
PROVIDING FOR CONSIDERATION OF THE BILL (H.R. 4414) TO
CLARIFY THE TREATMENT UNDER THE PATIENT
PROTECTION AND AFFORDABLE CARE ACT OF HEALTH
PLANS IN WHICH EXPATRIATES ARE THE PRIMARY
ENROLLEES, AND FOR OTHER PURPOSES

April 28, 2014.—Referred to the House Calendar and ordered to be printed.

MR. BURGESS, from the Committee on Rules, submitted the following

R E P O R T

[To accompany H. Res. __]

The Committee on Rules, having had under consideration House Resolution ____, by a nonrecord vote, report the same to the House with the recommendation that the resolution be adopted.

SUMMARY OF PROVISIONS OF THE RESOLUTION

The resolution provides for consideration of H.R. 4414, the Expatriate Health Coverage Clarification Act of 2014, under a closed rule. The resolution provides one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Ways and Means. The resolution waives all points of order against consideration of the bill. The resolution provides that the amendment printed in this report shall be considered as adopted and the bill, as amended, shall be considered as read. The resolution waives all points of order against provisions in the bill, as amended. The resolution provides one motion to recommit with or without instructions.

EXPLANATION OF WAIVERS

The waiver of all points of order against consideration of the bill includes a waiver of section 311 of the Congressional Budget Act of 1974, which prohibits consideration of legislation that would cause revenues to be less than the level of total revenues for the first fiscal year or for the total of that first fiscal year and the ensuing fiscal years for which allocations are provided.

Although the resolution waives all points of order against provisions in the bill, as amended, the Committee is not aware of any points of order. The waiver is prophylactic in nature.

COMMITTEE VOTES

The results of each record vote on an amendment or motion to report, together with the names of those voting for and against, are printed below:

Rules Committee Record Vote No. 127

Motion by Mr. McGovern to report an open rule. Defeated: 3–7

Majority Members	Vote	Minority Members	Vote
Ms. Foxx.....	Nay	Ms. Slaughter.....	Yea
Mr. Bishop of Utah.....		Mr. McGovern.....	Yea
Mr. Cole.....	Nay	Mr. Hastings of Florida.....	
Mr. Woodall.....	Nay	Mr. Polis.....	Yea
Mr. Nugent.....	Nay		
Mr. Webster.....	Nay		
Ms. Ros-Lehtinen.....			
Mr. Burgess.....	Nay		
Mr. Sessions, Chairman.....	Nay		

SUMMARY OF THE AMENDMENT CONSIDERED AS ADOPTED

Nunes (CA), Carney (DE): Clarifies that an expatriate health plan offered by an employer must be actuarially similar or better than a domestic plan offered by the employer that meets the minimum value test defined in the Internal revenue code section 36B or in the case where the employer does not offer a domestic plan, the expatriate plan must at least meet minimum value. Clarifies that an expatriate health plan must make payments in two or more currencies, and the plans must comply with laws that existed prior to the passage of the Affordable Care Act. Clarifies that an individual must be abroad for at least 6 months in any 12 consecutive months to be qualified to enroll in an expatriate plan.

TEXT OF AMENDMENT CONSIDERED AS ADOPTED

AMENDMENT TO H.R. 4414
OFFERED BY MR. NUNES OF CALIFORNIA AND
MR. CARNEY OF DELAWARE

Page 2, line 7, strike “2011” and insert “2010”.

Page 5, beginning on line 23, amend subparagraph
(D) to read as follows:

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

4 (i) also offers a qualifying minimum
5 value domestic group health plan, the plan
6 sponsor reasonably believes that the bene-
7 fits provided by the expatriate health plan
8 are actuarially similar to, or better than,
9 the benefits provided under a qualifying
10 minimum value domestic group health plan
11 offered by that plan sponsor; or

12 (ii) does not also offer a qualifying
13 minimum value domestic group health
14 plan, the plan sponsor reasonably believes
15 that the benefits provided by the expatriate
16 health plan are actuarially similar to, or

1 better than, the benefits provided under a
2 qualifying minimum value domestic group
3 health plan.

Page 6, beginning on line 13, amend subparagraph
(F) to read as follows:

4 (F) The plan or coverage—
5 (i) is issued by an expatriate health
6 plan issuer, or administered by an adminis-
7 trator, that maintains, with respect to such
8 plan or coverage—
9 (I) network provider agreements
10 with health care providers that are
11 outside of the United States; and
12 (II) call centers in more than one
13 country and accepts calls from cus-
14 tomers in multiple languages; and
15 (ii) offers reimbursements for items or
16 services under such plan or coverage in
17 more than two currencies.

Page 6, after line 22, insert the following:

18 (G) The plan or coverage, and the plan
19 sponsor or expatriate health insurance issuer
20 with respect to such plan or coverage, satisfies
21 the provisions of title XXVII of the Public

1 Health Service Act (42 U.S.C. 300gg et seq.),
2 chapter 100 of the Internal Revenue Code of
3 1986, and part 7 of subtitle B of title I of the
4 Employee Retirement Income Security Act of
5 1974 (29 U.S.C. 1181 et seq.), which would
6 otherwise apply to such a plan or coverage, and
7 sponsor or issuer, if not for the enactment of
8 the Patient Protection and Affordable Care Act
9 and title I and subtitle B of title II of the
10 Health Care and Education Reconciliation Act
11 of 2010.

Page 7, line 2, insert “an alien residing outside the United States,” after “who is”.

Page 7, line 8, strike “90 days” and insert “180 days”.

Page 7, beginning on line 9, strike “12 consecutive months of enrollment” and all that follows through line 12, and insert “12 consecutive months.”

Page 7, beginning on line 20, amend paragraph (4) to read as follows:

12 (4) QUALIFYING MINIMUM VALUE DOMESTIC
13 GROUP HEALTH PLAN.—The term “qualifying min-
14 imum value domestic group health plan” means a

1 group health plan that is offered in the United
2 States that meets the following requirements:

3 (A) Substantially all of the primary enroll-
4 ees in the plan are not qualified expatriates,
5 with respect to such plan.

6 (B) Substantially all of the benefits pro-
7 vided under the plan are not excepted benefits
8 described in section 9832(c) of the Internal
9 Revenue Code of 1986.

10 (C) The application of section
11 36B(c)(2)(C)(ii) of such Code to such plan
12 would not prevent an employee eligible for cov-
13 erage under such plan from being treated as eli-
14 gible for minimum essential coverage for pur-
15 poses of section 36B(c)(2)(B) of such Code.

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