

LAST VOTE ON CONTRACT WITH AMERICA—FREE AT LAST

(Mr. ARMEY asked and was given permission to address the House for 1 minute.)

Mr. ARMEY. Mr. Speaker, I will just take a minute. Let me say to my colleagues that here we are on day 92 of the 100 days for the Contract With America and on this overwhelmingly bipartisan vote that we just cast we have made our last vote on the Contract With America.

Let me say to all my colleagues on both sides of the aisle how very proud I am of the way we as a body have conducted our affairs. This has been a difficult schedule. It has been extraordinarily demanding on our families, and if I may close my remarks with this observation, on behalf of our families let me just say: Free at least; free at last.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 345

Mr. PICKETT. Mr. Speaker, I ask unanimous consent that the name of the gentleman from Oklahoma [Mr. BREWSTER] be removed from the list of cosponsors of H.R. 345.

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

There was no objection.

PROVIDING FOR CONSIDERATION OF H.R. 483, MEDICARE SELECT EXPANSION

Ms. PRYCE. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 130 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 130

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 1(b) of rule XXIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 483) to amend title XVIII of the Social Security Act to permit medicare select policies to be offered in all States, and for other purposes. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chairman and ranking minority member of the Committee on Commerce. After general debate the bill shall be considered for amendment under the five-minute rule. In lieu of any committee amendment it shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule an amendment in the nature of a substitute consisting of the text of H.R. 1391. That amendment in the nature of a substitute shall be considered as read. No amendment to that amendment in the nature of a substitute shall be in order except one further amendment in the nature of a substitute which may be offered only by Representative Dingell of Michigan or his designee, shall be considered as read, shall be debatable for one hour equally divided and controlled by the proponent and an oppo-

nent, and shall not be subject to amendment. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendment as may have been adopted. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the amendment in the nature of a substitute made in order as original text. The previous question shall be considered as ordered on the bill and any amendment thereto to final passage without intervening motion except one motion to recommit with or without instructions.

SEC. 2. Subject to clause 2(l)(5) of rule XI, the Committee on Commerce may file a report to the House on H.R. 483 at any time.

The SPEAKER pro tempore. The gentlewoman from Ohio [Ms. PRYCE] is recognized for 1 hour.

AMENDMENT OFFERED BY MS. PRYCE

Ms. PRYCE. Mr. Speaker, I ask unanimous consent that House Resolution 130 be amended on page 2, line 3, by inserting after "bill" the words "for failure to comply with clause (2)(1)(6) of rule XI."

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Ohio?

Mr. MOAKLEY. Mr. Speaker, reserving the right to object, I would like to know exactly what the gentlewoman from Ohio [Ms. PRYCE] is doing at the present time.

Ms. PRYCE. Mr. Speaker, will the gentleman yield?

Mr. MOAKLEY. Further reserving the right to object, I yield to the gentlewoman from Ohio.

Ms. PRYCE. Mr. Speaker, the words proposed to be inserted were inadvertently deleted from the text of the rule, even though it is clear from the motion made in committee that those included words were to be reported.

Mr. MOAKLEY. Mr. Speaker, the gentlewoman has a very lucid explanation, and I withdraw my reservation of objection.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Ohio?

There was no objection.

The SPEAKER pro tempore. The resolution is amended.

Ms. PRYCE. Mr. Speaker, for purposes of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts [Mr. MOAKLEY], pending which I yield myself such time as I may consume.

During consideration of this resolution, all time yielded is for the purposes of debate only.

Mr. Speaker, time is of the essence. That is the basic principle underlying our consideration of this legislation today.

In 1990, Congress created the Medicare Select Program to allow Medicare recipients the option of purchasing a MediGap managed care option. This 15-State demonstration project is set to expire on June 30, a date that is not so far away when you consider that we are about to begin a 3-week district work period. Unless Congress takes prompt action to renew this program, the in-

surance benefits of nearly half a million senior citizens covered by the Medicare Select Program would be in jeopardy.

Failure to extend the program's authority would most likely lead to higher premiums for current enrollees, presenting a new burden for senior citizens who live on fixed incomes.

The legislation before us, crafted by the distinguished gentlewoman from Connecticut [Mrs. JOHNSON], expands this option now being tried successfully in 15 States to seniors in all 50 States, extends the program for a minimum of 5 additional years, and puts it on track to becoming permanent if the Secretary of Health and Human Services certifies that certain conditions have been met.

In order to expedite consideration of this bill in the House, and to ensure that the Senate, will have ample time to debate this issue, the Committee on Rules has reported a fair and balanced rule for this very necessary legislation. Only the rule will be considered by the House today.

Mr. Speaker, the rule provides for 1 hour of general debate, equally divided and controlled by the chairman and ranking minority member of the Committee on Commerce, after which time the bill shall be considered for amendment under the 5-minute rule.

The rule makes in order as an original bill for the purpose of amendment under the 5-minute rule an amendment in the nature of a substitute consisting of the text of H.R. 1391. This bill reflects a consensus position reached by the two committees of jurisdiction in this matter: The Committee on Commerce, and the Committee on Ways and Means.

No amendment to that amendment in the nature of a substitute shall be in order, except one further amendment in the nature of a substitute which may be offered only by Representative DINGELL or his designee. The amendment shall not be subject to further amendment, and is debatable for an hour, which shall be equally divided and controlled by the proponent and an opponent.

Finally, the minority is provided with one motion to recommit, with or without instructions.

Mr. Speaker, health care reform dominated much of the time and attention of the 103d Congress. This year, work has already begun to explore new and innovative ways to make health care more available and affordable for our citizens, especially for older Americans.

As Chairman BLILEY stated before the Committee on Rules last evening, this legislation provides a reasonable balance to permit a very valuable, and arguably successful, program for our senior citizens to continue, while allowing us time to evaluate the program more closely before making it permanent.

Our colleagues should keep in mind that the Medicare Select Program provides senior citizens with another viable option to receive affordable medical care. Premiums under the select option have resulted in savings as high as 37 percent over traditional MediGap products. By giving older Americans more choices within MediGap, we give them the flexibility to choose plans which meet their special, individual needs.

Mr. Speaker, the sponsors of this legislation have made it very clear that the House needs to act on this bill before leaving for the upcoming district work period. More than 450,000 Medicare beneficiaries will be impacted if the Medicare Select Demonstration Program is not expanded.

Mr. Speaker, this is a fair, balanced, and responsible rule. It provides the minority with two distinct opportunities to offer alternative proposals. These proposals may contain whatever germane amendments the minority leadership considers most important, as long as they are consistent with the standing rules of the House.

In the Rules Committee hearing, we discussed a number of substantive amendments which were offered during the separate committee markup process, all of which were defeated at the committee level. While these proposals do have merit, Mr. Speaker, the Rules Committee majority strongly believes that they should be brought up when the House considers legislation specifically addressing reform of Medicare and MediGap programs. It would seem unfair to single out one program for reform at this time when all MediGap policies together should be examined at the proper time.

Once again, Mr. Speaker, let me emphasize that it is imperative that the House complete its consideration of this legislation and forward it to the Senate, which we all know operates at a much different pace than the House.

I urge my colleagues on both sides of the aisle to support this fair, balanced, and very reasonable rule.

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

Mr. MOAKLEY. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, it gives me great pleasure to stand on the House floor today to publicly thank my good friend, the gentleman from New York, Mr. JERRY SOLOMON.

Democrats were upset to learn yesterday that the Republican leadership was going to deny the Democrats on the Commerce Committee their right to have 3 days to file their views.

But JERRY SOLOMON came to our rescue. He talked to his leadership and convinced them to change the schedule so that Democrats on the Commerce Committee will be given time to file their views.

That's right. Thanks to JERRY SOLOMON we are taking up the rule today, but we will take up the bill tomorrow and Democrats will have the right to voice their opinion just as Republicans did when they were in the minority.

Unfortunately, I cannot say Democrats are as happy with this rule as we were with JERRY SOLOMON yesterday.

Today, we are discussing a closed rule on a simple, noncontroversial bill that anyone and everyone should be allowed to amend if they see fit.

But for some reason Republicans seem to have gotten in the habit of breaking promises and socking it to American families. They are shutting down this rule just as they restricted 66 percent of the contract rules.

At least three amendments that were offered in the Commerce Committee had significant bipartisan support. I would ask my colleagues, what is going on here?

What reason on Earth could you have to forbid Democrats and Republicans

from offering amendments to this Medicare bill?

I urge my colleagues to defeat this rule.

DEPARTMENT OF HEALTH AND HUMAN SERVICES, HEALTH CARE FINANCING ADMINISTRATION,

Washington, DC, April 5, 1995.

Hon. JOHN D. DINGELL,
House of Representatives,
Washington, DC.

DEAR MR. DINGELL: I am responding to your request as to whether there is any federal requirement that Medicare SELECT insurers notify their enrollees about the status of their policies prior to the expiration of the current authorization for the demonstration.

There are no provisions in Federal law, regulations or the NAIC Model that require plans to notify enrollees in April or for that matter any time prior to the expiration of the demonstration authority. Even after the demonstration authority expires, plans are required to maintain coverage to all enrollees who continue to hold policies.

Confusion may have arisen on this issue of notification because of a provision in Section 10-N of the NAIC Model. This section outlines the requirements for plans to provide continuation of coverage in the event that the Secretary notifies the states of her determination that SELECT policies should be discontinued because of the failure of the demonstration to be reauthorized or its substantial amendment. This notification to states is at the Secretary's discretion. Given the bipartisan interest in both the House and Senate, we don't anticipate making such a determination in the foreseeable future even in the unlikely event that there is a temporary lapse in the authority for the demonstration.

We are committed to working with Congress to improve the options available to our beneficiaries. As you are aware, the Administration supports a temporary extension of the 15-state demonstration. Such an extension would provide sufficient time to examine what we have learned from the demonstration and to make needed changes to SELECT based on our findings. I look forward to working with you on these issues.

Sincerely,

BRUCE C. VLADECK,
Administrator.

Floor Procedure in the 104th Congress; Compiled by the Rules Committee Democrats

Bill No.	Title	Resolution No.	Process used for floor consideration	Amendments in order
H.R. 1*	Compliance	H. Res. 6	Closed	None.
H. Res. 6	Opening Day Rules Package	H. Res. 5	Closed; contained a closed rule on H.R. 1 within the closed rule	None.
H.R. 5*	Unfunded Mandates	H. Res. 38	Restrictive: Motion adopted over Democratic objection in the Committee of the Whole to limit debate on section 4; Pre-printing gets preference.	N/A.
H.J. Res. 2*	Balanced Budget	H. Res. 44	Restrictive: only certain substitutes	2R: 4D.
H. Res. 43	Committee Hearings Scheduling	H. Res. 43 (OJ)	Restrictive: considered in House no amendments	N/A.
H.R. 2*	Line Item Veto	H. Res. 55	Open: Pre-printing gets preference	N/A.
H.R. 665*	Victim Restitution Act of 1995	H. Res. 61	Open: Pre-printing gets preference	N/A.
H.R. 666	Exclusionary Rule Reform Act of 1995	H. Res. 60	Open: Pre-printing gets preference	N/A.
H.R. 667	Violent Criminal Incarceration Act of 1995	H. Res. 63	Restrictive: 10 hr. Time Cap on amendments	N/A.
H.R. 668	The Criminal Alien Deportation Improvement Act	H. Res. 69	Open: Pre-printing gets preference; Contains self-executing provision	N/A.
H.R. 728	Local Government Law Enforcement Block Grants	H. Res. 79	Restrictive: 10 hr. Time Cap on amendments; Pre-printing gets preference	N/A.
H.R. 7	National Security Revitalization Act	H. Res. 83	Restrictive: 10 hr. Time Cap on amendments; Pre-printing gets preference	N/A.
H.R. 729	Death Penalty/Habeas	N/A	Restrictive: Brought up under UC with a 6 hr. time cap on amendments	N/A.
S. 2	Senate Compliance	N/A	Closed; Put on suspension calendar over Democratic objection	None.
H.R. 831	To Permanently Extend the Health Insurance Deduction for the Self-Employed.	H. Res. 88	Restrictive: Makes in order only the Gibbons amendment; waives all points of order; Contains self-executing provision.	1D.
H.R. 830	The Paperwork Reduction Act	H. Res. 91	Open	N/A.
H.R. 889	Emergency Supplemental/Rescinding Certain Budget Authority	H. Res. 92	Restrictive: makes in order only the Obey substitute	1D.
H.R. 450	Regulatory Moratorium	H. Res. 93	Restrictive: 10 hr. Time Cap on amendments; Pre-printing gets preference	N/A.
H.R. 1022	Risk Assessment	H. Res. 96	Restrictive: 10 hr. Time Cap on amendments	N/A.
H.R. 926	Regulatory Flexibility	H. Res. 100	Open	N/A.
H.R. 925	Private Property Protection Act	H. Res. 101	Restrictive: 12 hr. time cap on amendments; Requires Members to pre-print their amendments in the Record prior to the bill's consideration for amendment. Waives germaneness and budget act points of order as well as points of order concerning appropriating on a legislative bill against the committee substitute used as base text.	1D.
H.R. 1058	Securities Litigation Reform Act	H. Res. 105	Restrictive: 8 hr. time cap on amendments; Pre-printing gets preference; Makes in order the Wyden amendment and waives germaneness against it.	1D.
H.R. 988	The Attorney Accountability Act of 1995	H. Res. 104	Restrictive: 7 hr. time cap on amendments; Pre-printing gets preference	N/A.
H.R. 956	Product Liability and Legal Reform Act	H. Res. 109	Restrictive: Makes in order only 15 germane amendments and denies 64 germane amendments from being considered.	8D: 7R.

Floor Procedure in the 104th Congress; Compiled by the Rules Committee Democrats—Continued

Bill No.	Title	Resolution No.	Process used for floor consideration	Amendments in order
H.R. 1158	Making Emergency Supplemental Appropriations and Rescissions	H. Res. 115	Restrictive: Combines emergency H.R. 1158 & nonemergency 1159 and strikes the abortion provision; makes in order only pre-printed amendments that include offsets within the same chapter (deeper cuts in programs already cut); waives points of order against three amendments; waives cl 2 of rule XXI against the bill, cl 2, XXI and cl 7 of rule XVI against the substitute; waives cl 2(e) of rule XXI against the amendments in the Record; 10 hr time cap on amendments. 30 minutes debate on each amendment.	N/A
H.J. Res. 73	Term Limits	H. Res. 116	Restrictive: Makes in order only 4 amendments considered under a "Queen of the Hill" procedure and denies 21 germane amendments from being considered.	1D; 3R
H.R. 4	Welfare Reform	H. Res. 119	Restrictive: Makes in order only 31 perfecting amendments and two substitutes; Denies 130 germane amendments from being considered; The substitutes are to be considered under a "Queen of the Hill" procedure; All points of order are waived against the amendments.	5D; 26R
H.R. 1271	Family Privacy Act	H. Res. 125	Open	N/A
H.R. 660	Housing for Older Persons Act	H. Res. 126	Open	N/A
H.R. 1215	The Contract With America Tax Relief Act of 1995	H. Res. 129	Restrictive: Self Executes language that makes tax cuts contingent on the adoption of a balanced budget plan and strikes section 3006. Makes in order only one substitute. Waives all points of order against the bill, substitute made in order as original text and Gephardt substitute.	1D
H.R. 483	Medicare Select Extension	H. Res. 130	Restrictive: Waives cl 2(1)(6) of rule XI against the bill; makes H.R. 1391 in order as original text; makes in order only the Dingell substitute; allows Commerce Committee to file a report on the bill at any time.	1D

* Contract Bills, 67% restrictive; 33% open. ** All legislation, 74% restrictive; 26% open. **** Restrictive rules are those which limit the number of amendments which can be offered, and include so called modified open and modified closed rules as well as completely closed rules and rules providing for consideration in the House as opposed to the Committee of the Whole. This definition of restrictive rule is taken from the Republican chart of resolutions reported from the Rules Committee in the 103rd Congress. **** Not included in this chart are three bills which should have been placed on the Suspension Calendar. H.R. 101, H.R. 400, H.R. 440.

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

Ms. PRYCE. Mr. Speaker, I yield 3 minutes to the gentleman from Florida [Mr. GOSS], a very distinguished member of the Committee on Rules.

(Mr. GOSS asked and was given permission to revise and extend his remarks.)

Mr. GOSS. Mr. Speaker, I rise in support of this very fair, structured rule for the consideration of H.R. 1391. This rule balances the rights of the minority, with the pressing need to extend the extraordinarily popular, and highly effective Medicare Select Program. Seniors in my home State of Florida have benefited greatly from this pilot program. Currently, more than 50,000 Medicare enrollees in Florida have voluntarily chosen to purchase one of these unique MediGap-PPO products—a product that helps fill the gap between what health care actually costs and what Medicare will pay. Often this is a substantial gap that has placed seniors in tough financial straits. On the whole, Medicare select enrollees in Florida enjoy supplemental premium costs that are about 25 percent lower than traditional indemnity products. To seniors living on fixed incomes, this type of insurance savings can make the crucial difference between barely surviving and maintaining a certain level of quality of life. In some cases, it can mean the difference between having supplemental coverage for such costly things as prescription drugs or not. Seniors I have talked to appreciate the simplified billing process that a Medicare select policy offers—they do not have to front the cost of care and then file two separate claims to seek reimbursement. In most cases, under this program, all out-of-pocket costs are determined and paid at the time of service. While some have expressed concerns about the quality of care provided through these plans, seniors in Florida have consistently expressed very high rates of satisfaction with the care they have received. This has been demonstrated most convincingly by the fact that more than 90 percent of enrollees retain their policies—even though they could choose another

Medigap option at any time. Mr. Speaker, in order to ensure that the hundreds of thousands of current Medicare select enrollees maintain the benefits of this program, the Congress must act expeditiously. The program is set to expire on June 30. And without assurances that the law will be extended, insurers will have to begin to notify enrollees of their plan's pending termination. By passing this rule, and H.R. 1391 today, we will not only ensure that current beneficiaries maintain coverage, but we will make it possible for seniors in an additional 35 States to enjoy the benefits of this program. By extending the Medicare Select Program to the rest of the country, we will reaffirm our commitment to giving seniors more choices in Medicare—and provide them with more opportunities to reduce their health care costs. I urge adoption of this rule and the bill.

Mr. MOAKLEY. Mr. Speaker, I yield 7 minutes to the gentleman from Michigan [Mr. DINGELL], the ranking member of the committee.

□ 1400

Mr. DINGELL. Mr. Speaker, let me thank the distinguished gentleman from Massachusetts for yielding this time to me.

Mr. Speaker, this is a gag rule pure and simple. It is not needed at this particular time. There is plenty of time to deal with this legislation. If we pass this legislation tomorrow or today, the other body will not be able to move on it until after they come back. If we pass it the day after we come back from the recess, the other body can still consider the legislation within sufficient time to meet the June 30 deadline.

Mr. Speaker, I rise in opposition, and I say this with great respect for my good friend, the chairman of the Committee on Rules, the gentleman from New York, who has given us another gag rule.

I also object to the extraordinary way in which this bill was brought to the floor and the way in which the minority's rights have been trampled. There are two rules that have been dealt with unfavorably: One is the 3-

day requirement with regard to the minority having opportunity to file minority views, and the other is a provision which requires a 3-day layover. Neither of these needs to be waived at this time.

This is a closed rule. It is an unfair rule. It is a restrictive rule. It prevents Members from offering amendments other than one substitute that requires any and all amendments to be packaged into one, regardless of whether they are consistent with each other. It simply imposes on the Congress a requirement that we legislate poorly without adequate opportunity for debate or proper discussion on a piece of legislation which is relatively unimportant and on which there is no great need for haste.

There is absolutely no justification for this closed rule. Even the justification suggested by my colleagues in the majority collapse on close scrutiny.

My friend, the gentlewoman from Connecticut [Mrs. JOHNSON], has suggested at the Rules Committee that a closed rule shutting off individual amendments is appropriate because she disagrees with the substance of the amendments. It is my view those kind of amendments should be a matter of decision by the House and not by the Committee on Rules, and certainly not by one Member alone.

An open rule would have afforded my colleagues the opportunity to argue why amendments should be passed or defeated. The gentlewoman from Connecticut has suggested that matters on which the Members disagree should not be put before the Members for their consideration. That seems to indicate we should make this body more like the Russian Duma or perhaps the Reichstag and that disagreement over facts and policy are not appropriate for Members on the House floor.

The gentlewoman has also suggested that a closed rule was justified because the amendments the minority was contemplating were too narrow in scope and should apply to a broader series of insurance policies. Ironically, her bill was narrowed by the Republicans in the Committee on Ways and Means precisely for the purpose of preventing the

offering of germane amendments that were broader.

The bill brought before the Committee on Commerce was similarly narrowed to just this one class of policy. We heard in the Rules Committee that a closed rule might be justified by the fact that the Commerce Committee markup involved a discrete number of amendments and took only 2 hours to complete. That sounds like a bill uniquely suited and qualified for a completely open rule. It would not burden Members with too many votes or too much debate time.

Given the relatively small number of issues and the limited time they might occupy, we are here witnessing a rule that has been closed gratuitously.

Finally, it was suggested in the Rules Committee that a closed rule was in order because this bill was reported out by the Ways and Means Committee by a large margin.

Leaving aside the fact that amendments in the Commerce Committee lost by narrow margins, has the measure for whether minority rights should be protected become the number of people in the minority?

We have heard a lot about how a closed rule was necessary because this legislation is urgent. Nothing could be further from the truth. Indeed the minority has not been in any way uncooperative in bringing this legislation to floor. Nor did we in any way delay the consideration of the legislation in either of the two committees.

Even if this legislation were urgent, and it is not, does it mean that debate must be stifled? We managed to debate quite fully the resolution on the Gulf war, and that matter had real urgency and was not so limited, in fact, by time.

But the fact is this bill is not urgently needed. Arguments about the legal need for notification of insurers and policyholders are wrong and are being used to alarm senior citizens unnecessarily so that some insurers who might cut a fat hog off this program might scare off any opposition to it. The 15-State demonstration project does not expire until the end of June, and I have not heard of a single Member who objects to the extension of that particular program.

But what is really curious here is how the proponents of this rule are using the expiration of a program in 15 States, 3 months from now, 3 months from now, to justify urgent expansion of this experiment to the other 35 States.

This is like rushing through a bill that gives flood relief not only to California but the other 49 States and arguing that it is urgent.

A further sign that these arguments are phony is the lack of urgency felt in the other body. There is no indication that body will act before the recess. There has not even been a committee markup there.

In addition to being unduly restrictive, this rule comes to the floor under

an exceptional and highly objectionable procedure. The committee report has not been filed. Indeed the Rules Committee met last night without having a committee report before it. The minority has not had its full 3 days to prepare its views. In fact, the rule contains a most extraordinary provision permitting the committee to file its report at any time. Are we beginning a process whereby the committees will not have to file their reports until after bills are passed?

The rule also waives the 3-day lay-over. These are rights which have always been considered sacrosanct, and whenever any attempt was made to control them on the part of the Democrats when we controlled this body, there was enormous outrage expressed by our colleagues on the Republican side.

Finally, the rule is objectionable because it makes in order a bill that no committee has reported out. It purports to be a compromise between Commerce and the Ways and Means Committees, but there was no consultation whatsoever that took place between the majority and minority. Therefore, it is not a compromise.

Furthermore, the Ways and Means Committee would not even be represented on the floor under this closed rule.

I urge my colleagues to reject this rule, I urge my colleagues to let us consider the matter in a more deliberate and appropriate fashion. There is no need for haste. We have not been delaying the matter. I believe that in protecting the rights of the minority, the rights of all Americans are protected as opposed to just some select few in the insurance industry.

Ms. PRYCE. Mr. Speaker, I yield 5 minutes to the gentlewoman from the State of Connecticut [Mrs. JOHNSON], who has done so much hard work on this issue.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I rise in support of this rule permitting us to vote an extension and expansion of Medicare Select. I urge my colleagues to support making these health insurance plans, which Consumer Reports has rated so highly, available to seniors in all 50 States.

I support this rule because it allows us to get to the central issue, preserving a low-cost, high-quality insurance option for seniors while not allowing requirements to be imposed on a single Medigap policy that cannot under this bill be imposed on all MediGap policies in the market.

Mr. Speaker, it is important that we not add requirements to Medicare Select that would treat these plans differently from other MediGap prices. During each committee's markup, amendments were defeated because they would have required select plans to offer benefits, plan options and rates that would not apply to other Medigap policies.

The time to address these issues is when we make changes to all Medigap

plans. Otherwise, Medicare Select plans would operate on an unlevel playing field and at a competitive disadvantage, eroding the savings seniors now enjoy by choosing these plans.

The Ways and Means Committee approved extension and expansion of the select program with a very bipartisan vote of 31 to 2. The Commerce Committee reported its legislation by voice vote.

My esteemed colleague, the gentleman from Michigan [Mr. DINGELL], agrees that this bill has broad bipartisan support.

If Congress does not act to extend this program this week, nearly a half-million seniors risk losing low-cost MediGap coverage. Companies offering these policies need to begin making plans now to prepare providers and beneficiaries about the future of their program.

Medicare Select is a MediGap policy—covering costs and services that Medicare does not. The difference is that select enrollees get their care from a preferred provider organization. Enrollees are still Medicare beneficiaries: Medicare will cover their health care costs even if they go outside the health network. By staying within the network, beneficiaries make the best use of their coverage because the health plan picks up most or all of their out-of-pocket costs.

Medicare Select is not a Medicare HMO/risk-contracting plan. Such plans require Medicare beneficiaries to obtain their care entirely within the network, or Medicare won't pay. With select, beneficiaries can still get Medicare to cover their charges even if they go outside the network, and in cases of emergency, the plan will reimburse charges in full.

Medicare Select saves beneficiaries money. Seniors on fixed incomes can save from 9 to 38 percent on the cost of their MediGap premium—up to \$300 a year.

Mr. Speaker, Medicare Select is not a Government program. Medicare Select is a MediGap insurance policy and regulated at the Federal and State levels just as all such policies are.

Mr. Speaker, it operates around Medicare requirements. But it has indirect benefits to Medicare, however, because enrollees are using health providers within an integrated delivery system. Thus, inappropriate utilization of medical services is avoided. A California select plan found that the cost of medical services per admission for network providers was 20 percent lower than for non-network providers. In addition, the average length of stay for network providers was 50 percent lower than for non-network providers.

I urge my colleagues to support this rule and support the extension of Medicare Select to all States before we adjourn.

Mr. MOAKLEY. Mr. Speaker, I yield 7 minutes to the gentleman from California [Mr. STARK], the ranking minority member of the subcommittee.

Mr. STARK. I thank the gentleman for yielding this time to me.

Mr. Speaker, I just wanted to remind my colleagues that Medicare is the finest health insurance program in the country. It is the only functional health insurance system in the country, and universal coverage is guaranteed. More than 99 percent of the Americans over 65 are covered. No private insurance company will even offer insurance to people in that age group.

There is no insurance plan in the country that offers beneficiaries a higher, more broader choice of high-quality, affordable health insurance than does Medicare.

The success of this program, although it may rankle those who cannot stand to see the Federal Government do anything well, is, in large part, due to the willingness of prior Congresses to provide choice to beneficiaries or at the same time putting in the extra effort to guarantee to those beneficiaries that this range of choices will not be hazardous to their health.

Strong beneficiary protections are vital to the well-being of the seniors of our country.

I might remind the gentlewoman from Connecticut that she misspoke. There are no Federal regulations on Medicare select, none whatsoever. Therein might be the modest suggestion that many of us would have for improving this experiment and guaranteeing that it does not become subject to the same avaricious group, like Prudential Insurance, who have been fined \$300 million for stealing billions from senior citizens.

I am not sure those are the people I want to run my mother's health care plan under Medicare select, and there would be nothing to stop them from stealing under this plan if Prudential chose to run one.

There are many other questions about the program, questions about the use of attained-age premiums, the bait-and-switch policy that some insurance companies use, selling a lowball premium to somebody when they turn 65 only to see that premium double and triple when they get to the delicate age of 67 or 68 or 80, where they can no longer afford it and see their premiums doubled and tripled.

There is no protection against that. Questions about the comparability of Medicare select products with other MediGap products, so that unscrupulous insurance salesmen do not unnecessarily confuse and cancel insurance for senior citizens.

The seniors deserve some protection there against those few unscrupulous sales people.

Last but not least, questions about the effect of these products on the Medicare expenditures, the trust fund which my Republican colleagues are so concerned about as they continue to break the trust fund with their capricious tax cuts, it is a fact that this has not saved Medicare any money at all

and may indeed cost extra money. Those things should be looked at.

It seems to me that some modest protections—even the gentlewoman from Connecticut, in her original bill, had a few protections in her bill which were stripped out when the bill was presented to the Committee on Ways and Means.

□ 1415

These questions deserve answers, and I would ask the gentlewoman who is managing the bill for the majority what is the hurry. I do not know. If we pass this today or tomorrow, is there a reason that this bill must pass tomorrow or today?

Ms. PRYCE. Mr. Speaker, will the gentleman yield?

Mr. STARK. I yield to the gentlewoman from Ohio.

Ms. PRYCE. We would like to get this to the Senate as soon as possible. Their pace is much different than ours. They are coming back a week before we are, so they can get a jump on it and get moving on it. This does expire in June, and we would like to see this extended.

Mr. STARK. I am reliably informed they do not intend to take it up, but, other than that, it can lay over there as well as lay here. That could well be. We still have until the end of June, and, as I say, why are we bringing it up today? I mean, if it is such urgency, I do not know because it seems to me we are bringing it up without the responsible procedure of seeing whether the bill is indeed any good. A closed rule does not permit any changes, and, except in some of the tax bills, I do not know what this urge, this rush, to judgment. If it is so good, why would it not stand the scrutiny of some discussion? I really do not—have no understanding of that, and I have heard precious little response from the majority side as to what they are scared of. What is it they are afraid of that will be offered?

I am puzzled. I begin to—I would not say smell a rat—but why we would rush to jam this down the throats of unsuspecting seniors? My mother is perfectly happy right now with Blue Cross, and she has got Aetna—or she has got AARP's MediGap. Why? She is happy.

Mr. BILBRAY. Mr. Speaker, will the gentleman yield?

Mr. STARK. I yield to the gentleman from California.

Mr. BILBRAY. Let me say, as somebody who has had to work with this population from a county service point of view, the inconsistency of not letting them know as soon as humanly possible what their options are and if this program will be available, and, as somebody who administered Federal programs, as my colleague knows, his side of the aisle again and again—

Mr. STARK. If I could reclaim my time to just explain to the gentleman that those people who are in the plan cannot be canceled even if we do not pass this. They are guaranteed to stay

in. The only thing it would prevent is those insurance salesmen from selling new plans for perhaps a day or a week, if we miss the goal.

Mr. BILBRAY. Mr. Speaker, will the gentleman yield?

Mr. STARK. I yield to the gentleman from California.

Mr. BILBRAY. I say to the gentleman, "But their premiums can be raised, and you tell a senior that it's no problem. You just pay more, and you won't know what that is in the future. We try to lay a defined course for these people. They have enough insecurity. They don't need us playing games back and forth, and you, more than anybody else, knows that you try to send messages that we pre-warn citizens of a changing situation as much as humanly possible."

Mr. STARK. If I can reclaim and explain to the gentleman. The premiums under the current law cannot be raised during the middle of the year so that there, first, is no danger that existing beneficiaries under these plans would have their premiums raised until the end of their policy year; and, second, there would be no restrictions on their being able to maintain their policies. It is just that the salesmen, admittedly, and it may hurt the insurance salesmen because they earn their living doing this. I would just suggest that it is risky business dealing with the fragile elderly who are easily confused, and I say that Democrat elderly are as confused as Republican elderly. We ought to be able to protect them through the process.

Ms. PRYCE. Mr. Speaker, I yield 5 minutes to the gentleman from California [Mr. THOMAS], who has done a lot of work in this area and can speak to many of the concerns just raised.

(Mr. THOMAS asked and was given permission to revise and extend his remarks.)

Mr. THOMAS. Mr. Speaker, I would tell the gentleman from California, my friend and colleague who is a freshman, that at the beginning of the 104th Congress it was my privilege to follow the gentleman from California [Mr. STARK] as the chairman of the Health Subcommittee of the Committee on Ways and Means. What he probably does not realize is that this program was supposed to be a permanent program back in 1990. It moved through the Congress as a permanent program. At the 11th hour, behind closed doors, with pulled curtains, they made it a demonstration program. This whining about, gee, what is the delay—I will not yield—the delay is in the gentleman's lap completely.

It took us until 11:30 at night the last day of the 103d Congress to extend this program.

I loved the gentleman from Michigan asking what is the problem. We have plenty of time to move legislation. At 1:30 a.m. the Senate acted to extend this program. Why do they not want to move forward? They want to see the

program dead; that is why. All of these crocodile tears about seniors. What they are scared to death about is that this one little choice program among 10 other MediGap policies will show, by people choosing it, that managed care is a better way to go in the Medicare Program. They cannot stand one chink in the armor of the old-fashioned fee-for-service system to be tested at all.

Now we moved this bill through the Committee on Ways and Means on March 8. The first week in March we moved this bill.

How many members of the Committee on Ways and Means opposed this? Two. There is one of them. He convinced one other member to oppose making this permanent. The gentleman from Florida [Mr. GIBBONS], a senior himself representing a number of seniors, he is for it. The gentleman from California [Mr. MATSUI], outspoken in terms of the protection of seniors' rights, he voted for it. Thirty-one members of the Committee on Ways and Means said, "You're right. This program should be made permanent."

What is the rush? There are only about 18 legislative days between now and when this program expires. They want to take all the time in the world.

This objection about rights under this rule? "How many times, when you were the majority, did you not even give us the right to recommit?"

I say to my colleagues, "You've got two bites at the apple. You can offer your own substitute, and then you can have the motion to recommit. You can change it twice. You've got an opportunity to convince folks that making it permanent is wrong. You couldn't convince the Commerce Committee. You could only convince two members of the Ways and Means Committee."

The idea that we did not give them 3 days to examine this rule? Notice carefully he said we are violating the 3-day rule, not on the bill, but on the rule itself. Those folks need 3 days to study a two-paragraph rule? I say to my colleagues, "You've got your full 3 days guaranteed to the minority on the bill."

Now, finally, what I consider absolutely egregious and outrageous, for the gentleman from California to stand up and say that the gentlewoman from Connecticut is wrong about Federal protections on this program. She said there were some; he said there were none.

I would invite the gentleman's attention to the Federal Register, August 21, 1992, beginning on page 37993, which is section 10, Medicare Select Policies and Certificates. This section shall apply to Medicare select policies and certificates, and on, and on, and on, page, after page, after page of a Federal structuring that is to be followed by the States to make sure that the seniors are protected in this program area.

This rule is a good rule, it is a fair rule, it is an appropriate rule, it is a timely rule. We will pass this rule, and

then, more importantly, we will finally being to move permanently, Medicare select.

The seniors deserve a choice. These detractors continue to try to stand in the way, and we will not let them.

Mr. MOAKLEY. Mr. Speaker, I yield 5 minutes to the gentleman from California [Mr. WAXMAN] who is the ranking member of the committee.

(Mr. WAXMAN asked and was given permission to revise and extend his remarks.)

Mr. STARK. Mr. Speaker, will the gentleman yield?

Mr. WAXMAN. I yield to the gentleman from California.

Mr. STARK. I just wanted to correct the misstatements of the previous speaker.

On March 8 the committee report indicates that the gentleman from Florida [Mr. GIBBONS] did not vote. As a practical matter, he was out sick on that day and did not vote on this bill either way.

Second, the House of Representatives has never considered Medicare select in its deliberations. It was added about the Senators in a conference and never considered in the House of Representatives, and I stand by the statement that there are no Federal regulations covering it.

Mr. WAXMAN. Mr. Speaker, I thank the gentleman from California [Mr. STARK] for that clarification.

I must say I am absolutely astounded by the comments of the gentleman from California [Mr. THOMAS] a minute or two ago on the House floor. He seems to ignore the whole history of this proposal and then mischaracterizes what is at issue today.

The Medicare Program pays for the beneficiaries to go to the doctors and the hospitals of their choice and pays most of those costs, but there are costs that have to be incurred by the elderly. For that people go out and buy MediGap supplemental insurance policies.

There are a lot of anticonsumer practices in the sale of these policies, so in 1990 the Congress said the insurance commissioner should set up a uniform benefit package for MediGap so people can compare one policy to another. People were being sold MediGap policies to cover things that were already covered under Medicare. They were paying for coverage that they already had. The consumers were being ripped off.

So these policies were established, 10 different packages.

At the same time the Congress moved to allow people to go into HMO's and have their coverage through a health maintenance organization. Medicare select came out as a sort of different kind of policy, not an HMO, but not a complete choice of doctors and hospitals for the Medicare beneficiary. The Medicare select said that, if a senior would sign up, they could go to the doctors on the panel. If they

went outside the panel, they had to pay for it. Their MediGap policy would only cover the doctors on the panel, to supplement the Medicare payments to them. It is like a preferred provider organization, and it was established as an experiment because it was the only MediGap policy being sold that did not give the consumer the free choice of doctors and other health providers.

Many consumers have found this very appealing. It has been an experiment in a number of States, and that experiment is up. But before the experiment is up, we have not had the analysis yet of how well it has done, but from those of us who have followed it, like in my own State of California, I think it has been a choice for consumers that has been well worth while.

The bill before us would make it available in all 50 States. In my opinion that may be premature, but I have no serious problem with allowing Medicare select policies in 50 States. But there are two problems that we should address. One is if someone goes into a Medicare select panel, and they do not like the doctors, and they do not feel they are being treated well in this kind of hybrid MediGap policy. They should be permitted to leave and go to another MediGap coverage policy that would give them the choice of doctors.

One of the amendments that was offered in the Committee on Commerce by a Republican Member, a doctor, the gentleman from Iowa [Mr. GANSKE]—he offered, and I supported, many of our Members supported, the ability of people, if they did not like their Medicare select policy, to be able to have a choice of another MediGap policy. They might not have this choice, they might not have it because they passed up the opportunity for another policy if they signed up on Medicare select. So we wanted to say, if Medicare select were going to be made available in all 50 States, they ought to make sure the consumers have a choice to opt out. That is a very important consumer protection.

One would think from what the gentleman from California [Mr. THOMAS] had to say it was not even an issue, but that is what we are talking about in this rule because that amendment would not even be permitted to be offered as a separate amendment on the House floor when this bill is presented.

A second issue:

If people are in a MediGap policy, they could have a fairly low rate when they start, but there is nothing to restrict the insurance companies as they get older and sicker from moving up the rate of that MediGap policy cost.

□ 1430

That seems to be a real troublesome area, where consumers can be taken advantage of. And if they are priced out of their ability to buy that MediGap policy, because they have attained a higher age and therefore can have a higher premium imposed upon them, the consumers may be priced out

of the ability to get any Medigap coverage. So we wanted to have an amendment on that issue.

The Committee on Rules offered a rule that we are now considering that will not even give us that opportunity to offer those amendments. We have to tie them all together in a substitute amendment, but not be able to offer these two distinct amendments. That is what our objection to this rule is all about. It is not that we do not want to have Medicare Select policies. It is that we do not want them marked in a way where the consumers can be disadvantaged.

Now, the rule is an unfair rule and it has been hastily put together. The bill was marked up in our committee, the Committee on Energy and Commerce, Monday evening, and we offered those two separate amendments that we are not going to be permitted to offer. The rule now before us not only would not allow these two amendments to be offered, it waives the usual 3-day layover period and it would permit the bill to be brought up even though a committee report with dissenting views has not been filed, as far as I know, by the Committee on Energy and Commerce.

I think that we ought to have an opportunity to debate these issues when the bill comes up. Some of us will support the bill, to allow Medicare Select as an option. But they should not have Medicare Select as an option that freezes people into a panel of doctors which may not be satisfactory to them and not allow them then to get another Medigap policy.

So I would urge opposition to this resolution, to allow us the opportunity to argue these separate issues, to protect the elderly consumers in this country from unscrupulous insurance practices when they go out to get their Medigap policy.

Mr. Speaker, I urge a "no" vote on the rule.

Ms. PRYCE. Mr. Speaker, it is my pleasure to yield 4 minutes to the distinguished Chair of the Subcommittee on Health and Environment of the Committee on Commerce, the gentleman from Florida [Mr. BILIRAKIS].

Mr. BILIRAKIS. Mr. Speaker, I thank the gentlewoman for yielding time to me.

Mr. Speaker, I rise in support of the rule providing for the consideration of legislation to extend the current Medicare Select Program which is scheduled to expire in June.

On January 11, 1995, our colleague, the gentlewoman from Connecticut, introduced H.R. 483, a bill to amend title 18 of the Social Security Act to permit Medicare Select policies to be offered in all States, and for other purposes. That bill was referred to the Committee on Commerce as the committee of primary jurisdiction and in addition, to the Committee on Ways and Means.

On February 15, 1995, our Health and Environment Subcommittee held an oversight hearing on Medicare Select and issues related to Medicare man-

aged care. On March 22, 1995, the subcommittee met and marked up H.R. 483 and approved the bill for full committee consideration, as amended, by a voice vote. On Monday, April 3, 1995, the full Commerce Committee met and ordered H.R. 483 reported to the House, as amended, by a voice vote, a quorum being present.

As ordered reported by the Commerce Committee, H.R. 483 would extend the Medicare Select Program for an additional 5 years and expand the coverage to include all 50 States in order to continue in an improved way the demonstration project, which is really what we are trying to do.

The Committee on Ways and Means also completed action on H.R. 483, and reported a different version of the legislation to the House. The Ways and Means Committee version of the bill extends the Medicare Select Program to all 50 States on a permanent basis.

Since the time that both committees completed action on H.R. 483, the committees have met and have developed a consensus bill, H.R. 1391, which was introduced in the House on April 4. This rule makes in order the text of H.R. 1391.

The bill to be considered would extend the Medicare Select Program for a 5-year period and expands the coverage to all 50 States.

The bill would also require the Secretary of the Department of Health and Human Services to conduct a study comparing the health care costs, quality of care, and access to services under Medicare select policies with other Medigap policies. This study must be completed by the end of 1998. Based on the results of this study, the Secretary must make a determination that the Medicare Select Program is permanent unless the study finds that, first, Medicare select has not resulted in savings to Medicare select enrollees, second, it has led to significant expenditures in the Medicare Program, or third, it has significantly diminished access to and quality of care.

I think this bill provides for a reasonable balance that will permit a valuable and innovative program for our senior citizens to be continued while permitting a more informed evaluation of the program. We must remember that Medicare select is a Medigap insurance policy which provides seniors with another option to receive medical care. By giving the elderly more choices within Medigap, we give them the option to pick plans which meet their individual needs.

Mr. Speaker, I urge adoption of this rule that will provide for consideration of this important legislation.

Mr. MOAKLEY. Mr. Speaker, I yield 4 minutes to the gentleman from Oregon [Mr. WYDEN].

(Mr. WYDEN asked and was given permission to revise and extend his remarks.)

Mr. WYDEN. Mr. Speaker, I rise in opposition to the rule, and specifically would like to address the comment

that the gentleman from California [Mr. THOMAS] made earlier about the views that somehow Democrats are a little bit frightened of managed care or skeptical of its benefits.

I come from an area with one of the highest concentrations of Medicare and managed care in our country, and we know that there can be good managed Medicare. But in our programs, there is real choice. There are real options. And that is why we are concerned about this rule, because we think it takes away needed options from senior citizens.

Frankly, because I believe that when we come back the other side will be proposing major cuts in Medicare that are going to take additional choices and options away from seniors, I think it is very important that in Medicare select we build in some more choices and some more consumer protections.

For example, my friends on the other side are not worried about attained age pricing in their bill. What that means is that the prices the senior citizens pay go up with the age of the older person. A lot of these older people have no idea about the rate hikes that are going to hit them with Medicare select.

We hear that seniors are happy at this point about Medicare select. Of course they are, because the product is new. A lot of these older people may have only had it for 18 months. They got a statement, maybe a disclosure form, that said there was going to be attained age pricing. It did not prepare them for the rate shock that is coming.

Let us vote against this rule, let us fashion an alternative, that provides real choice to older people. Let us offer an alternative that protects senior citizens against draconian rate hikes.

Mr. Speaker, I urge my colleagues to vote against this rule, and then fashion a bipartisan program that will protect the rights of older people in our country.

Ms. PRYCE. Mr. Speaker, I yield 2 minutes to the gentleman from California [Mr. BILBRAY], a distinguished new Member who has much experience.

Mr. BILBRAY. Mr. Speaker, let me just say as somebody who is new on the block, but has been involved in many programs that have been mandated, allowed, and pursued by the Federal Government, one of the greatest frustrations a constituency in America has is when Washington starts sending mixed signals and then waits for the last minute to give a go-ahead. The inconsistency of the political process in Congress is always frustrating for the constituents out in real world America. They watch us in the House and they watch the Senate with their faster than light process of coming to a conclusion to let America know what the rules are that they are going to be able to live by.

Well, I strongly support this proposal, because I think we need to send a clear message to our seniors, not only in California where we have over 100,000 seniors that have made this

choice, Mr. Speaker, but also many other States where this opportunity is needed.

Mr. Speaker, I know there are those who fear the MediGap concept. I know there are those who want to defend to their dying day the fee for service, even if it means denying an alternative to fee for service to our seniors.

Mr. Speaker, I strongly urge my colleagues, not as just a Member of Congress, but as somebody who has not so long ago been a consumer of the products that come out of Congress, let us send that clear message as quick as possible, let us make sure the consumer knows what the rules are, and let Congress get its job done in time so the seniors know the rules that they are going to be expected to play by.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from California [Mr. STARK].

Mr. STARK. Mr. Speaker, may I engage the gentlewoman from Ohio [Ms. PRYCE] in a colloquy for a moment.

Mr. Speaker, I gather that the majority feels that we should move ahead rapidly with this bill, and I begin to sense that we are not going to have any opportunity to amend it.

Ms. PRYCE. Mr. Chairman, will the gentleman yield?

Mr. STARK. I yield to the gentlewoman from Ohio.

Ms. PRYCE. Mr. Speaker, I disagree with the gentleman. There are two opportunities.

Mr. STARK. Mr. Speaker, the gentlewoman from Ohio is correct. I am sure we are not making many friends with all this, but this is one of the things we might do to accommodate many of our colleagues who might like to end the 100 days sooner: Is there any reason in the rule that the bill could not be considered this afternoon?

Ms. PRYCE. Mr. Speaker, if the gentleman will yield further, It is my understanding we are protecting the rights of the minority.

Mr. STARK. Mr. Speaker, I am about to suggest, if the minority would be willing to accept unanimous consent, that the bill be considered today, so in a matter of comity we are prepared and would be happy to proceed, and I am sure we would make a lot of friends.

Mr. Speaker, I do not believe unanimous consent is necessary, but I ask unanimous consent that the bill be considered today.

Mr. SOLOMON. Mr. Speaker, I reserve the right to object.

The SPEAKER pro tempore (Mr. HOBSON). The gentleman from California [Mr. STARK] was not recognized for the purpose of making a unanimous-consent request. The unanimous consent request is not entertained.

Mr. SOLOMON. Mr. Speaker, If the gentleman would yield, let me just say to the gentleman, as the gentleman from Massachusetts [Mr. MOAKLEY] has said, we did defend the minority's rights. We wanted to give 3 days for the minority's views. I always insisted on

it when I was in the minority. You have just filed your minority views, and we have Members on this side of the aisle that would like to have time to look at your minority views. We value your views, seriously.

Mr. MOAKLEY. Mr. Speaker, I yield 1 minute to the gentleman from Michigan [Mr. DINGELL].

Mr. DINGELL. Mr. Speaker, I understand that my views on this matter have created vast distress on the part of my Republican colleagues. They are very easily distressed, and this pains me. For the help of my colleagues on that side, I would say I do not mind bringing the bill up today or tomorrow. If the leadership on that side wants to do it, they can do it. They have been quite wanton in disregard of the rights of the minority and in disregard of the rules, and I see no reason why I would object to further practices of that sort at this time.

So if the leadership on the other side wants to bring this bill up, they control this place. I would suggest that they should commence doing so forthwith, and then we will hear less complaining on the Republican side about how this side, in insisting on the orderly conduct of the business of the House and the proper conduct of the business and protection of the rights of the minority, is delaying the conduct of the business of the House, which we in fact are not doing.

The bill is going to be passed. It needs to be perfected. It will not be passed as perfected because the Republicans will not participate in the perfection of it by eliminating two very significant problems, which the amendments to be offered by this side would perfect.

□ 1445

Mr. MOAKLEY. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

Ms. PRYCE. Mr. Speaker, I yield 30 seconds to the gentleman from California [Mr. THOMAS].

Mr. THOMAS. Mr. Chairman, I thank the gentlewoman for yielding time to me.

I do have to compliment the minority. I thought perhaps they were not learning to become the minority quite as quickly as we had hoped they would. But what we have just heard on the part of the minority is an absolute denouncement of the rule because it denies them the privileges of the minority on the 3-day rule. And then less than 20 minutes later, standing up and deciding, maybe they really did not want that 3-day period.

They talked about the fact that this does not need to be rushed through at all. And then less than an hour later, gee, we might as well expedite the business of the House.

I compliment them that both sides of the mouth is working well.

Mrs. COLLINS of Illinois. Mr. Speaker, I rise in opposition to the closed rule on HR. 483, the Expanded Use of Medicare Select Policies

Act that would extend the Medicare Select demonstration program that currently exists in my State of Illinois and 14 other States and would allow all 50 States to participate.

Once again, despite the promises and pledges by the Republicans that we submitted for consideration have been rejected outright with no explanation given. Yet again, free debate is stifled by this rule that permits only 1 hour of debate. Mr. Speaker, this is clearly not sufficient time for the two committees of jurisdiction to debate the bill and the substitute to be discussed.

As we have seen since the 104th Congress first convened in January, the Republicans talk a good talk. They pledge their dedication to free and open debate, they declare how committed they are to the open rule process and yet, once again, we are being bound and gagged with a closed rule for no apparent reason. We are forced to race through the debate at top speed with no chance to truly discuss or debate the important bill before us.

I intend to oppose this rule and I urge my colleagues to do the same.

Ms. PRYCE. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The SPEAKER pro tempore (Mr. HOBSON). The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. MOAKLEY. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 253, nays 172, not voting 9, as follows:

[Roll No. 298]

YEAS—253

Allard	Burton	Doolittle
Armey	Buyer	Dornan
Bachus	Callahan	Dreier
Baker (CA)	Calvert	Duncan
Baker (LA)	Camp	Dunn
Ballenger	Canady	Ehlers
Barr	Castle	Ehrlich
Barrett (NE)	Chabot	Emerson
Bartlett	Chambliss	English
Barton	Chenoweth	Ensign
Bass	Christensen	Everett
Bateman	Chrysler	Ewing
Bereuter	Clinger	Fawell
Bevill	Coble	Fields (TX)
Bilbray	Coburn	Flanagan
Bilirakis	Collins (GA)	Foley
Bliley	Combest	Forbes
Blute	Condit	Fowler
Boehlert	Cooley	Fox
Boehner	Cox	Franks (CT)
Bonilla	Crane	Franks (NJ)
Bono	Crapo	Frelinghuysen
Borski	Cremeans	Frisa
Brewster	Cubin	Funderburk
Brownback	Cunningham	Gallegly
Bryant (TN)	Davis	Ganske
Bunn	de la Garza	Gekas
Bunning	DeLay	Geren
Burr	Diaz-Balart	Gilchrest

Gillmor	Longley	Saxton
Gilman	Lucas	Scarborough
Goodlatte	Manzullo	Schaefer
Goodling	Martini	Schiff
Gordon	McCollum	Seastrand
Goss	McCreery	Sensenbrenner
Graham	McDade	Shadegg
Greenwood	McHugh	Shaw
Gunderson	McInnis	Shays
Gutknecht	McIntosh	Shuster
Hancock	McKeon	Skeen
Hansen	Metcalf	Skelton
Hastert	Meyers	Smith (MI)
Hastings (WA)	Mica	Smith (NJ)
Hayes	Miller (FL)	Smith (TX)
Hayworth	Molinari	Smith (WA)
Hefley	Montgomery	Solomon
Heineman	Moorhead	Souder
Herger	Moran	Spence
Hilleary	Morella	Spratt
Hobson	Myers	Stearns
Hoke	Myrick	Stenholm
Horn	Nethercutt	Stockman
Hostettler	Neumann	Stump
Houghton	Ney	Talent
Hunter	Norwood	Tate
Hutchinson	Nussle	Tauzin
Hyde	Oxley	Taylor (NC)
Inglis	Packard	Thomas
Istook	Parker	Thornberry
Jacobs	Paxon	Tiahrt
Johnson (CT)	Pelosi	Torkildsen
Johnson, Sam	Peterson (MN)	Torricelli
Jones	Petri	Trafficant
Kasich	Pombo	Upton
Kelly	Pomeroy	Vucanovich
Kennelly	Porter	Waldholtz
Kim	Portman	Walker
King	Pryce	Walsh
Kingston	Quillen	Wamp
Klecзка	Quinn	Ward
Klug	Radanovich	Watts (OK)
Knollenberg	Ramstad	Weldon (FL)
Kolbe	Regula	Weldon (PA)
LaHood	Riggs	Weller
Latham	Roberts	White
LaTourette	Roemer	Whitfield
Laughlin	Rogers	Wicker
Lazio	Rohrabacher	Wilson
Leach	Ros-Lehtinen	Wolf
Lewis (CA)	Rose	Young (AK)
Lewis (KY)	Roth	Young (FL)
Lightfoot	Roukema	Zeliff
Linder	Royce	Zimmer
Livingston	Salmon	
LoBiondo	Sanford	

Pastor	Schumer	Towns
Payne (NJ)	Scott	Tucker
Payne (VA)	Serrano	Velazquez
Peterson (FL)	Sisisky	Vento
Pickett	Skaggs	Visclosky
Poshard	Slaughter	Volkmer
Rahall	Stark	Waters
Rangel	Stokes	Watt (NC)
Reed	Studds	Waxman
Richardson	Stupak	Williams
Rivers	Tanner	Wise
Roybal-Allard	Taylor (MS)	Woolsey
Rush	Tejeda	Wyden
Sabo	Thompson	Wynn
Sanders	Thornton	Yates
Sawyer	Thurman	
Schroeder	Torres	

NOT VOTING—9

Ackerman	Dickey	Largent
Archer	Frost	Miller (CA)
Chapman	Hilliard	Reynolds

□ 1505

Mr. HOLDEN and Mr. GEJDENSON changed their vote from "yea" to "nay."

Mr. LAZIO of New York changed his vote from "nay" to "yea" So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

URGING IMMEDIATE ACTION ON H.R. 483

(Mr. DINGELL asked and was given permission to address the House for 1 minute, and to revise and extend his remarks.)

Mr. DINGELL. Mr. Speaker, on this side we are ready to bring up debate and deal with H.R. 483. I would urge the majority to call it up at the earliest possible moment.

CONFERENCE REPORT ON S. 244, PAPERWORK REDUCTION ACT OF 1995

Mr. CLINGER. Mr. Speaker, I call up the conference report on the Senate bill, S. 244, to further the goals of the Paperwork Reduction Act to have Federal agencies become more responsible and publicly accountable for reducing the burden of Federal paperwork on the public, and for other purposes.

The Clerk read the title of the Senate bill.

The SPEAKER pro tempore (Mr. MCINNIS). Pursuant to the rule, the conference report is considered as read.

(For conference report and statement, see proceedings of the House of Monday, April 3, 1995, at page H4093.)

The SPEAKER pro tempore. The gentleman from Pennsylvania [Mr. CLINGER] will be recognized for 30 minutes, and the gentleman from Minnesota [Mr. PETERSON] will be recognized for 30 minutes.

The Chair recognizes the gentleman from Pennsylvania [Mr. CLINGER].

Mr. CLINGER. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I am very pleased to bring to the floor today the conference agreement on the reauthorization of the Paperwork Reduction Act. It is the

first reauthorization since the act expired in 1989.

The House version, I would remind my colleagues, of this bill was approved by an overwhelming vote, a unanimous vote, of 418 to nothing. The conference report very closely resembles the excellent provisions which were included in our original bill. There are several provisions which I would just like to discuss for the RECORD.

First, the conference bill reauthorizes the appropriation for the Office of Management and Budget's Office of Information and Regulatory Affairs, so-called OIRA, for 6 years, OIRA is the key office responsible for implementing the provisions of the Contract With America's regulatory reduction goals which are moving through this Congress. OIRA had a permanent authorization which I had hoped the other body would accept. Six years, however, which is what is provided in the conference report, should provide OIRA with a significant authorization to implement the regulatory reforms called for by the Contract With America.

Second, the bill strengthens the requirements of existing law to ensure that agencies develop low-burden, better-quality collections of information that in particular reduce the compliance requirements and paperwork costs for small businesses. This is clearly a very meritorious objective, to take away some of this overwhelming burden that we have imposed on small businesses over the years in the form of regulatory requirements.

Third, it overturns the 1990 Supreme Court case of Dole versus the United Steel Workers of America, which thereby restores the full coverage of the Paperwork Reduction Act over third-party disclosure requirements, which was originally included in this act.

Fourth, Mr. Speaker, and most importantly, the conference bill protects the public by providing citizens with a complete legal defense if agencies refuse to participate in a clearance process involving public notice and comment, public protection, and OIRA review. This provision is based on the very excellent amendment which was offered on the House floor by our colleague, the gentleman from Idaho, Mr. MIKE CRAPO.

Finally, Mr. Speaker, the legislation mandates a paperwork reduction goal of 10 percent for the next 2 years, as proposed in the committee amendment offered by our colleague, the gentleman from Pennsylvania, Mr. JON FOX.

The remainder of the bill was discussed at length during consideration of the House-passed bill on February 22. As I say, those were the only changes that were implemented in this conference report, so I would encourage all Members to support this conference report.

Let me conclude my remarks by expressing my appreciation to those who

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Abercrombie	Doyle	Kildee
Andrews	Durbin	Klink
Baesler	Edwards	LaFalce
Baldacci	Engel	Lantos
Barcia	Eshoo	Levin
Barrett (WI)	Evans	Lewis (GA)
Becerra	Farr	Lincoln
Beilenson	Fattah	Lipinski
Bentsen	Fazio	Lofgren
Berman	Fields (LA)	Lowe
Bishop	Filner	Luther
Bonior	Flake	Maloney
Boucher	Foglietta	Manton
Browder	Ford	Markey
Brown (CA)	Frank (MA)	Martinez
Brown (FL)	Furse	Mascara
Brown (OH)	Gejdenson	Matsui
Bryant (TX)	Gephardt	McCarthy
Cardin	Gibbons	McDermott
Clay	Gonzalez	McHale
Clayton	Green	McKinney
Clement	Gutierrez	McNulty
Clyburn	Hall (OH)	Meehan
Coleman	Hall (TX)	Meek
Collins (IL)	Hamilton	Menendez
Collins (MI)	Harman	Mfume
Conyers	Hastings (FL)	Mineta
Costello	Hefner	Minge
Coyne	Hinche	Mink
Cramer	Hoekstra	Moakley
Danner	Holden	Mollohan
Deal	Hoyer	Murtha
DeFazio	Jackson-Lee	Nadler
DeLauro	Jefferson	Neal
Dellums	Johnson (SD)	Oberstar
Deutsch	Johnson, E. B.	Obey
Dicks	Johnston	Olver
Dingell	Kanjorski	Ortiz
Dixon	Kaptur	Orton
Doggett	Kennedy (MA)	Owens
Dooley	Kennedy (RI)	Pallone