) *IN GENERAL.*—Section 3(5) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(5)) is amended—

(1) *by striking "The term" and inserting "(A) The term"; and*

(2) *by adding at the end the following:*

"(B) For purposes of subparagraph (A), a group or association of employers shall be treated as an 'employer', regardless of whether the employers composing such group or association are in the same industry, trade, or profession, if such group or association—

"(i) *has established and maintains an employee welfare benefit plan that is a group health plan (as defined in section 733(a)(1));*

"(ii) *provides coverage under such plan to at least 51 employees after all of the employees employed by all of the employer members of such group or association have been aggregated and counted together as described in subparagraph (D);*

"(iii) *has been actively in existence for at least 2 years prior to establishing and maintaining an employer welfare benefit plan that is a group health plan (as defined in section 733(a)(1));*

"(iv) *has been formed and maintained in good faith for purposes other than providing medical care (as defined in section 733(a)(2)) through the purchase of insurance or otherwise;*

"(v) *does not condition membership in the group or association on any health status-related factor (as described in section 702(a)(1)) relating to any individual;*

"(vi) *makes coverage under such plan available to all employer members of such group or association regardless of any health status-related factor (as described in section 702(a)(1)) relating to such employer members;*

"(vii) *does not provide coverage under such plan to any individual other than an employee of an employer member of such group or association;*

"(viii) *has established a governing board with by-laws or other similar indications of formality to manage and operate such plan in both form and substance, of which at least 75 percent of the board members shall be made up of employer members of such group or association participating in the plan that are duly elected by each participating employer member casting 1 vote during a scheduled election;*

"(ix) *is not a health insurance issuer (as defined in section 733(b)(2)), and is not owned or controlled by such a health insurance issuer or*

*by a subsidiary or affiliate of such a health insurance issuer, other than to the extent such a health insurance issuer—*

"(aa) *may participate in the group or association as a member; and*

"(bb) *may provide services such as assistance with plan development, marketing, and administrative services to such group or association;*

"(ii) *meets any set of criteria to qualify for such treatment in an advisory opinion issued by the Secretary prior to the date of enactment of the Association Health Plans Act; or*

"(iii) *meets any other set of criteria to qualify for such treatment that the Secretary by regulation may provide.*

"(C)(i) *For purposes of subparagraph (B), a self-employed individual shall be treated as—*

"(I) *an employer who may become a member of a group or association of employers;*

"(II) *an employee who may participate in an employee welfare benefit plan established and maintained by such group or association; and*

"(III) *a participant of such plan subject to the eligibility determination and monitoring requirements set forth in clause (iii).*

"(ii) *For purposes of this subparagraph, the term 'self-employed individual' means an individual who—*

"(I) *does not have any common law employees;*

"(II) *has an ownership right in a trade or business, regardless of whether such trade or business is incorporated or unincorporated;*

"(III) *earns wages (as defined in section 3121(a) of the Internal Revenue Code of 1986) or self-employment income (as defined in section 1402(b) of such Code) from such trade or business; and*

"(IV) *works at least 10 hours per week or 40 hours per month providing personal services to such trade or business.*

"(iii) *The board of a group or association of employers shall—*

"(I) *initially determine whether an individual meets the requirements under clause (ii) to be considered a self-employed individual for the purposes of being treated as an—*

"(aa) *employer member of such group or association (in accordance with clause (i)(I)); and*

"(bb) *employee who may participate in the employee welfare benefit plan established and maintained by such group or association (in accordance with clause (i)(II));*

"(II) *through reasonable monitoring procedures, periodically determine whether the individual continues to meet such requirements; and*

"(III) *if the board determines that an individual no longer meets such requirements, not make such plan coverage available to such individual (or dependents thereof) for any plan year following the plan year during which the board makes such determination. If, subsequent to a determination that an individual no longer meets such requirements, such individual furnishes evidence of satisfying such requirements, such individual (and dependents thereof) shall be eligible to receive plan coverage.*

"(D) *For purposes of subparagraph (B), all of the employees (including self-employed individuals) employed by all of the employer members (including self-employed individuals) of a group or association of employers shall be—*

"(i) *treated as employed by a single employer; and*

"(ii) *aggregated and counted together for purposes of any regulation of an employee welfare benefit plan established and maintained by such group or association."*

(b) **DETERMINATION OF EMPLOYER OR JOINT EMPLOYER STATUS.**—The provision of employee welfare benefit plan coverage by a group or association of employers shall not be construed as evidence for establishing an employer or joint employer relationship under any Federal or State law.

**SEC. 103. RULES APPLICABLE TO GROUP HEALTH PLANS ESTABLISHED AND MAINTAINED BY A GROUP OR ASSOCIATION OF EMPLOYERS.**

Part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181, et seq.) is amended by adding at the end the following:

**“SEC. 736. RULES APPLICABLE TO GROUP HEALTH PLANS ESTABLISHED AND MAINTAINED BY A GROUP OR ASSOCIATION OF EMPLOYERS.**

“(a) PREMIUM RATES FOR A GROUP OR ASSOCIATION OF EMPLOYERS.—

“(1)(A) In the case of a group health plan established and maintained by a group or association of employers described in section 3(5)(B), such plan may—

“(i) establish base premium rates formed on an actuarially sound, modified community rating methodology that considers the pooling of all plan participant claims; and

“(ii) utilize the specific risk profile of each employer member of such group or association to determine contribution rates for each such employer member's share of a premium by actuarially adjusting above or below the established base premium rates.

“(B) For purposes of paragraph (1), the term ‘employer member’ means—

“(i) an employer who is a member of such group or association of employers and employs at least 1 common law employee; or

“(ii) a group made up solely of self-employed individuals, within which all of the self-employed individual members of such group or association are aggregated together as a single employer member group, provided the group includes at least 20 self-employed individual members.

“(2) In the event a group or association is made up solely of self-employed individuals (and no employers with at least 1 common law employee are members of such group or association), the group health plan established by such group or association shall—

“(A) treat all self-employed individuals who are members of such group or association as a single risk pool;

“(B) pool all plan participant claims; and

“(C) charge each plan participant the same premium rate.

“(b) DISCRIMINATION AND PRE-EXISTING CONDITION PROTECTIONS.—A group health plan established and maintained by a group or association of employers described in section 3(5)(B) shall be prohibited from—

“(1) establishing any rule for eligibility (including continued eligibility) of any individual (including an employee of an employer member or a self-employed individual, or a dependent of such employee or self-employed individual) to enroll for benefits under the terms of the plan that discriminates based on any health status-related factor that relates to such individual (consistent with the rules under section 702(a)(1));

“(2) requiring an individual (including an employee of an employer member or a self-employed individual, or a dependent of such employee or self-employed individual), as a condition of enrollment or continued enrollment under the plan, to pay a premium or contribution that is greater than the premium or contribution for a similarly situated individual enrolled in the plan based on any health status-related factor that relates to such individual (consistent with the rules under section 702(b)(1)); and

“(3) denying coverage under such plan on the basis of a pre-existing condition (consistent with the rules under section 2704 of the Public Health Service Act).”

**SEC. 104. RULE OF CONSTRUCTION.**

Nothing in this title shall be construed to exempt a group health plan which is an employee welfare benefit plan offered through a group or association of employers from the requirements

of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1181 et seq.), including the provisions of part A of title XXVII of the Public Health Service Act as incorporated by reference into this Act through section 715.

**TITLE II—CHOICE ARRANGEMENT ACT**

**SEC. 201. SHORT TITLE.**

This title may be cited as the “Custom Health Option and Individual Care Expense Arrangement Act” or the “CHOICE Arrangement Act”.

**SEC. 202. TREATMENT OF HEALTH REIMBURSEMENT ARRANGEMENTS INTEGRATED WITH INDIVIDUAL MARKET COVERAGE.**

(a) IN GENERAL.—Section 9815(b) of the Internal Revenue Code of 1986 is amended—

(1) by striking “EXCEPTION.—Notwithstanding subsection (a)” and inserting the following: “EXCEPTIONS.—

“(1) SELF-INSURED GROUP HEALTH PLANS.—Notwithstanding subsection (a)”, and

(2) by adding at the end the following new paragraph:

“(2) CUSTOM HEALTH OPTION AND INDIVIDUAL CARE EXPENSE ARRANGEMENTS.—

“(A) IN GENERAL.—For purposes of this subchapter, a custom health option and individual care expense arrangement shall be treated as meeting the requirements of sections 2711 and 2713 of title XXVII of the Public Health Service Act.

“(B) CUSTOM HEALTH OPTION AND INDIVIDUAL CARE EXPENSE ARRANGEMENTS DEFINED.—For purposes of this section, the term ‘custom health option and individual care expense arrangement’ means a health reimbursement arrangement—

“(i) which is an employer-provided group health plan funded solely by employer contributions to provide payments or reimbursements for medical care subject to a maximum fixed dollar amount for a period,

“(ii) under which such payments or reimbursements may only be made for medical care provided during periods during which the individual is covered—

“(I) under individual health insurance coverage (other than coverage that consists solely of excepted benefits), or

“(II) under part A and B of title XVIII of the Social Security Act or part C of such title,

“(iii) which meets the nondiscrimination requirements of subparagraph (C),

“(iv) which meets the substantiation requirements of subparagraph (D), and

“(v) which meets the notice requirements of subparagraph (E).

“(C) NONDISCRIMINATION.—

“(i) IN GENERAL.—An arrangement meets the requirements of this subparagraph if an employer offering such arrangement to an employee within a specified class of employee—

“(I) offers such arrangement to all employees within such specified class on the same terms, and

“(II) does not offer any other group health plan to any employees within such specified class.

“(ii) SPECIFIED CLASS OF EMPLOYEE.—For purposes of this subparagraph, any of the following may be designated as a specified class of employee:

“(I) Full-time employees.

“(II) Part-time employees.

“(III) Salaried employees.

“(IV) Non-salaried employees.

“(V) Employees whose primary site of employment is in the same rating area.

“(VI) Employees who are included in a unit of employees covered under a collective bargaining agreement to which the employer is subject (determined under rules similar to the rules of section 105(h)).

“(VII) Employees who have not met a group health plan, or health insurance issuer offering group health insurance coverage, waiting period

requirement that satisfies the of section 2708 of the Public Health Service Act.

“(VIII) Seasonal employees.

“(IX) Employees who are nonresident aliens and who receive no earned income (within the meaning of section 911(d)(2)) from the employer which constitutes income from sources within the United States (within the meaning of section 861(a)(3)).

“(X) Such other classes of employees as the Secretary may designate.

An employer may designate (in such manner as is prescribed by the Secretary) two or more of the classes described in the preceding subclauses as the specified class of employees to which the arrangement is offered for purposes of applying this subparagraph.

“(iii) SPECIAL RULE FOR NEW HIRES.—An employer may designate prospectively so much of a specified class of employees as are hired after a date set by the employer. Such subclass of employees shall be treated as the specified class for purposes of applying clause (i).

“(iv) RULES FOR DETERMINING TYPE OF EMPLOYEE.—For purposes for clause (ii), any determination of full-time, part-time, or seasonal employment status shall be made under rules similar to the rules of section 105(h) or 4980H, whichever the employer elects for the plan year. Such election shall apply with respect to all employees of the employer for the plan year.

“(v) PERMITTED VARIATION.—For purposes of clause (i)(I), an arrangement shall not fail to be treated as provided on the same terms within a specified class merely because the maximum dollar amount of payments and reimbursements which may be made under the terms of the arrangement for the year with respect to each employee within such class—

“(I) increases as additional dependents of the employee are covered under the arrangement, and

“(II) increases with respect to a participant as the age of the participant increases, but not in excess of an amount equal to 300 percent the lowest maximum dollar amount with respect to such a participant determined without regard to age.

“(D) SUBSTANTIATION REQUIREMENTS.—An arrangement meets the requirements of this subparagraph if the arrangement has reasonable procedures to substantiate—

“(i) that the participant is, or will be, enrolled in coverage described in subparagraph (B)(ii) as of the beginning of the plan year of the arrangement (or as of the beginning of coverage under the arrangement in the case of an employee who first becomes eligible to participate in the arrangement after the date notice is given with respect to the plan under subparagraph (E) (determined without regard to clause (iii) thereof), and

“(ii) any requests made for payment or reimbursement of medical care under the arrangement and that the participant remains so enrolled.

“(E) NOTICE.—

“(i) IN GENERAL.—Except as provided in clause (iii), an arrangement meets the requirements of this subparagraph if, under the arrangement, each employee eligible to participate is, not later than 90 days before the beginning of the plan year, given written notice of the employee's rights and obligations under the arrangement which—

“(I) is sufficiently accurate and comprehensive to appraise the employee of such rights and obligations, and

“(II) is written in a manner calculated to be understood by the average employee eligible to participate.

“(ii) NOTICE REQUIREMENTS.—Such notice shall include such information as the Secretary may by regulation prescribe.

“(iii) NOTICE DEADLINE FOR CERTAIN EMPLOYEES.—In the case of an employee—

“(I) who first becomes eligible to participate in the arrangement after the date notice is given

with respect to the plan under clause (i) (determined without regard to this clause), or

“(II) whose employer is first established fewer than 120 days before the beginning of the first plan year of the arrangement, the requirements of this subparagraph shall be treated as met if the notice required under clause (i) is provided not later than the date the arrangement may take effect with respect to such employee.”.

(b) NO INFERENCE.—To the extent not inconsistent with the amendments made by this section—

(1) no inference shall be made from such amendments with respect to the rules prescribed in the Federal Register on June 20, 2019, (84 Fed. Reg. 28888) relating to health reimbursement arrangements and other account-based group health plans, and

(2) any reference to custom health option and individual care expense arrangements shall for purposes of such rules be treated as including a reference to individual coverage health reimbursement arrangements.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to plan years beginning after December 31, 2023.

### **TITLE III—SELF-INSURANCE PROTECTION ACT**

#### **SEC. 301. SHORT TITLE.**

This title may be cited as the “Self-Insurance Protection Act”.

#### **SEC. 302. FINDINGS.**

Congress finds the following:

(1) Small and large employers offer health benefit plan coverage to employees in self-funded arrangements using company assets or a fund, or by paying premiums to purchase fully-insured coverage from a health insurance company.

(2) Employers that self-fund health benefit plans will often purchase stop-loss insurance as a financial risk management tool to protect against excess or unexpected catastrophic health plan claims losses that arise above projected costs paid out of company assets.

(3) Stop-loss coverage insures the employer sponsoring the health benefit plan against unforeseen health plan claims, does not insure the employee health benefit plan itself, and does not pay health care providers for medical services provided to the employees.

(4) Employer-sponsored health benefit plans are regulated under the Employee Retirement Income Security Act of 1974, however, States regulate the availability and the coverage terms of stop-loss insurance coverage that employers purchase to protect company assets and to protect a fund against excess or unexpected claims losses.

(5) Both large and small employers that choose to self-fund must also be able to protect company assets or a fund against excess or unexpected claims losses and States must reasonably regulate stop-loss insurance to assure its availability to both large and small employers.

#### **SEC. 303. CERTAIN MEDICAL STOP-LOSS INSURANCE OBTAINED BY CERTAIN PLAN SPONSORS OF GROUP HEALTH PLANS NOT INCLUDED UNDER THE DEFINITION OF HEALTH INSURANCE COVERAGE.**

Section 733(b)(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b(b)(1)) is amended by adding at the end the following sentence: “Such term shall not include a stop-loss policy obtained by a self-insured group health plan or a plan sponsor of a group health plan that self-insures the health risks of its plan participants to reimburse the plan or sponsor for losses that the plan or sponsor incurs in providing health or medical benefits to such plan participants in excess of a predetermined level set forth in the stop-loss policy obtained by such plan or sponsor.”.

#### **SEC. 304. EFFECT ON OTHER LAWS.**

Section 514(b) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144(b)) is amended by adding at the end the following:

“(10) The provisions of this title (including part 7 relating to group health plans) shall preempt State laws insofar as they may now or hereafter prevent an employee benefit plan that is a group health plan from insuring against the risk of excess or unexpected health plan claims losses.”.

### **TITLE IV—SMALL BUSINESS FLEXIBILITY ACT**

#### **SEC. 401. SHORT TITLE.**

This title may be cited as the “Small Business Flexibility Act”.

#### **SEC. 402. NOTIFICATION OF FLEXIBLE HEALTH INSURANCE BENEFITS.**

(a) IN GENERAL.—Subchapter C of chapter 100 of the Internal Revenue Code of 1986 is amended by adding at the end the following new section:

##### **“SEC. 9835. NOTIFICATION OF FLEXIBLE HEALTH INSURANCE BENEFITS.**

“(a) IN GENERAL.—Not later than 1 year after the date of enactment of this section, the Secretary shall notify employers of the availability of tax-advantaged flexible health insurance benefits, with an initial focus on small businesses.

“(b) DEFINITIONS.—In this section:

“(1) EMPLOYER.—The term ‘employer’ has the meaning given such term in section 3(5) of the Employee Retirement Income Security Act (29 U.S.C. 1002(5)).

“(2) FLEXIBLE HEALTH INSURANCE BENEFITS.—The term ‘flexible health insurance benefits’ means—

“(A) an individual contribution health reimbursement arrangement (as described in the rule entitled ‘Health Reimbursement Arrangements and Other Account-Based Group Health Plans’ (84 Fed. Reg. 28888 (June 20, 2019)));

“(B) a qualified small employer health reimbursement arrangement (as defined in section 9831(d)(2)); and

“(C) the small employer health insurance credit determined under section 45R.”.

(b) CLERICAL AMENDMENT.—The table of sections for subchapter C of chapter 100 of such Code is amended by adding at the end the following new item:

“Sec. 9835. Notification of flexible health insurance benefits.”.

### **TITLE V—RESCISSIONS**

#### **SEC. 501. PREVENTION AND PUBLIC HEALTH FUND.**

Section 4002(b)(7) of the Patient Protection and Affordable Care Act (42 U.S.C. 300u-11(b)(7)) is amended by striking “for each of fiscal years 2024 and 2025, \$1,300,000,000” and inserting “for fiscal year 2024, \$1,055,000,000, and for fiscal year 2025, \$1,300,000,000”.

The Acting CHAIR. No further amendment to the bill, as amended, shall be in order except those printed in part D of House Report 118-115. Each such further amendment may be offered only in the order printed in the report, by the Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question.

AMENDMENT NO. 1 OFFERED BY MRS. HAYES

The Acting CHAIR. It is now in order to consider amendment No. 1 printed in part D of House Report 118-115.

Mrs. HAYES. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 23, after line 13, insert:

### **TITLE V—EFFECTIVE DATE**

#### **SEC. 501. EFFECTIVE DATE.**

This Act shall not take effect unless the Secretary of Labor certifies that the amendments made by this Act would not result in higher premium rates for older workers.

The Acting CHAIR. Pursuant to House Resolution 524, the gentlewoman from Connecticut (Mrs. HAYES) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentlewoman from Connecticut.

Mrs. HAYES. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I rise in support of my amendment to the CHOICE Arrangement Act.

This bill, as written, makes healthcare less accessible and affordable for our most at-risk workers. My amendment prevents older workers from obscene healthcare premiums and discrimination.

As of January 2023, a record 16.3 million people, including older Americans, were insured under the Affordable Care Act.

According to the Center on Budget and Policy Priorities, under the Affordable Care Act, older adults' uninsured rate has dropped by one-third, a factor that is a key indicator their health and wellness has improved. Further, they are now protected from coverage exclusions and cost increases due to pre-existing conditions.

In 2019, people aged 55 to 64 had the lowest uninsured rate among non-elderly adults, but instead of working to build upon this success, my colleagues are bolstering individual coverage health reimbursement arrangements and association health plans which have a long, well-documented history of cutting costs for themselves by cherry-picking the cheapest people to cover, leaving the more expensive and vulnerable ones behind. This raises costs for those not chosen and causes premiums to go up for the rest of the insurance market.

Republicans have been pushing these efforts for decades, and experts have consistently found it to be harmful. In its final rule adopted in 2018 by the Trump administration, the Department of Labor acknowledged as much, noting the “AHPs could use their regulatory flexibility to design more tailored, less comprehensive health coverage . . . Which will necessarily lead to some favorable risk selection toward AHPs and adverse selection against individuals and small group markets.”

They predicted this would raise premiums for consumers who are left behind in the small group and individual markets.

For decades, independent experts at the American Academy of Actuaries and the Congressional Budget Office have repeatedly found premiums for older workers would be higher as a result of the association health plan legislation.

The bill has only superficial protections from discrimination based on

health status and is entirely silent on discrimination and pricing against older individuals. In fact, by explicitly allowing associations to base premiums on the risk factor on each employee within the group, it invites them to discriminate against other characteristics.

My amendment requires the Department of Labor to certify that the bill would not raise premiums for older Americans before taking effect.

I ask my colleagues to support my amendment to protect older Americans and implore that we work together to address the real healthcare problems in our Nation and move toward a more equitable healthcare system for older workers.

Madam Chair, I reserve the balance of my time.

Ms. FOXX. Madam Chair, I rise in opposition to the amendment.

The Acting CHAIR. The gentlewoman from North Carolina is recognized for 5 minutes.

Ms. FOXX. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I am pleased my Democratic colleagues are finally expressing some concern for rising healthcare costs, particularly the burden those costs can impose on our Nation's seniors.

I remind my Democrat colleagues that Medicare is expected to become insolvent in 8 years. Increasing access to AHPs may be a lifesaving option for these seniors if Congress does not address Medicare's insolvency issues.

Unfortunately, for seniors, premiums of older Americans have risen drastically thanks to ObamaCare. In fact, health plans in New York just requested rate bumps of up to 40 percent.

The percentage of healthcare costs paid by a health insurance plan is known as the actuarial value, AV. On average, the AV of an individual employer-sponsored plan is 83 percent. When compared to the 70 percent AV of a silver plan and even the 80 percent AV of a gold plan on the Affordable Care Act exchanges, employer-sponsored plans provide affordable and more comprehensive coverage than ACA plans.

Employer-sponsored plans also have lower average deductibles: \$1,763 for an individual employer-sponsored insurance plan compared with \$5,155 for an individual ACA exchange silver plan.

I will repeat that: \$1,763 on an employer-sponsored plan, for an individual employer-sponsored insurance plan, compared with \$5,155 for an individual ACA exchange silver plan.

Individual employer-sponsored plans have lower average out-of-pocket costs than ACA exchange plans.

Madam Chair, \$4,355 is the average maximum for an individual-sponsored insurance plan compared with an average maximum of \$8,519 for an individual marketplace silver/ACA plan.

Clearly, our government-run and government-subsidized healthcare programs are facing incredible fiscal chal-

lenges. I urge my colleagues to be more concerned with the older adults enrolled in those programs than those enrolled in large group employer plans.

This amendment is an insincere attempt to delay implementation of commonsense policy that will increase health coverage options for all Americans. Instead, AHPs and the coverage options provided under this bill give older Americans more affordable coverage options.

Madam Chair, for these reasons, I urge my colleagues to vote "no" on the amendment and "yes" on the underlying bill, and I reserve the balance of my time.

Mrs. HAYES. Madam Chair, I yield 2 minutes to the gentleman from Virginia (Mr. SCOTT), who is the distinguished ranking member of the Committee on Education and the Workforce.

Mr. SCOTT of Virginia. Madam Chair, I thank the gentlewoman for yielding.

Madam Chair, I rise in support of this amendment. Association health plans have a long, well-documented history of cutting costs for themselves by cherry-picking the cheapest people to cover and leaving the more expensive behind. This raises costs for everybody else and causes premiums to go up in the rest of the market. Republicans have been pushing this idea for decades, and experts have consistently found it to be harmful.

The Affordable Care Act made a number of reforms to commercial insurance markets, including a requirement that plans in the individual and small group markets cover essential health benefits such as maternity care and prescription drugs. The ACA also prevented these plans from charging higher rates based on health status and limited the premium amount that older people could be charged compared to younger people. This was a vital protection that ensured that an age tax would not make coverage unaffordable for older individuals.

□ 1645

This legislation has no protection without this amendment. The bill is entirely silent on discriminatory pricing against older people. In fact, by explicitly allowing associations to base premiums on risk factors of each employer within the group, it actually invites them to charge older Americans much more.

This amendment would ensure that older workers are protected by providing in this bill that it would not take effect until the Secretary of Labor certifies that it would not have the impact of raising premiums for older workers.

I thank the gentlewoman from Connecticut for her leadership on the Education and the Workforce Committee.

Madam Chair, I urge my colleagues to support the amendment.

Ms. FOXX. Madam Chair, I believe I have the right to close, so I reserve the balance of my time.

Mrs. HAYES. Madam Chair, I urge my colleagues to support this commonsense amendment to protect older Americans with preexisting conditions.

The ACA expanded Medicaid for low-income Americans and protected coverage for people with preexisting conditions. We want to make sure we continue that tradition and make sure that the CHOICE Arrangement Act will not go into effect until the Secretary of Labor certifies that this bill will not result in higher premiums for older Americans and seniors. It is critical that we protect this access.

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

Ms. FOXX. Madam Chair, again, our colleagues continue to try to mislead the American people about what this bill does. These plans cannot cherry-pick, cannot exclude, and must cover preexisting conditions.

The opposition to this bill from our colleagues across the aisle, unfortunately, is to freedom of choice. The title of this bill is the CHOICE Arrangement Act, freedom of choice, which would allow people to stay out of the non-affordable care act, known as ObamaCare, but still have affordable health insurance.

This bill is about choice, freedom, and good healthcare coverage, and we should approve the bill without this amendment.

Madam Chair, I ask my colleagues to vote "no" on the amendment, and I yield back the balance of my time.

The Acting CHAIR. The question is on the amendment offered by the gentlewoman from Connecticut (Mrs. HAYES).

The question was taken; and the Acting Chair announced that the noes appeared to have it.

Mrs. HAYES. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from Connecticut will be postponed.

AMENDMENT NO. 2 OFFERED BY MR. MOLINARO

The Acting CHAIR. It is now in order to consider amendment No. 2 printed in part D of House Report 118-115.

Mr. MOLINARO. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 22, line 17, insert " , particularly in rural areas (as defined in section 1393(a)(2))" after "businesses".

The Acting CHAIR. Pursuant to House Resolution 524, the gentleman from New York (Mr. MOLINARO) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from New York.

Mr. MOLINARO. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I appreciate the opportunity this afternoon to speak on my

amendment to the underlying bill, which, as we know, does help to unlock the growth and prosperity of our Nation's small businesses and their employees.

My amendment is simple and straightforward. It will ensure that small businesses and employers, particularly those in rural communities across the country, are made aware of tax-advantaged flexible health insurance benefits. Employers, especially in the rural areas like the ones I represent in upstate New York, should have the tools to provide their employees with various options to lower their healthcare costs and to access quality care.

As a member of the House Committee on Small Business, I know the unique challenges businesses in rural communities and those businessowners and employees face every day. With a comprehensive focus on rural areas, we can help ensure that all businesses, regardless of their ZIP Code, have equal opportunity to provide affordable, high-quality healthcare benefits.

Madam Chair, I appreciate the opportunity to speak to this amendment. I urge its consideration, and I reserve the balance of my time.

Mr. DOGGETT. Madam Chair, I rise in opposition to the amendment.

The Acting CHAIR. The gentleman from Texas is recognized for 5 minutes.

Mr. DOGGETT. Madam Chair, I yield myself such time as I may consume.

This amendment has a rather nominal effect in not improving what is a very bad and deceptive bill.

It is appealing to talk about rural areas. I am concerned about those rural areas, about the chicken pluckers, about the meatpackers, about the field workers, and the way they will be discriminated against under this bill.

I will elaborate on that. While this is mainly a Republican caucus that follows the seditious pied piper who was our President, in this case, even under the Trump administration, when they considered this kind of proposal, the Treasury Department, the Labor Department, and the Health and Human Services Department came together and recognized the danger of discriminating against different classes of employees.

Ultimately, unfortunately, the Trump administration did not provide the protection against discrimination, so that people who are working in rural areas under this bill may be discriminated against by their employer as a result of this legislation.

It is the failure to have clear language in this bill to prevent such discrimination against rural workers, in favor of those who are in the office towers managing everything, that is at the heart of our opposition, as well as the refusal to provide protection and guarantees against people being denied as a result of their preexisting conditions.

Rural Americans are more likely to die from heart disease, cancer, stroke,

unintentional injury, and respiratory disease. Yet, we would take our sickest workers, our most vulnerable low-income workers, and deny them a comprehensive employer plan with many protections and allow them to be the subject of discrimination.

There has already been too much discrimination against rural areas and rural workers. We ought to prevent it, not make it worse.

There are no guarantees that these people can find any coverage with their ICHRA plan, let alone affordable and quality coverage.

I think rural Americans deserve far better than this amendment to try to put a patch on a very sorry bill that undermines the protections of the Affordable Care Act that has offered great benefit to so many Americans, and I urge everyone to vote "no."

Madam Chair, I reserve the balance of my time.

Mr. MOLINARO. Madam Chair, I yield 30 seconds to the gentlewoman from North Carolina (Ms. FOXX).

Ms. FOXX. Madam Chair, I appreciate Mr. MOLINARO's amendment. I support it, and I appreciate his working to make a good bill better.

Mr. MOLINARO. Madam Chair, this amendment, as a reminder to my colleagues across the aisle, is simply meant to broaden access and educate small business owners all across this country as to the benefits that are available to them to access affordable, quality healthcare.

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

Mr. DOGGETT. Madam Chair, I yield myself the balance of my time.

Madam Chair, I would say that the only education that would be really helpful on this bill would be to educate both employers and employees about all the shortcomings of this bill.

Educating employers that they ought not to be discriminating against classes of workers and treating the rural, hardworking employees there at lower wages differently where they get an ICHRA policy that denies them pre-existing conditions, that denies them the essential benefits under the Affordable Care Act, while the folks in the city in management get treated differently—they get a concierge kind of treatment that is not available to the rural workers. Just educating about this bill, which allows that discrimination, would not accomplish much of anything.

I think what we are going to see with this kind of legislation is more and more workers in rural areas, as well as urban areas, who face discrimination and who face great medical debt because these plans are so weak. They are junk insurance that will deny the benefits that most people need.

Educating about them, if truthful education, if not the kind of deception that is buried in this bill, educating about them will only tell people the limitations and the shortcomings. Otherwise, it will be a kind of education

that covers up, as this bill does, the great harm that is being done in denying folks access to a family physician with the protection that is there.

Remember that in moving to these ICHRA plans, we already know that 95 percent of those that are in ICHRA plans today, that have this icky kind of coverage, are people who once had good group health insurance that I would like to see available to more Americans.

Again, I urge my colleagues to definitely vote "no" on this amendment and vote "no" on this sorry bill and support our motion to recommit.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from New York (Mr. MOLINARO).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Mr. DOGGETT. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from New York will be postponed.

#### AMENDMENT NO. 3 OFFERED BY MR. ROY

The Acting CHAIR. It is now in order to consider amendment No. 3 printed in part D of House Report 118-115.

Mr. ROY. Madam Chair, I have an amendment at the desk.

The Acting CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Page 23, after line 13, insert the following:

#### **TITLE V—SENSE OF CONGRESS THAT AMERICANS SHALL HAVE HEALTHCARE FREEDOM**

#### **SEC. 501. SENSE OF CONGRESS THAT HEALTHCARE FREEDOM IS THE FUTURE.**

It is the sense of Congress that—

(1) the future of healthcare lies in healthcare freedom, not in socialized medicine;

(2) Congress should take steps to address the broken healthcare system by restoring free market practices to lower costs;

(3) coverage is not care, and expanding direct access to healthcare should be prioritized over expanding access to coverage; and

(4) patients and doctors, not government bureaucrats or insurance bureaucrats, should make healthcare decisions.

The Acting CHAIR. Pursuant to House Resolution 524, the gentleman from Texas (Mr. ROY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Texas.

Mr. ROY. Madam Chair, I notice that my friend and colleague from Texas talks about the current system discriminating. Well, the current system discriminates against small businesses and people who can't afford the massive cost of insurance or care. That is the truth.

My colleague refers to an icky kind of coverage. The fact of the matter is

that we have a large segment of the American people who are trapped in so-called coverage, but they are not able to get care.

That is why we are here. We are trying to increase options for the American people.

My only concern about what we are doing with this legislation, which I wholeheartedly support, and trying to encourage small businesses and give them options to be able to provide better options for their employees, is I don't believe that, in America, you should only be able to get insurance through government or your employer.

We should be freeing up the system. We should be embracing healthcare freedom. We should be creating an environment where the American people control their healthcare rather than employers and government. That is the truth.

I offered an amendment to simply spell that out in the form of a sense of Congress, a sense of Congress that the future of healthcare lies in healthcare freedom, not in socialized medicine; that Congress should take steps to address the broken healthcare system by restoring free market practices to lower costs; that coverage is not care and expanding direct access to healthcare should be prioritized over expanding access to coverage; and that patients and doctors, not government bureaucrats or insurance bureaucrats, should make healthcare decisions.

Why do I think that? Well, the deals that are struck with the government by big corporations are the problem. For example, most recently, ObamaCare guaranteed their actual growth and profit. For example, Anthem had a 344 percent increase in government revenue from 2010 to 2020. UnitedHealthcare had a 198 percent increase. Cigna, Anthem, UnitedHealthcare, and Humana have seen an average increase of 562 percent in their stock prices from January 2011 to January 2021.

Here is the kicker. In 2018, for at least three of these companies, the majority of their revenue came from the government: UnitedHealthcare, 53.4 percent; Anthem, 58.7 percent; and Humana, a whopping 86.9 percent.

It is that corporate cronyism that is reducing options. They are making it more difficult for the American people.

The fact is, for Americans who are trapped in coverage through ObamaCare—for example, when I came to Congress as a Member of Congress, I was put on ObamaCare, not some gold-plated plan that flies around on the internet that we supposedly have, but on ObamaCare. The place I went to cure the cancer that I had a decade ago, MD Anderson, I wouldn't be allowed to use. What kind of coverage is that?

That is what we are telling the American people. That is the best we can do in the freest, greatest country in the history of the world. Bow down to the altar of government and cor-

porate America to be able to figure out how you should get care.

Madam Chair, I reserve the balance of my time.

Mr. DOGGETT. Madam Chair, I rise in opposition to the amendment.

The ACTING Chair. The gentleman from Texas is recognized for 5 minutes.

Mr. DOGGETT. Madam Chair, I yield myself such time as I may consume.

Madam Chair, I don't believe that we have noted yet in the course of this debate the great irony, the fact that this is called the CHOICE Arrangement Act, that we have some pro-choice Republicans here who want to give employers the choice and allow them to discriminate against different classes of their own employees. All of this is happening the same horrible anniversary week of the Supreme Court's wrongful decision to overturn decades of reliance upon *Roe v. Wade* and to eliminate the right to an abortion with an effect on women's healthcare that is so far-reaching that it is affecting our colleges of medicine across the country and delivery of healthcare to women who may never have been involved in the slightest way with an abortion.

□ 1700

They called this healthcare freedom today. I call it the repression and the interference with the basic healthcare rights of women.

By the terms of their own amendment, patients and doctors should make healthcare decisions, not government bureaucrats or insurance companies. The CHOICE Arrangement Act comes at the same time that they interfere with what happens in our bedrooms and our doctors' offices and, most recently, even in our kitchens.

They would sentence patients under this basic legislation with preexisting conditions to a future of very few choices and no freedom. With no choices for adequate and affordable healthcare, this legislation guarantees one kind of prescription and one kind of prescription only, and that is a prescription for personal bankruptcy and unlimited medical debt from policies that do not provide essential healthcare benefits.

It is really a shame that, in a country as wealthy as ours, we still have millions of citizens who go without health coverage. Over 30 million Americans, in fact, lack coverage, and many in our home State of Texas lack coverage because of the fact that our State legislature and Governor were never willing to provide the guarantee we anticipated with the Affordable Care Act of Medicaid expansion as most States have done.

Patients do not have a choice, do not have freedom when they suffer a heart attack or are diagnosed with a dreaded disease or a broken arm, and they lack insurance coverage that provides them the benefits that they need.

Under this amendment, which is a sense of Congress resolution that really doesn't accomplish much of anything,

this bill is not improved. Americans would have so much skin in the game they would get burned just as the Republican dirty fossil fuel plan would burn up our planet.

It is not just the Affordable Care Act that is being targeted today. There is reference to socialized medicine of the kind that Newt Gingrich once attacked in this body when he suggested Medicare should "wither on the vine."

Contrary to Republican attacks, we have heard about public insurance programs. Seniors on Medicare value their Medicare as do the 16 million people who signed up for the Affordable Care Act this year.

Madam Chair, I reserve the balance of my time.

Mr. ROY. Madam Chair, do you know who should decide what an essential health benefit is? The consumer, the American, not a government bureaucrat or a corporate bureaucrat. I will stand up for the 5,000 babies that have been born in Texas greater than last year's number of babies in the wake of the Dobbs decision.

Let me just say this. According to the CBO, Federal subsidies for health insurance coverage for Americans under the age of 65 will hit \$1 trillion this year. The average American family spends more than \$22,000 a year on premiums for themselves through their employees. Again, coverage is not care.

There are other healthcare models that work. The Wall Street Journal showed what cutting out the middleman in healthcare can do for costs: \$150 a month to cover a family of five on a direct primary care model.

A DPC practice in my district charges only \$50 to \$80 for an X-ray compared to the national average of \$125. MRIs are \$300 to \$450 compared to the national average of \$1,325.

It is not just primary care. For example, at the Surgery Center of Oklahoma, a direct care model, a knee replacement costs \$18,000 compared to the average cost of \$50,000 in the United States.

Healthcare sharing ministries are driving down costs for the American people, giving them coverage and giving them options.

The fact is we should imagine an America where, through a health savings account, your employer can give you real dollars, rather than a faceless insurance company, to pursue real care of your choice, so for a flat monthly fee, you and your children have unlimited access to the physician of your choice. You could still get insurance for the big stuff, walking into a doctor's office and knowing how much things are going to cost.

Right now, the American people do not have options. I support this bill, but this amendment is important because we need a trajectory change in this country in favor of healthcare freedom, in favor of personalized care, in favor of patients and doctors over bureaucrats and corporations that are getting rich because the government is subsidizing their corporate cronyism.



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

Mr. DOGGETT. Madam Chair, this is the freedom resolution on the week that we have the anniversary of the anti-choice Dobbs decision as part of the CHOICE Arrangement Act.

Well, I am reminded of the lyrics of a famous Janis Joplin song: "Freedom is just another word for nothing left to lose." No choice is left. No freedom is left. This is our future under Republican plans—so much to lose, nothing left tomorrow.

We need to protect more Americans from the dangers of health debt and bankruptcy. We need to ensure broader coverage. There is a huge coverage gap that is leaving perhaps as many as 2 million Texans without coverage because of the failures and ideological objections of our State Republican government.

Those Americans deserve the same protection that 16 million Americans got when they signed up for the Affordable Care Act this year. They have access to a family physician that is so very important. They have access to the essential benefits of the Affordable Care Act, getting access to the kind of care that they need to ensure their family is secure.

I believe that there are many improvements that are necessary in the Affordable Care Act. We were limited in being able to make those improvements when all we had for more than a decade were 60-plus Republican attempts to repeal the Affordable Care Act.

Let us reject this bill and this amendment.

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

The Acting CHAIR. The question is on the amendment offered by the gentleman from Texas (Mr. ROY).

The question was taken; and the Acting Chair announced that the ayes appeared to have it.

Mr. DOGGETT. Madam Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Texas will be postponed.

Ms. FOXX. Madam Chair, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. SELF) having assumed the chair, Mrs. WAGNER, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 3799) to amend the Internal Revenue Code of 1986 to provide for health reimbursement arrangements integrated with individual health insurance coverage, had come to no resolution thereon.

PROVIDING FOR CONGRESSIONAL DISAPPROVAL OF THE RULE SUBMITTED BY THE DEPARTMENT OF EDUCATION RELATING TO "WAIVERS AND MODIFICATIONS OF FEDERAL STUDENT LOANS"

The SPEAKER pro tempore. Pursuant to the order of the House of June 7, 2023, the unfinished business is the further consideration of the veto message of the President on the joint resolution (H.J. Res. 45) providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Education relating to "Waivers and Modifications of Federal Student Loans".

The Clerk read the title of the joint resolution.

The SPEAKER pro tempore. The question is, Will the House, on reconsideration pass the joint resolution, the objections of the President to the contrary notwithstanding?

(For veto message, see proceedings of the House of June 7, 2023, at page H2775.)

The SPEAKER pro tempore. The gentleman from North Carolina (Ms. FOXX) is recognized for 1 hour.

Ms. FOXX. Mr. Speaker, for purposes of debate only, I yield the customary 30 minutes to the gentleman from Virginia (Mr. SCOTT), the ranking member of the Committee on Education and the Workforce, pending which I yield myself such time as I may consume.

GENERAL LEAVE

Ms. FOXX. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the veto message of H.J. Res. 45.

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

There was no objection.

Ms. FOXX. Mr. Speaker, I rise in support of overriding President Biden's veto of H.J. Res. 45, a Congressional Review Act resolution nullifying the Biden administration's attempt to circumvent the will of the Congress and the role of the Congress of the United States.

Mr. Speaker, President Biden's radical plan to cancel up to \$20,000 in student debt via executive fiat is utter hogwash. The American people are not fooled by the deceptive, doctored-up talking points on student loans that the left has attempted to force-feed them over the past 2 years.

Appealing words like "forgiveness" have been cast around innumerable times as if to imply that a massive student loan bailout is the equivalent of a sweepstakes giveaway.

Here is a reality check for our colleagues across the aisle: There is no such thing as forgiveness.

This entire scheme is nothing more than a transfer of wealth from those who willingly took on debt to those who did not or had the grit to pay off their loans.

Two-thirds of this debt transfer plan would go to the top half of earners. It takes from those in the lower half of earners and gives to the upper half. It redistributes wealth, but from the bottom of our socioeconomic ladder to the top. The 87 percent of Americans who owe no Federal student debt are paying for the 13 percent who do.

Our colleagues on the other side of the aisle also claim that this transfer of wealth is about fairness. No, it is about sticking hardworking taxpayers with the tab and those who owe it walking away from it scot-free.

Mr. Speaker, if this is not the textbook definition of limousine liberalism, I don't know what it is.

What is more, according to the Committee for a Responsible Federal Budget, inflation could rise by as much as 27 basis points if mass student debt cancellation is implemented. That means we could see an additional two rate hikes by the Federal Reserve because of this inflationary policy alone.

To halt the biggest transfer of wealth from blue-collar workers to white-collar professionals in our Nation's history and to prevent any further extension of the student loan repayment pause, the House and Senate both passed H.J. Res. 45.

Following the President's predictable veto, this resolution comes before the House again. We must continue to take a stand and defend the interests of hardworking citizens. As the institution that holds the power of the purse, it is our responsibility to do so.

Mr. Speaker, I urge my colleagues to cut through the political noise that the left continues to gin up about so-called student loan forgiveness and vote in favor of overriding the President's veto on H.J. Res. 45.

Fiscal responsibility must be given the due deference it deserves.

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

□ 1715

Mr. SCOTT of Virginia. Mr. Speaker, I rise in opposition to H.J. Res. 45, and I yield myself such time as I may consume.

Mr. Speaker, 43 million Americans are eligible for President Biden's student loan relief. That is about 100,000 people, on average, in each of our districts.

Nearly 26 million borrowers in congressional districts all over the country have already applied for relief, including 16 million who had already been approved for relief prior to litigation stopping the process. H.J. Res. 45 seeks to deny these borrowers the relief that they were promised.

To be clear, the people who would be impacted are not the wealthy and well-connected. Mr. Speaker, 90 percent of the relief would go to borrowers earning less than \$75,000 a year, and you are not even eligible if you are making more than \$125,000. That is in stark contrast to the Trump tax scam where 80 percent of the benefits went to the