

PROVIDING FOR THE CONSIDERATION OF H.R. 3103, THE
HEALTH COVERAGE AVAILABILITY AND AFFORDABILITY
ACT OF 1996

MARCH 27, 1996.—Referred to the House Calendar and ordered to be printed

Mr. GOSS, from the Committee on Rules, submitted the following

REPORT

[To accompany H. Res. 392]

The Committee on Rules, having had under consideration House Resolution 392, by a nonrecord vote, report the same to the House with the recommendation that the resolution be adopted.

BRIEF SUMMARY OF PROVISIONS OF RESOLUTION

The resolution provides for the consideration of H.R. 3103, the Health Coverage Availability and Affordability Act of 1996 under a modified closed rule. The rule provides two hours of general debate with 45 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Ways and means, 45 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Commerce, and 30 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Economic and Educational Opportunities.

The resolution provides that the amendment in the nature of a substitute consisting of the text of H.R. 3160, modified by the amendment specified in part 1 of the report of the Committee on Rules, will be considered as adopted. It waives all points of order against the bill, as amended, and its consideration except those arising under section 425(a) of the Congressional Budget Act of 1974 (relating to unfunded mandates). It also provides that the previous question shall be considered as ordered on the bill, as amended, and on any further amendment thereto to final passage, without intervening motion except as specified.

The resolution provides for one amendment in the nature of a substitute to be offered by the Minority Leader or his designee, specified in part 2 of the report of the Committee on Rules, which

shall be in order without the intervention of any point of order (except those arising under section 425(a) of the Congressional Budget Act of 1974) or demand for division of the question, and shall be debatable for one hour to be divided equally between the proponent and an opponent.

The resolution provides for one motion to recommit, which may include instructions if offered by the Minority Leader or his designee.

Finally, The resolution provides that the yeas and nays are ordered on final passage and that the provisions of clause 5(c) of rule XXI (requiring a three-fifths vote on any amendment or measure containing a Federal income tax rate increase) shall not apply to the votes on the bill, amendments thereto or conference reports thereon.

COMMITTEE VOTES

Pursuant to clause 2(l)(2)(B) of House rule XI the results of each rollcall vote on an amendment or motion to report, together with the names of those voting for and against, are printed below:

Rules Committee Rollcall No. 302

Date: March 27, 1996.

Measure: H.R. 3103, the Health Coverage Availability and Affordability Act of 1996.

Motion by: Mr. Moakley.

Summary of motion: Make in order an amendment by Mr. Miller (CA) to require a minimum hospital stay of 48 hours after vaginal childbirth and 96 hours after a cesarian birth.

Results: Rejected, 3-8.

Vote by Members: Quillen—Nay; Dreier—Nay; Goss—Nay; Linder—Nay; Pryce—Nay; Diaz-Balart—Nay; McInnis—Nay; Moakley—Yea; Frost—Yea; Hall—Yea; Solomon—Nay.

Rules Committee Rollcall No. 303

Date: March 27, 1996.

Measure: H.R. 3103, the Health Coverage Availability and Affordability Act of 1996.

Motion by: Mr. Frost.

Summary of motion: Make in order an amendment by Mr. Gunderson, Mr. Roberts, Mr. Poshard, and Mr. Gutknecht to provide anti-trust relief to small rural hospitals.

Results: Rejected, 4-7.

Vote by Members: Quillen—Nay; Dreier—Nay; Goss—Nay; Linder—Yea; Pryce—Nay; Diaz-Balart—Nay; McInnis—Nay; Moakley—Yea; Frost—Yea; Hall—Yea; Solomon—Nay.

Rules Committee Rollcall No. 304

Date: March 27, 1996.

Measure: H.R. 3103, the Health Coverage Availability and Affordability Act of 1996.

Motion by: Mr. Hall.

Summary of motion: Make in order amendments en bloc offered by Mr. Cardin to strike the provision in the bill which would establish a new exception under the anti-kickback statute and Mr. Levin

to strike the provision of the bill that relieves providers of the duty to use reasonable diligence to ensure that their claims are true and accurate.

Results: Rejected, 3–8.

Vote by Members: Quillen—Nay; Dreier—Nay; Goss—Nay; Linder—Nay; Pryce—Nay; Diaz-Balart—Nay; McInnis—Nay; Moakley—Yea; Frost—Yea; Hall—Yea; Solomon—Nay.

PART 1

The amendment to be considered as adopted is as follows:

Add at the end of section 103 the following:

(e) **MULTIEMPLOYER PLANS, MULTIPLE EMPLOYER HEALTH PLANS, AND MULTIPLE EMPLOYER WELFARE ARRANGEMENTS.**—A group health plan which is a multi-employer plan, a multiple employer health plan (as defined in section 701(4) of the Employee Retirement Income Security Act of 1974), or a multiple employer welfare arrangement (to the extent to which benefits under the arrangement consist of medical care) may not deny an employer whose employees are covered under such a plan or arrangement continued access to the same or different coverage under the terms of such a plan or arrangement, other than—

- (1) for nonpayment of contributions,
- (2) for fraud or other intentional misrepresentation of material fact by the employer,
- (3) for noncompliance with material plan or arrangement provisions,
- (4) because the plan or arrangement is ceasing to offer any coverage in a geographic area,
- (5) for failure to meet the terms of an applicable collective bargaining agreement, to renew a collective bargaining or other agreement requiring or authorizing contributions to the plan, or to employ employees covered by such an agreement,
- (6) in the case of a plan or arrangement to which subparagraph (C), (D), or (E) of section 3(40) of the Employee Retirement Income Security Act of 1974 applies, to the extent necessary to meet the requirements of such subparagraph, or
- (7) in the case of a multiple employer health plan (as defined in section 701(4) of such Act), for failure to meet the requirements under part 7 of subtitle B of title I of such Act for exemption under section 514(b)(6)(B) of such Act.

In section 104(a), insert “(other than subsection (e))” after “section 103” each place it appears.

In section 104(c)(1)(A), insert “(other than section 103(e))” after “subtitle”.

In section 104(c)(2), insert “(other than section 103(e))” after “103”.

In section 1171 of the Social Security Act, as proposed to be added by section 252 of the bill—

- (1) in paragraph (4)(A), strike “insurance” and insert “health”;
- (2) in paragraph (5)—
 - (A) strike subparagraph (E) and redesignate subparagraphs (F) through (L) as subparagraph (E) through (K), respectively;

- (B) in subparagraph (E) (as so redesignated), strike “An employee” and insert “Health benefits of an employee”; and
 - (C) strike subparagraph (M);
 - (3) in paragraph (6)(A) strike “insurance” and insert “health”; and
 - (4) strike paragraph (7) and redesignate paragraphs (8) and (9) as paragraphs (7) and (8), respectively.
- In section 1172 of the Social Security Act, as proposed to be added by section 252 of the bill—
- (1) in subsection (a)(1), strike “insurance” and insert “health”; and
 - (2) in subsection (c)(2)(A)(i), strike “insurance” and insert “health”.
- In section 1173 of the Social Security Act, as proposed to be added by section 252 of the bill—
- (1) in subsection (b)(1), strike “insurance” each place such term appears and insert “health”;
 - (2) in subsection (e), strike the period at the end of the first sentence and insert “transmitted in connection with the transactions referred to in subsection (a)(1).”;
 - (3) in subsection (f)(2), strike “insurance” and insert “health”; and
 - (4) in subsection (g)—
 - (A) in the subsection heading, strike “INSURANCE” and insert “HEALTH”; and
 - (B) strike “insurance” each place such term appears and insert “health”.
- In section 1175 of the Social Security Act, as proposed to be added by section 252 of the bill—
- (1) in subsection (a), strike “insurance” each place such term appears and insert “health”; and
 - (2) in subsection (b)—
 - (A) in the subparagraph heading in subparagraph (B) of paragraph (1), strike “INSURANCE” and insert “HEALTH”; and
 - (B) strike “insurance” each place such term appears and insert “health”.
- In section 1178(a)(1) of the Social Security Act, as proposed to be added by section 252 of the bill, strike “insurance” and insert “health”.
- In section 306(k)(2) of the Public Health Service Act, as proposed to be amended by section 253 of the bill, strike, “appointed, not later than 60 days after the date of the enactment of the Health Coverage Availability and Affordability Act of 1996, from” and insert “appointed from”.
- In section 306(k)(3) of the Public Health Service Act, as proposed to be inserted by section 253 of the bill, strike “appointed by” in each of subparagraphs (A) and (B) and insert “appointed, not later than 60 days after the date of the enactment of the Health Coverage Availability and Affordability Act of 1996, by”.

PART 2

The amendment in the nature of a substitute made in order by the rule is as follows:

The amendment printed in the Congressional Record of March 27, 1996, by Representative Dingell of Michigan and numbered 2 pursuant to clause 6 of rule XXIII, to be offered by the Minority Leader or his designee, debatable for one hour.

