

under the policy, and procedures for additional scrutiny of the *bonafides* of tax certificate applicants. Congress should receive the FCC's report before considering statutory modifications to the policy.

14. If policy changes are considered, they absolutely should not be made retroactively. Strong businesses develop operating plans based on the reasonable assumption that government regulations will be changed only prospectively and with reasonable notice. Retroactive decision making is anti-business, and is virtually unknown in business regulation.

---

CONGRESSMAN KILDEE HONORS  
VOLUNTEERS

**HON. DALE E. KILDEE**

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, February 22, 1995*

Mr. KILDEE. Mr. Speaker, I rise today to honor the volunteers of Genesee County for their commitment to our community. National Volunteer Week, scheduled for April 23 to 29, is a fitting time to honor the men and women who give so generously of their time and talents.

Every day, countless volunteers throughout our community work to address the fundamental necessities of our people, educating our youth, protecting our environment, caring for those in need. From children who help older Americans after school to volunteer firefighters who guard our neighborhoods while we sleep, these dedicated individuals bring a sense of hope and security to everyone whose lives they touch. Their service makes us stronger as a nation, setting a powerful example of leadership and compassion to which we all can aspire.

Since the founding of our democracy, the ideal of community service has been an integral part of our national character. We all owe a deep debt of gratitude to our fellow citizens who take the time to volunteer to serve the needy of our community. Their efforts make our community a better place in which to live, work, and raise families. They have our sincerest thanks.

---

PERMANENT EXTENSION OF THE  
HEALTH INSURANCE DEDUCTION  
FOR THE SELF-EMPLOYED

SPEECH OF

**HON. C.W. BILL YOUNG**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Tuesday, February 21, 1995*

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 831) to amend the Internal Revenue Code of 1986 to permanently extend the deduction for the health

As one who has previously cosponsored legislation that would extend the 25-percent personal income tax deduction for health insurance cost for individuals who are self-employed, I am pleased that the Ways and Means Committee and the House leadership have brought this bill forward in such an expedient manner. It is important that we move quickly in approving this legislation, which lapsed on December 31, 1993, because the American taxpayers deserve to know that they can count on this deduction as they prepare their taxes before the April 15 filing deadline.

Fairness dictates that we restore this deduction. We should not punish individuals based solely on the fact that they are self-employed. Fairness also dictates that this deduction be made permanent so that the taxpayers know year to year that they can count on this deduction. This Congress should be encouraging individuals to purchase health care insurance, and H.R. 831 will play a significant role in reaching this goal.

It is my hope that our colleagues in the other body will move expeditiously in approving this legislation, so that self-employed individuals in our Nation are able to prepare their tax returns before the April 15 filing deadline and know that they will not have to file amended returns, and also secure in the knowledge that this important deduction will not lapse again. I urge my colleagues to join with me in strong support of this legislation.

---

UP AND COMING KANSAS CITY  
LEADERS

**HON. KAREN MCCARTHY**

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, February 22, 1995*

Ms. MCCARTHY. Mr. Speaker, today I rise to honor 25 up and coming business and civic leaders of the Kansas City area. They have given of themselves not to receive praise for their accomplishments, but to advance causes they strongly believe in. These distinguished leaders of Kansas City will be recognized at the Up and Coming Awards ceremony on February 23. This prestigious event is sponsored by Junior Achievement of Middle America, The Kansas City Business Journal, and local business leaders.

A panel of six judges, community leaders in their own right, selected this year's leaders. The selection criteria are demanding. These up and coming leaders must adhere to the highest moral and ethical principles, must be recognized by their peers and professional associates as making significant contributions to the success of their business or organizations, and have exhibited vision for their community. Each of them must have demonstrated courage, creativity, and energy in the promotion of Kansas City as a place to live and work, and serve as a role model for others in their field and community.

ates.

Thomas J. Davies, president of the Olathe Bank.

Rafael I. Garcia, president of Rafael Architects Inc.

Martha Gershum, national marketing manager, Keller Graduate School.

Linda Hanson, president, Mark Twain Kansas City Bank.

Dalton Hermes, president, Hermes-Landscaping Inc.

Sarah Beeks Higdon, senior trust officer, Commerce Bank.

John M. Holland, executive vice president, B.C. Christopher.

Dennis G. Kasselman, senior vice president, Marketing and Development.

Gail Lozoff, president, CEO, Bagel and Bagel.

Aaron G. March, partner, Polsinelli, White, Vardeman, & Shalton.

Ross P. Marine, administrator, Truman Medical Center East.

Cris Medina, executive director, Guadalupe Center Inc.

Roshann Parris, president, Parris Communications Inc.

B. John Ready III, Trust Administration Department head, Smith, Gill, Fisher, & Butts.

Dr. Carol V. Spring, executive director, The National Conference of Christians and Jews.

Bailus M. Tate, vice president, Human Resources, Kansas City Power and Light Co.

William D. Wagner, president and owner, Columbian Steel Tank Co.

Kevin F. Warren, owner-chief executive officer, Kevin F. Warren & Associates Inc.

Maurice A. Watso, Blackwell, Sanders, Matheny, Weary & Lombardi, LC.

Dr. Michael L. Weaver, director of emergency services, St. Luke's Hospital.

David P. White, executive director, Youth Opportunities Unlimited Inc.

David Wroe, music director-conductor, Kansas City Camerata.

---

DESIGNATING OBSTETRICIAN-GYN-  
ECOLOGISTS AS PRIMARY CARE  
PHYSICIANS

**HON. BARBARA B. KENNELLY**

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, February 22, 1995*

Mrs. KENNELLY. Mr. Speaker, I rise today to urge my colleagues to support legislation that would designate ob-gyns as primary care physicians in future Federal legislation. I introduced legislation, House Resolution 30, with Representative LARRY COMBEST that would express the sense of Congress that we provide this basic assurance to America's mothers, daughters, and sisters.

In 1990, almost 60 percent of women's visits for general medical examinations were to

cians, although the legislation it amended was never considered on the House floor. House Resolution 30, which has the same goal, now has the bipartisan support of 115 Members of Congress. I urge my colleagues to join with us in expressing our support for designating ob-gyns as primary care physicians.

## TARGETED INDIVIDUAL HEALTH INSURANCE REFORM ACT

**HON. HARRIS W. FAWELL**

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, February 22, 1995*

Mr. FAWELL. Mr. Speaker, yesterday, I introduced H.R. 996, the Targeted Individual Health Insurance Reform Act of 1995, under which access to coverage will be expanded for individuals. Joining me as original cosponsors were Representatives BILL GOODLING, TOM PETRI, MARGE ROUKEMA, CASS BALLENGER, PETE HOEKSTRA, BUCK MCKEON, JAN MEYERS, JIM TALENT, JAMES GREENWOOD, TIM HUTCHINSON, JOE KNOLLENBERG, LINDSEY GRAHAM, DAVE WELDON, and DAVID MCINTOSH.

A section-by-section analysis of H.R. 996 follows:

### TARGETED HEALTH INSURANCE REFORM IN THE INDIVIDUAL MARKET SUMMARY

This legislation providing individual market reforms presents a well-targeted and workable framework within which incremental health insurance reform can be enacted this year.

The bill contains targeted but important elements of health insurance reform in the individual market including non-discrimination, portability, renewability, utilization review, and fair rating standards.

#### WHAT THE TARGETED HEALTH INSURANCE REFORM BILL DOES

##### *New protections and freedoms for workers in a mobile workforce*

Portability and limits on preexisting conditions under health plans helps eliminate job-lock (e.g. if an employee once chooses insurance coverage they do not have to again satisfy a preexisting condition as long as some form of coverage is continued, whether obtained in the individual market or otherwise).

Insurers and multiple employer plans must guarantee the renewal of health coverage.

*Let the market roar: Increased health plan competition means more affordable choice of coverage*

State benefit mandates are limited.

State anti-managed-care laws are restructured and, instead, uniform standards are encouraged.

Buyer cost awareness is encouraged through Medisave plans.

*Access to fully-insured coverage expanded for individuals*

Insurers must open their individual markets to all eligible buyers.

then current health insurance coverage, nor does it restrict their choice of coverage (in fact, it will help expand their choice).

It does not impose mandates that result in lost wages and lost jobs.

It does not require any new federal spending or new taxes.

It does not have unfunded state or local mandates.

It does not have price controls or impose government-prescribed health care budgets that would lead to rationing or lower quality of care.

It does not establish a government-run health care system, nor does it create a massive bureaucracy.

It does not impose a single, one-size-fits-all, national benefits package determined by the government.

#### Title II

Subtitle A—Increased availability and continuity of health coverage for individuals

The purpose of this subtitle is to expand access to affordable health coverage for individuals and their families and to help eliminate job-lock and the exclusion of such individuals from coverage due to preexisting condition restrictions.

Part I—Nondiscrimination, Portability, Renewability, and Plan Participation Standards

Sec. 2001.—Nondiscrimination and limitations on preexisting condition exclusions.

Sec. 2002.—Portability.

These sections limit preexisting condition restrictions under all general health insurance coverage offered in the individual market. This section provides that a child who is covered at birth or adoption and remains covered shall not be considered to have a preexisting condition at the time of birth or adoption.

The provisions will help end job-lock and help assure continuous availability of health coverage for both the employed who lack access to employer coverage as well as non-employed individuals by prohibiting preexisting condition restrictions for those who are continuously covered. Coverage is considered “continuous” as long as any lapse in coverage is not longer than 3 months. Generally, plans may not have more than a 6/12 preexisting exclusion (i.e. treatments or diagnoses in the 6 months prior to coverage could be excluded from coverage for up to 12 months). Insurers in the small group market can also offer 12/12 coverage.

Sec. 2003.—Requirements for renewability of coverage.

This section prohibits health insurance coverage offered by insurers from being canceled or denied renewability except for reasons of: (a) nonpayment of premiums, (b) fraud or misrepresentation, (c) noncompliance with plan provisions, and (d) certain other conditions.

Part 2—Encouragement of Private Standards Setting Organizations for Provider Networks and Utilization Review

Sec. 2011.—Encouragement of private standards setting organizations for provider networks.

Sec. 2011.—Encouragement of private standards setting organizations for utilization review.

individuals under the provider network, (3) notification and review regarding the termination of providers from a network, and (4) conditions relating to utilization review, including timely review and provider participation in such decisions.

### Part 3—Requirements for Insurers Providing Health Insurance Coverage in the Individual Market

In general, the purpose of this Part is to expand access to health insurance by making private health insurance coverage marketed to individuals more affordable and available.

Sec. 2021.—Requirements for insurers to offer general, catastrophic, and Medisave coverage in the individual market.

This section provides for the availability of health insurance coverage to eligible individuals from those insurers who sell health insurance in the individual health insurance market. Insurers would be required to open their general coverage market to individuals and to offer a catastrophic plan with higher cost-sharing provisions (unless the insurer is an HMO or does not otherwise offer fee-for-service coverage). Insurers may also offer a Medisave plan that includes catastrophic coverage with an integrated family medical savings account. Among the general policies offered must be a fee-for-service option, a managed care option, and point-of-service option, but only if these are made available by the insurer under other policies of insurance.

The extent to which an insurer may offer or deny coverage with respect to an individual who would be expected to incur disproportionately high health care costs is contingent on the establishment of risk adjustment mechanisms, high-risk pools, or other mechanisms. The suggestions of the NAIC, actuaries, insurers, and other experts are solicited so that a workable framework can be developed in this complex area.

Sec. 2022.—Use of fair rating, uniform marketing materials, and miscellaneous consumer protections.

Under this section, insurers must use fair rating standards in setting initial and renewal premiums in the individual market. In general, premiums may vary for age, geographic area, family class, and administrative category for a particular benefit design.

When the fair rating standards are first effective, the premiums of two individuals having similar demographic characteristics cannot vary by more than 100% based on initial underwriting factors. Other rules apply in subsequent years. This rule and the permitted one year surcharge for coverage containing the less restrictive 6/12 preexisting condition clause will help insulate the currently insured from the premium “sticker shock” which could otherwise result from more restrictive rules. Suggestions as to the extent to which this 100% variation may be reduced over time without reducing coverage are solicited from the NAIC and other interested parties.

#### Subtitle B—Establishment of standards; enforcement

Sec. 2101.—Establishment of standards applicable to insurers offering health insurance coverage in the individual market.