

Auxiliary; Non-Commissioned Officers Association; PAC Pennsylvania Eastern Division; Polish American Congress; Polish Army Veterans Association (S.W.A.P.); Polish Falcons of America; Polish Falcons of America—District II; Polish Home Army; Polish National Alliance; Polish National Union; Polish Roman Catholic Union of North America; Polish Scouting Organization; Polish Western Association; Polish Women's Alliance; RR Donnelley & Sons, Company; Scottish Rite of Freemasonry—Northern Masonic Jurisdiction; Scottish Rite of Freemasonry—Southern Jurisdiction; and Sons of The American Legion.

The Orchard Lakes Schools; The Retired Enlisted Association (TREA); The Travelers Protective Association; The Uniformed Services Association (TUSA); U.S. Marine Corps Combat Correspondents Association; U.S. Pan Asian American Chamber of Commerce; Ukrainian Gold Cross; Women's Army Corps Veterans Association; Women's Overseas Service League; and Woodmen of the World.

THE FEDERAL EMPLOYEE HEALTH BENEFITS ACCESS ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 1995, the gentlewoman from Colorado [Mrs. SCHROEDER] is recognized during morning business for 5 minutes.

Mrs. SCHROEDER. Mr. Speaker, I had been wondering when to introduce the bill that I introduced last year. When I got a letter today explaining the AMA's position on health care and preexisting conditions I decided this was the day.

You see, the AMA has a dictionary where they are talking about menopause as a preexisting condition. But when they were asked why they were defining that, they said they were only saying what the insurance companies were saying, and the insurance companies are saying that is why they consider menopause a preexisting condition and are denying payment.

If this continues, pretty soon women are going to be a preexisting condition, and no woman is going to get health care. But we know that this is going on with men, with women, with children, with families, and we have a true, true health care crisis.

This letter is what inspired me today to reintroduce my Federal employee health benefits bill that I introduced last year. It is very simple. It only says every American should be entitled to the same choices that we as Members of Congress have, the President has, and over 9 million Federal employees, retirees and their families have.

That means once a year you get a catalog of a hole series of choices. You are in a very large group. There are no preexisting conditions. Whether it is menopause or anything else, you can be in that pool, and it has been tremendously cost effective. I think that this is one thing we could certainly do that would make life a lot better for small employers, for self-employed people, and for many Americans.

One of the things we learned from the health care debate was that most Americans are really very poor con-

sumers of health care. And why not? They have no choice anyway. Their only choice is what their employer can get, if he can get anything, or what they can get, if they can get anything. They do not have the catalog and the options we all have once a year under open season.

Now, this does not cost the Federal Government anything. All you do is get the catalog, figure out what you want, and then you have to pay the premium or you and your employer share the premium, or whatever works out, whatever your negotiated position is. But it gets you a wide range of choices. It gets you much better prices. It gets a much better cost relationship, and I think it is time we do it.

It is in the spirit of this Congress, which has been putting itself under the laws it makes for other people, and it is time we now open the door to many of the benefits that we have, that we now know because of the last 2 years' historic health care debate that other people do not have. This would be a terrific stress reliever for an awful lot of American families who are either locked into their job because they cannot get health care, or lost their job and cannot get health care, or many, many other things.

So I really hope that this body takes this bill very seriously, and that we pass it out of here, and we at least give people choices. That makes all the sense in the world.

Mr. Speaker, I would ask to put this letter from the American Medical Association in the RECORD on preexisting conditions and menopause.

Mr. Speaker, today I am introducing the Federal Employee Health Benefits Access Act. The purpose of this bill is simple: to give the general public access to the same health care benefits as Members of Congress.

We recently passed legislation requiring Congress to comply with the same laws that we pass for the rest of the country. Well, it is about time we gave everyone the same health care we get.

The Federal Employee Health Benefits Program provides health care to nearly 9 million Federal employees, retirees, and their families. It is a proven plan and model for the rest of the country. Enrollees are offered coverage at group rates, are not barred from coverage on the basis of a preexisting health condition, and are free to enroll in a plan of their choice during an annual open season.

My bill requires health carriers under the Federal Employee Health Benefits [FEHB] Program to offer to the general public the same benefits that Federal employees and members of Congress receive. This means that small businesses and individuals will have access to the same deductibles, maximums, coverage, treatment, and quality care that every Member in this Chamber gets. Under the bill, health care plans available to the general public would be community rated and would not result in an increase cost or less of benefits to Federal employees.

FEHB access allows Americans to choose the plan that is right for them. It does not require a standard package of benefits. Rather, it maintains one of the most important features

of the current FEHB Program—the ability to pick a plan that fits the needs of each individual or family.

The Federal Employee Health Access Act also contains some important cost savings provisions.

First, it requires that insurance carriers use standardized claims forms. This will reduce administration waste as well as save time and money.

Second, it requires insurance carriers to provide enrollees with information about advanced directives or "living wills." The use of living wills gives patients an opportunity to make critical decisions about their treatment. It can also save millions of unnecessary medical bills.

And finally, my bill establishes a demonstration project that allows enrollees the option to choose arbitration in order to settle malpractice disputes. Individuals who choose this option would either pay reduced premiums, copayments, or deductibles. Many health insurance plans already require participants to use alternative dispute resolution for malpractice claims. But, unlike my plan, they are not voluntary and they do not pass any of the savings on to enrollees.

The Federal Employee Health Benefits Access Act is a common sense proposal that makes health care available and affordable to every American. If it works for Members of Congress, why can't it work for the rest of the country?

I urge my colleagues to cosponsor the Federal Employee Health Benefits Access Act.

AMERICAN MEDICAL ASSOCIATION,

Chicago, IL, February 13, 1995.

Dr. CAROL C. NADELSON, M.D.,

Editor in Chief, American Psychiatric Press, Inc., Washington, DC.

DEAR DOCTOR NADELSON: Thank you for your recent letter demonstrating the misuse of an American Medical Association [AMA] statement on menopause. I appreciate having the benefit of this information.

The statement quoted by the insurance company is not AMA policy, but rather is a definition taken from one of the AMA's many consumer books. The purpose of the AMA's consumer books is to educate the public about common medical conditions, not to serve as rationale for classification of conditions by the insurance industry. While the cited definition is supported by the medical literature, the AMA regrets that its statement is being used by the insurance industry to deny payment for treatments. In addition, I wish to assure you that the AMA supports equal rights for men and women and does not advocate any position that would lead to the discrimination of women in terms of their health care.

Again, thank you for sharing your concerns with me. I hope this information is helpful.

Sincerely,

JAMES S. TODD, M.D.

SUPPORT RISK ASSESSMENT AND COST-BENEFIT ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 1995, the gentleman from Georgia [Mr. NORWOOD] is recognized during morning business for 5 minutes.

Mr. NORWOOD. Mr. Speaker, I rise today in support of H.R. 1022, the Risk Assessment and Cost-Benefit Act. This

legislation is necessary because of the immense cost piled onto the American economy by Federal bureaucrats. This bill establishes requirements for regulators to use risk assessment and cost-benefit analysis in creating the rules we live under. It requires development of peer review for regulations. It subjects decisions of agencies to judicial review. It requires the President to set regulatory priorities. It is a necessary step that we must take to free the American economy from burdensome regulations, but we have the opportunity to do better * * * to give small business the power to fight the bureaucrats on their own.

Mr. Speaker, this legislation will do the most for the small businesses that can afford new regulations the least. H.R. 1022 would help small business by allowing these companies to direct their scarce resources toward achieving the maximum environmental cleanup for the least cost. Small businesses are often more severely impacted by costly regulation than large businesses because the cost to comply with these regulations represents a larger percentage of the small business's operating expenses and profits. If a Federal agency is required to perform a risk analysis on regulations that impacts small business, small business is likely to be better able to afford to comply with the resulting rule. H.R. 1022 will result in fewer small business being financially bankrupted because of excessively expensive regulations.

The wood preserving industry, which is very important to my district, is made up mainly of small businesses. This industry could have been devastated in 1991 when the Environmental Protection Agency issued a hazardous waste listings regulation, under the Resource Conservation and Recovery Act. The tools of risk assessment and cost-benefit analysis were not applied in this act. The budget for the 1992 fiscal year stated that this RCRA regulation would have cost the wood preserving industry \$5.7 trillion per premature death averted. This huge monetary amount would prevent one cancer case every 2.9 million years. That's one death every 2.9 million years. The regulation's costs, as noted in the 1992 budget, were so outrageous that the wood preserving industry was able to gain congressional support for a request that EPA work with the industry to craft a more cost-effective regulation. The negotiations resulted in a cost-effective regulation that was protective of human health and the environment. The wood preserving industry, with its' heavy small business component, was able to stay alive and facilities were able to comply with the regulation.

Mr. Speaker, we cannot expect every industry to be able to rally support to save themselves from such bureaucratic nightmares. Mr. Speaker we should not expect every industry to be able to rally support to save themselves from such bureaucratic night-

mares. We must give them the power to take on Federal regulators head on. We can do that if we approve the Barton amendment later today. The Barton amendment would give the average citizen the right to challenge Federal regulations themselves. It would force bureaucrats to review existing rules for their cost-benefit. Mr. Speaker, industries should not have to come to us to save them from overzealous bureaucrats. By passing the Barton amendment, we give individual American citizens the power to fight for themselves.

The main principle of our regulatory reform system must be common sense. The Risk Assessment and Cost-Benefit Act will force Federal bureaucrats to focus their regulatory efforts on what will benefit Americans the most. It will prevent Federal bureaucrats from forcing industries to spend millions, even billions of dollars without proving the responsibility of that action. It will force Federal bureaucrats to give cost-effective solutions the same consideration and the same weight as the extravagant ideal solutions they pursue today. This we must do. But, Mr. Speaker, I also hope my colleagues will realize that this is but a first step. We must also give our citizens the power to fight the bureaucrats themselves. I urge my colleagues to vote "yes" on the Barton Amendment and empower individual Americans.

CONTRACT WITH AMERICA TOUGH ON CHILDREN AND ELDERLY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 1995, the gentleman from California [Mr. MILLER] is recognized during morning business for 5 minutes.

Mr. MILLER of California. Mr. Speaker, there was great celebration by the Republicans on the 50th day of their Contract With America of the first 100 days that they had programmed to rewrite the Federal Government and its rules and regulations. Yet on the 51st and 52d day we found out what this contract was really about. It was a contract on the elderly and the children of this Nation, between the actions taken in the Committee on Education and Labor and the actions taken in the Committee on Appropriations.

We saw in the Committee on Appropriations in the rescissions bill to cut money out of existing programs, 63 percent of all the cuts affect low-income Americans, children, and seniors. These same people are only responsible for 12 percent of the discretionary spending within the budget. That means three times the amount is being cut from these programs for elderly housing, to help elderly people pay their heating bills, and nutrition for our children, and the most vulnerable, and that is pregnant women at risk of giving birth to a low-birth-weight child and a newborn child born at low birth weight that needs nutritional help at

the first moments of life. That is what the Contract With America has become, a Contract on America's children.

In this morning's Washington Post, Louis Sullivan, the Secretary of HHS under President Bush, writes an article about the importance of the Women, Infants, and Children Program. This is a program that has now been in existence 20 years. It may be the most successful program in the world in combatting low-birth-weight babies, premature births, and the results that flow from those two events.

This has been our insurance policy to protect the taxpayers against the hundreds of thousands of dollars that a premature birth of a low-birth-weight baby will cost those taxpayers in the first few days and weeks of life. This has been a program that has reduced the incidence of low-birth-weight births by some 33 percent among the participants in that program. This is a program that does that for about \$1.50 a day, and this is a program that the Gingrich Republicans and the Committee on Education and Labor lockstep voted to cut the money from last week.

So as we move into the second 50 days of the contract, we see a much meaner, a much more callous approach to the children of this Nation. What is at stake here? What is at stake here is the ability of thousands of women who have been medically certified to be at nutritional risk and at risk of giving birth to a low-birth-weight baby of having a successful pregnancy. What these cuts mean, and the cuts in the Committee on Appropriations last week, is that this year 100,000 pregnant women and newborn infants will not be allowed to participate in this program that has had dramatic success in helping the brain development of these children, in helping carry these fetuses to term, and having healthy pregnancies.

That is what the Republicans' contract wants to do. That is what Speaker GINGRICH instructed the Committee on Education and Labor to do. Many of those Republicans privately were saying they hate to do this, this should not be done, they know it is wrong, but this is what the contract calls for. They have a greater allegiance to the contract, a public relations stunt drawn up by a pollster, than they do to America's children and to the pregnant women of this country that run the risk of having a pregnancy go wrong and to have to suffer all that that means.

What we are trying to assure with the Women, Infants, and Children Program is that these pregnant women will have the same joy I had at the birth of my two sons, the same joy that I had at the birth of my granddaughter; a healthy pregnancy and the kind of care that a woman needs before she delivers that birth, so that she can experience that joy, so that family can have that, and not have to experience the sadness of having a low-birth-