NAYS—192

Abercrombie	Gonzalez	Ortiz
Andrews	Gordon	Orton
Baesler	Green	Owens
Baldacci	Gutierrez	Pallone
Barcia	Hall (OH)	Pastor
Barrett (WI)	Hall (TX)	Payne (NJ)
Becerra	Hamilton	Payne (VA)
Beilenson	Harman	Peterson (FL)
Bentsen	Hastings (FL)	Peterson (MN)
Berman	Hefner	Pickett
Bevill	Hilliard	Pomeroy
Bishop	Hinchey	Poshard
Bonior	Holden	Rahall
Borski	Hoyer	Rangel
Boucher	Jackson-Lee	Reed
Brewster	Jacobs	Richardson
Browder	Jefferson	Rivers
Brown (CA)	Johnson (SD)	Roemer
Brown (FL)	Johnson, E. B.	Rose
Brown (OH)	Kanjorski	Roybal-Allard
Bryant (TX)	Kennedy (MA)	Rush
Cardin	Kennedy (RI)	Sabo
Clay	Kennelly	Sanders
Clayton	Kildee	Sawyer
Clement	Kleczka	Schroeder
Clyburn	Klink	Schumer
Coleman	LaFalce	Scott
Collins (IL)	Lantos	Serrano
Collins (MI)	Laughlin	Sisisky
Condit	Levin	Skaggs
Conyers	Lewis (GA)	Skelton
Costello	Lincoln	Slaughter
Coyne	Lipinski	Spratt
Cramer	Lofgren	Stark
Danner	Lowey	Stenholm
de la Garza	Luther	Stokes
Deal	Maloney	Studds
DeFazio	Manton	Stupak
DeLauro	Markey	Tanner
Dellums	Martinez	Tauzin
Deutsch	Mascara	Taylor (MS)
Dicks	Matsui	Tejeda
Dingell	McCarthy	Thompson
Dixon	McDermott	Thornton
Doggett	McHale	Thurman
Dooley	McKinney	Torres
Doyle	McNulty	Torricelli
Durbin	Meehan	Towns
Edwards	Meek	Traficant
Engel	Menendez	Velazquez
Eshoo	Mfume	Vento
Evans	Miller (CA)	Visclosky
Farr	Mineta	Volkmer
Fattah	Minge	Ward
Fazio	Mink	Waters
Fields (LA)	Moakley	Watt (NC)
Filner	Mollohan	Waxman
Flake	Moran	Williams
Foglietta	Murtha	Wilson
Ford	Nadler	Wise
Furse	Neal	Woolsey
Gejdenson	Oberstar	Wyden
Gephardt	Obey	Wynn
Gibbons	Olver	Yates

NOT VOTING—12

Ackerman	Franks (CT)	Pelosi
Chapman	Frost	Reynolds
Dickey	Hayes	Schiff
Frank (MA)	Kaptur	Tucker

☐ 1635

Mr. GEJDENSON and Mr. DINGELL changed their vote from ''yea'' to ''nay.''

Mr. BAUCUS changed his vote from ''nay'' to ''yea.''

So the motion to lay on the table the appeal of the ruling of the Chair was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PROVIDING FOR ADJOURNMENT OF THE HOUSE FROM FRIDAY, APRIL 7, 1995, TO MAY 1, 1995, AND FROM WEDNESDAY, MAY 3, 1995, TO TUESDAY MAY, 9, 1995, AND ADJOURNMENT OR RECESS OF SENATE FROM THURSDAY, APRIL 6, 1995, OR THEREAFTER, TO MONDAY, APRIL 24, 1995

Mr. GOSS. Mr. Speaker, I offer a privileged concurrent resolution (H. Con. Res. 58) and ask for its immediate consideration.

The Clerk read the concurrent resolution, as follows:

H. CON. RES. 58

Resolved by the House of Representatives (*the Senate concurring*), That when the House adjourns on the legislative day of Friday, April 7, 1995, it stand adjourned until 12:30 p.m. on Monday, May 1, 1995, or until noon on the second day after Members are notified to reassemble pursuant to section 3 of this concurrent resolution, whichever occurs first; and that when the Senate adjourns or recesses at the close of business on Thursday, April 6, 1995, Friday, April 7, 1995, Saturday, April 8, 1995, Sunday, April 9, 1995, or Monday, April 10, 1995, pursuant to a motion made by the Majority Leader, or his designee, in accordance with this concurrent resolution, it stand recessed or adjourned until noon on Monday, April 24, 1995, or such time on that day as may be specified by the Majority Leader or his designee in the motion to recess or adjourn, or until noon on the second day after members are notified to reassemble pursuant to section 3 of this concurrent resolution, whichever occurs first.

Sec. 2. When the House adjourns on the legislative day of Wednesday, May 3, 1995, it stand adjourned until 12:30 p.m. on Tuesday, May 9, 1995, or until noon on second day after Members are notified to reassemble pursuant to section 3 of this concurrent resolution, whichever occurs first.

Sec. 3. The Speaker of the House and the Majority Leader of the Senate, acting jointly after consultation with the Minority Leader of the House and the Minority Leader of the Senate, shall notify the Members of the House and the Senate, respectively, to reassemble whenever, in their opinion, the public interest shall warrant it.

The concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

PERMISSION FOR MEMBERS TO EXTEND THEIR REMARKS IN THE RECORD FOR TODAY AND TOMORROW

Mr. GOSS. Mr. Speaker, I ask unanimous consent that for today, April 6, 1995, and tomorrow, April 7, 1995, all Members be permitted to extend their remarks and to include extraneous material in that section of the RECORD entitled extension of remarks.

The SPEAKER pro tempore (Mr. MCINNIS). Is there objection to the request of the gentleman from Florida?

There was no objection.

HOUR OF MEETING ON TOMORROW

Mr. GOSS. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 11 a.m. tomorrow.

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

Mr. WISE. Mr. Speaker, reserving the right to object, and I shall not object, this change was cleared with the Democrat leadership.

Mr. Speaker, I withdraw my reservation of objection.

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

There was no objection.

MEDICARE SELECT EXPANSION

The SPEAKER pro tempore. Pursuant to House Resolution 130 and rule XXIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 483.

☐ 1641

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the 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, with Mr. BONILLA in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered as having been read the first time.

Under the rule, the gentleman from Virginia [Mr. BLILEY] will be recognized for 30 minutes, and the gentleman from Michigan [Mr. DINGELL] will be recognized for 30 minutes.

The Chair recognizes the gentleman from Virginia [Mr. BLILEY].

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

Mr. BLILEY. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I urge my colleagues to join me in supporting the extension of the Medicare Select Program. The bill before the House was worked out between the members of the Commerce and Ways and Means Committees. The bill provides for a 5-year extension of the program and permits it to be offered in all 50 States. The bill also requires 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. The secretary is required to establish Medicare select on a permanent basis 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 the 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.

In my view, we must not allow this program to expire. It is unfair to both participants and insurers alike to have to worry about what the Congress will do next. Medicare Select is a small but important program—and, I might add, a highly regulated program. It is regulated under the Federal MediGap standards. There are additional Federal statutory standards for select policies, plus our States insurance departments regulate them under State law. Medicare Select saves senior citizens money, provides more choice for senior citizens than the current Medicare risk contract HMO, and has given them the opportunity to secure a more comprehensive benefits package. If we do not act to extend this program, no new enrollees will be permitted to enroll in Select plans and we will see the ultimate demise of these plans. The end result is bound to be significant increases in premiums for current enrollees. Medicare beneficiaries will be denied a product that saves them money and which has served them well. There is no reason not to extend this program in a responsible fashion.

Mr. Chairman, I urge my colleagues to join me in supporting this bill.

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

Mr. DINGELL. Mr. Chairman, I yield myself 4 minutes.

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

Mr. DINGELL. Mr. Chairman, I will not burden the House with the discussions which took place during the consideration of the rule. Suffice it to say my displeasure with the way the rule has been handled in its substance and the way the rights of the minority have been constrained remain. I observe also that those constraints affect the ability of this House to legislate well, as they affect the rights of the people who look to us to see to it that their concerns are properly protected in the consideration of legislation.

□ 1645

I will speak, rather, Mr. Chairman, of the substitute which will be offered by the gentleman from California [Mr. WAXMAN], and I point out that this substitute is a reasonable alternative. It permits Members to support an extension of the program and an expansion of the program while providing very important consumer protections.

First, the substitute differs from the newly-drafted underlying bill in three particulars.

It expands the Medicare Select Program to all 50 States for a 5-year period, just like the bill reported out of the Committee on Commerce. Five years permits an ample opportunity to execute the program, to evaluate it, and to permit the Congress to come back and to extend the period, if necessary, or to make whatever changes might appear appropriate at the conclusion of 5 years.

Second, it bans attained age rating that lets insurance companies raise rates on elderly people as they age.

I want to comment a little on this. One of the perils of the people who would be seeking insurance under this program is that they will find that their initial purchase of insurance will be done on the basis that the prices are going to be very reasonable. Under the attained age rating practices of insurance companies, it means that there can be a substantial annual increase in cost to the insured. This is a deceptive practice. It is increasingly employed. It has the function of misleading consumers, and it makes it impossible for them to make meaningful comparisons of products of insurance.

It also arranges matters so that misrepresentations can be made by unscrupulous insurance salesmen and that the consequences of the annual rating increases are not known to the purchaser of insurance at the time the insurance is first negotiated for.

Third, the substitute allows people in restricted networks, that is, Medicare Select plans of the type we are dealing with here, to get out of those plans, something which they may very well want to do and something which is consistent with their rights as insured and enables them to get into an unrestricted Medigap plan.

Specifically, it requires select insurers also to offer to individuals who disenroll from a select plan a fee-for-service plan under terms comparable to the terms they would have enjoyed had they initially joined a fee-for-service plan. Thus, choice is maintained for the persons who would enroll in these, fairness in achieving the kind of service they might want, protection of their basic liberties and their economic and other concerns.

It is a fair way of addressing the failures which exist with regard to the legislation before us. These proposals do nothing to disturb the underlying bill. They do provide important consumer protections to the elderly. They create a level playing field for insurers, stabilize the marketplace and assure that insurers who would behave fairly toward their insured are not placed at a disadvantage by the behavior of unscrupulous insurers who would utilize these kinds of devices to the detriment not only of the more responsible insurers but also to the different holders of the policies that we are talking about.

I urge my colleagues to adopt the substitute at the time that it is offered.

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

Mr. BLILEY. Mr. Chairman, I yield such time as he may consume to the gentleman from Florida [Mr. BILIRAKIS], chairman of the Subcommittee on Health and Environment of the Committee on Commerce.

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

Mr. BILIRAKIS. Mr. Chairman, I thank the gentleman for yielding time to me.

Mr. Chairman, I rise in support 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 [Mrs. JOHNSON] 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, the principal committee of jurisdiction and in addition to the Committee on Ways and Means.

On February 15, 1995, the Health and Environment Subcommittee held an oversight hearing on Medicare select and issues related to Medicare managed 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.

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 and this provides for a more true analyses as a demonstration project.

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. The rule the House just passed makes in order the text of H.R. 1391.

The bill the House is considering 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: (1) Medicare select has not resulted in savings to Medicare select enrollees. (2) it has

led to significant expenditures in the Medicare Program, or (3) it has significantly diminished access to and quality of care.

Congress needs to enact legislation to extend this program now.

The National Association of Insurance Commissioners [NAIC] has testified in favor of the program and stated that out of the 10 Medicare select States that report into the NAIC's Complaint Data System, there were only 9 Medicare select complaints last year.

The program has been a very good one for senior citizens. In August 1994, Consumer Reports rated the top Medigap insurers nationwide. Eight out of 10 of the top-rated 15 MediGap plans were Medicare select plans. It is a very popular program in my home State of Florida where some 13,000 Medicare beneficiaries are enrolled.

I urge my colleagues to support this legislation so we may continue to provide older Americans with an often needed and in my opinion, necessary option.

Mr. DINGELL. Mr. Chairman, I yield 5 minutes to the distinguished gentleman from California [Mr. STARK], a member of the Committee on Ways and Means.

Mr. STARK. Mr. Chairman, I would like first to congratulate the distinguished gentlewoman from Connecticut, the sponsor of H.R. 483. While I may agree with what is in the bill, it is the absence of a few things with which she and I would differ. But she gets my highest admiration for tenacity. She has done an excellent job in bringing this bill to the floor promptly.

I do believe that there is a need for strong beneficiary protections. These may be prophylactic. They may be only a safety net, but we have had anecdotal evidence of abuses. And this program is new, and the administration had hoped that we would only extend it for 18 months. Many of us feel that Federal standards, which would be enforced or reinforced by States, would be in order.

The few States that choose not, like my own State of California, to regulate this through the insurance code, might be required to.

Had we had the opportunity, and we will have a partial opportunity in the substitute to be offered by the distinguished gentleman from California later in the proceedings, I would have suggested that we perhaps extend this for 5 years; also, that we have Federal oversight of Medicare select.

The amendment that I would offer perhaps would require Medicare select plans to have similar requirements as we now require for Medicare approved HMO's, called risk contractors. Those would include community rating.

For example, in California, to compare identical plans with Prudential, AARP's plan, and Blue Cross, the only offeror of Medicare select, there is, indeed, a savings for the first 4 years. From 1965 to 1969, Medicare select only costs $780. AARP's Prudential plan is $957, but it is $957 until you expire or stop paying your premiums.

The Medicare select plan jumps to $1,080 at age 70, $1,260 at 75 and, over 80, it is $1,380, almost a 40 percent increase. This, I believe, is improper and impacts most on seniors when they can lest afford to pay those premiums.

I think we should consider the idea of forbidding premiums that are age-related.

We should have State certification of these plans and an amendment to define the benefit package, not so as to limit it, but so as to put it into context with the plans that are now offered under MediGap so that seniors will have the opportunity to use free market choice and pick a plan that is, in fact, one that they can compare on a price basis.

Many of these amendments will be in the substitute offered by the gentleman from California [Mr. WAXMAN]. I would urge that that be supported.

I think that we will revisit this. One of the reasons I do not want to belabor this, and I will in a moment yield back my time, is that my guess is that some of these provisions may be added later in the legislative process. I hope then we can consider them at some more deliberate pace and consider which of these amendments will make Medicare select a better product, more consumer friendly than what might appear without the regulations that are missing from the current bill.

I thank the distinguished gentleman for yielding time to me.

Mr. DINGELL. Mr. Chairman, I yield 3 minutes to the gentleman from North Dakota [Mr. POMEROY].

□ 1700

Mr. POMEROY. Mr. Chairman, I thank the distinguished ranking member for yielding time to me.

Mr. Chairman, Medicare select is an issue I have followed for several years. I am the only former insurance regulator in the 104th Congress.

At the time the Medicare Select Program came into being, I was regulating the insurance market in North Dakota, the State I now represent in this body. I favored very strongly the Medicare select component. I thought perhaps the 15-State limitation at that time was unduly restrictive, in light of fairly prevalent practices throughout the Medicare supplement market at that time to allow the type of discounting and favorable premium impact it had for the senior citizen consumers under the operation explicitly allowed for the 15 States under the program.

I believe with the Medicare select, those who would believe we are engaged in an experiment here have it exactly wrong. The Medicare select restrictions actually constricted discounting activity that was allowing seniors lower insurance prices throughout the 50 States.

I fought as an insurance regulator to make sure North Dakota got to be one of the 15 States allowed, and was pleased that the Department of Health and Human Services allowed North Dakota to be one of the States. The experience has been significant. It has allowed a 17-percent premium deduction for senior citizens.

I called in the course of the Medicare select legislation to see whether or not problems, some kind of consumer complaints had arisen because of the restricted delivery system that might bring about this kind of discount. I was told by the North Dakota insurance department they did not have one, not a single complaint on their Medicare select book of business allowed in the State of North Dakota, now amounting to about 10,000 policyholders.

Having regulated this market for 8 years, I would say it is rather incredible that any product, no matter how perfect, does not generate one consumer complaint to the insurance department.

I think when it comes to senior citizens, this body owes them the same range of choices allowed throughout the rest of the insurance marketplace. We have discounting arrangements being made with providers to pass a better value on to the policy holder. Why, when it comes to senior citizens, should we somehow become so protectionist as to try and keep them from being able to access that same kind of discounted premium?

Are there questions in the senior MediGap market? Of course there are. Attained age rating is a concern that I believe needs to be addressed. It needs to be addressed, in my opinion, first by the regulatory entities responsible for regulating insurance, State insurance departments.

I believe if the State insurance departments adn their collective organization, the National Association of Insurance Commissioners, a body I formerly served in as president, do not in the very near term address that forcefully, action should be considered in this body to preclude attained age rating. I feel that strongly about it.

However, the vehicle before us certainly is not the one to try in this body to revamp the regulatory structure in this way. This is a simple bill. It serves a positive purpose. Give seniors a choice, give seniors a break, and pass this legislation.

Mr. BLILEY. Mr. Chairman, to close debate on our side, I yield 5 minutes to the gentlewoman from Connecticut [Mrs. JOHNSON], who knows more about this subject, certainly, than anybody on this side of the aisle. It has been a pleasure to work with her.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I rise in strong support of this bill, and urge my colleagues to support it with enthusiasm. A number of issues have been raised from the other side, but they are issues that were thoroughly addressed in the hearings that we have had on this bill.

First of all, this is not a failed program. This is a very strong program that seniors are choosing, and they are

choosing it because it offers them lower cost health care that is also high-quality health care. Their premiums are anywhere from 10 to almost 40 percent less than the premiums of other Medigap policies. That is why they choose it. That is why seniors all over America should have the right to choose it.

Are these good policies? According to the Consumer Reports, 8 of the 15 top-ranked policies were Medicare select policies. That is pretty good.

Second, there have been essentially no complaints. Members heard my colleague, who was an insurance commissioner himself, say in his State there was not a single complaint. Nationwide in 1994 there were only 9 complaints in regard to select plans, when there were 967 complaints for regular Medigap policies, another reason why seniors choose these policies in the Medigap market. They are good.

Third, when we look at the consumer satisfaction surveys, Medicare select rates very high, another good sign.

Lastly, no program that was not well regarded would be supported by the National Governors Association, the National Council of State Legislatures, and the insurance commissioners of 50 States, so this is a good program, it is a successful program and, futhermore, it is a well-regulated program. It is regulated by the States; it is regulated by the Federal Government; it is regulated in exactly the same way that plans are regulated for people of other ages.

There is no problem with seniors who choose this option getting locked in. Later we will hear an amendment that says that these plans ought to be required to offer a fee-for-service option.

In every single State, in every single State, there are at least seven policies offered by Blue Cross or Blue Shield or AARP that guarantee issue at predetermined rates for seniors, so anyone in a Medicare select policy has a choice of choosing another Medigap policy at the same rate anyone else would be able to buy that policy, and without any danger of exclusion for preexisting medical conditions. Therefore, there is no need to pass a law that would force this kind of policy to do something that none of its competitors have to do.

This is a good bill. It is strictly structured. This program has succeeded. I ask Members' support of it, and I ask the Members' opposition to the following substitute, because it would force this plan, in certain States, to offer benefits that no other Medigap policy has to offer. That would effectively kill this low-cost choice for seniors. If it was forced to age rate its premiums, base its premiums on attained age rating, premiums for young seniors would go up.

In the market now, seniors of every age can choose whether they want to buy an attained-age-rating Medigap policy or a community-rated Medigap policy or an issued age-rated Medigap policy. They are all there. Seniors can choose that. Why should we not allow a 67-year-old healthy senior to choose a lower cost policy, if that is what he prefers, and face the higher rates of a 70-year-old when he hits 70, if that is what he wants? He has the right under current circumstances to choose a community-rated or an attained-age-related policy when he is 67, if he wants to do that.

I ask Members to support the bill, to oppose the alternative, and to guarantee that seniors in our Nation will have the choice of a lower cost, high-quality Medigap policy.

NATIONAL GOVERNORS' ASSOCIATION,
NATIONAL CONFERENCE OF STATE LEGISLATURES, NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS,

March 15, 1995.

Hon. BILL THOMAS,
Chairman, Subcommittee on Health of the Committee on Ways and Means,
Washington, DC.

DEAR CHAIRMAN THOMAS: In an effort to promote consumer choice and the offering of affordable health care coverage for senior citizens, the National Governors' Association (NGA), the National Conference of State Legislatures (NCSL), and the National Association of Insurance Commissioners (NAIC) call to your attention an urgent problem facing over 400,000 Medicare beneficiaries: the imminent expiration of the medicare SELECT program. This program has provided significant savings to Medicare beneficiaries in demonstration project states. We urge its permanent extension and expansion to all fifty states.

As you are aware, the Medicare SELECT program is a three year demonstration project (extended another six months by the 103rd Congress) that authorizes managed care networks to offer Medicare Supplement policies in the fifteen demonstration states. Medicare SELECT offers significant savings to seniors, many of whom live on fixed incomes. It also offers seniors a choice among health plans.

In the absence of Congressional action on this issue, more than 400,000 Medicare beneficiaries will be faced with higher premiums and less choice. If the Medicare SELECT program is not continued, Medicare SELECT carriers could not enroll new members after June 30, 1995. This will result in significant increases in premiums for Medicare beneficiaries already enrolled in the program. Further, those beneficiaries not enrolled in the program will no longer have the opportunity to choose this low-cost and choice-enhancing option.

Nearly every federal health reform proposal before the 103rd Congress included a permanent extension of this program to all fifty states. The momentum and broad-based political support behind this program should not be allowed to dissipate simply due to the absence of more comprehensive Congressional action in the health care reform area. The health care coverage of too many Americans is at stake.

As we testified before two House subcommittees on this issue, we urge you to support the provisions of H.R. 483 that extend and expand the Medicare SELECT program to all fifty states.

The NGA, NCSL and NAIC would be happy to answer any questions and provide you with any additional technical background upon request. Please contact Mary Beth Senkewicz at the NAIC Washington office at 624–7790. Thank you for consideration of this recommendation.

Sincerely,

RAYMOND C. SCHEPPACH,
Executive Director, NGA.
CARL TUBBESING,
Director, Washington Office, NCSL.
KEVIN T. CRONIN,
Washington Counsel, NAIC.

MEDICARE SELECT: THE FACTS

Medicare Select is Point of Service coverage—Beneficiaries can go out of the Select network at any time and Medicare still pays for covered care.

Medicare Select Saves Seniors $'s—Premium savings range from 10 to 38% over regular Medigap policies.

Medicare Select provides Quality and Value—Consumer Reports ranked 8 Select plans among the top 15 plans.

MORE MED SELECT FACTS

Medicare Select Works for Seniors—In 1994 the National Association of Insurance Commissioners reported only 9 complaints on Select plans vs. 967 for regular Medigap.

Medicare Select Offers Choice—Gives seniors an option similar to that enjoyed by millions of working Americans.

EVEN MORE MED SELECT FACTS

Medicare Select Satisfies Seniors—Select plans are highly rated in consumer satisfaction surveys.

Medicare Select has bipartisan Support—Ways and Means bill passed 31 to 2, Commerce bill passed by voice vote.

Medicare Select Wanted by States—NGA, NAIC, and NCSL support the 50 state option.

The CHAIRMAN. All time for general debate has expired.

Pursuant to the rule, the amendment in the nature of a substitute consisting of the text of H.R. 1391 is considered as an original bill for the purpose of amendment and is considered as having been read.

The text of the amendment in the nature of a substitute is as follows:

H.R. 1391

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. PERMITTING MEDICARE SELECT POLICIES TO BE OFFERED IN ALL STATES FOR AN EXTENDED PERIOD.

Section 4358(c) of the Omnibus Budget Reconciliation Act of 1990, as amended by section 172(a) of the Social Security Act Amendments of 1994, is amended to read as follows:

''(c) EFFECTIVE DATE.—(1) The amendments made by this section shall only apply—

''(A) in 15 States (as determined by the Secretary of Health and Human Services) and such other States as elect such amendments to apply to them, and

''(B) subject to paragraph (2), during the 8½ year period beginning with 1992.

''(2)(A) The Secretary of Health and Human Services shall conduct a study that compares the health care costs, quality of care, and access to services under medicare select policies with that under other mediare supplemental policies. The study shall be based on surveys of appropriate age-adjusted sample populations. The study shall be completed by December 31, 1998.

''(B) The Secretary shall determine during 1999 whether the amendments made by this section shall remain in effect beyond the 8½ year period described in paragraph (1)(B). Such amendments shall remain in effect beyond such period unless the Secretary determines (based on the results of the study under subparagraph (A)) that—

''(i) such amendments have not resulted in savings of premiums costs to these enrolled

in medicare select policies (in comparison to their enrollment in medicare supplemental policies that are not medicare select policies and that provide comparable coverage),

''(ii) there have been significant additional expenditures under the medicare program as a result of such amendments, or

''(iii) access to and quality of care has been significantly diminished as a result of such amendments.''.

The CHAIRMAN. No amendment to the amendment in the nature of a substitute is in order except a further amendment in the nature of a substitute, which may be offered only by the gentleman from Michigan [Mr. DINGELL], or his designee, is considered as read, is debatable for 1 hour, equally divided and controlled by a proponent and opponent of the amendment, and is not subject to amendment.

Pursuant to the rule, the gentleman from California [Mr. WAXMAN] will be recognized for 30 minutes.

AMENDMENT IN THE NATURE OF A SUBSTITUTE OFFERED BY MR. WAXMAN.

Mr. WAXMAN. Mr. Chairman, I offer an amendment in the nature of a substitute.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment in the nature of a substitute is as follows:

Amendment in the nature of a substitute offered by Mr. WAXMAN:

Strike all after the enacting clause and insert the following:

SECTION 1. EXTENDING MEDICARE SELECT POLICIES TO ALL STATES FOR AN ADDITIONAL 5-YEAR PERIOD.

Section 4358(c) of the Omnibus Budget Reconciliation Act of 1990, as amended by section 172(a) of the Social Security Act Amendments of 1994, is amended—

(1) by striking ''The amendments'' and inserting ''(1) Subject to paragraph (2), the amendments'';

(2) by inserting ''and, subject to paragraph (3), those other States that elect them to apply'' after ''15 States (as determined by the Secretary of Health and Human Services)'';

(3) by striking ''3½-year'' and inserting ''8½-year''; and

(4) by adding at the end the following new paragraphs:

''(2) The amendments made by this section shall apply to a State after the first 3½ years of the 8½-year period described in paragraph (1) only if the State provides that the premiums for a medicare select policy do not vary at renewal (or at any other time premiums change) on the basis of the age attained by the policy-holder or certificateholder.

''(3)(A) The amendments made by this section shall apply to a State other than the 15 States referred to in paragraph (1) only if the State provides that the issuer of a medicare select policy makes available to a policyholder or certificateholder, at each of the times described in subparagraph (B), a policy described in subparagraph (C) (whether or not otherwise offered by the issuer to individuals in the State and whether issued directly by that issuer or under an arrangement with another issuer) under terms and conditions described in subparagraph (C).

''(B) The times described in this subparagraph are—

''(i) the time the policyholder or certificateholder moves out of the service area of the issuer of the medicare select policy,

''(ii) the time of renewal of such policy, and

''(iii) at the end of the 12-month-period beginning on the date such policy first becomes effective if the policy is canceled or nonrenewed by the policyholder or certificateholder at the end of such period.

''(C) A policy described in this subparagraph is a policy that meets the 1991 Model NAIC Regulation or 1991 Federal Regulation and other requirements of section 1882 of the Social Security Act (without regard to subsection (t)) and the terms and conditions (including premium levels) described in this subparagraph are terms and conditions comparable to the terms and conditions that the policyholder or certificateholder would have had if the policyholder or certificateholder had been enrolled in a policy not under section 1882(t) of such Act during the period in which the policyholder or certificateholder was enrolled in a policy under such section 1882(t).

''(D) The Secretary of Health and Human Services is authorized to issue such regulations as may be necessary to carry out this paragraph.''.

Mr. WAXMAN. Mr. Chairman, I offer this amendment in order to improve this legislation before us. The argument on the floor before us today is not whether we ought to have Medicare select policies or not. A number of States are already marketing these policies. It has been used on an experimental basis in those States. All of us agree that we ought to expand that to other States as well.

However, our amendment would make three changes in the underlying bill. First of all, while we extend Medicare select programs to all 50 States, we would do it for a 5-year period so we can take a look, again, at that period of time to see whether this program is working the way we envision it.

Second, we would in this amendment say that the Medicare select policies would not permit attained age rating that lets insurers raise rates on elderly people as they age. This is a deceptive practice that is increasingly employed to mislead consumers and make meaningful comparison between various insurance options possible.

Third, the substitute allows people in restricted networks, like Medicare select plans, where they only have a panel to choose from of their health care providers, allows them to leave the Medicare select and go to a choice of provider that they may wish to have Medicare and this gap policy pay.

These provisions do nothing to disturb the underlying bill. However, they are important consumer protections for the elderly, they create a level playing field for insurers, and they stabilize the market.

Mr. Chairman, let me elaborate on these points. The gentlewoman from Connecticut [Mrs. JOHNSON], who is the original author of the bill before us, has argued that people have choices now, and we should not have any guarantee in the bill that they will have choices in the future.

My concern is we do not know what the future will bring, except we have some idea of what is going on now in the competitive marketplace dealing with health insurance. As there is competition, there is competition for insurance companies to try to offer the lowest-priced plan to induce people to sign up.

However, if they do not have a community rating, if they do not keep that low price for everybody except for the newcomers in their plan, as people get older, what we call attain an older age, and are therefore more likely to get sick, insurance companies can turn around and say ''You signed up a number of years ago at a certain level, but now we are going to double or triple your premiums.''

That, Members could imagine, would be a terrible thing for an elderly person who has a Medigap policy for which they now think they have security, to suddenly find that there rates have gone up so dramatically.

Sometimes, however, people do not like these preferred provider organizations where they have only a certain list of physicians and health care providers to choose from. They may think it is okay when they are younger, let us say 65, but if they have some experiences later on with a specific illness where they need the expertise of someone who is not on that panel, they may want to choose to leave.

I believe a fundamental value in health insurance for this country ought to be that we give people the right to choose what insurance they will have. We have offered in this substitute a guarantee that when people sign up in these Medicare select policies, that they will have a right to choose to join another Medigap plan. When people turn 65, they can sign up in any MediGap plan available.

What they do not realize is if they sign on to Medicare select, unless we have this substitute adopted, in the future they may not be able to leave and go to another what is called fee-for-service or choice-of-provider plan. They will be faced with either being in the Medicare select or having to go outside of that list and then pay out of their own pockets, not only for their insurance, but they would have to pay for the costs of the doctor who is not on that panel.

Let us keep in mind, we are dealing with Medicare select. It is only a very small issue in the scheme of the Medicare issues that we have already faced and are going to face in this Congress, but what we do in this instance may well become a benchmark for what we are going to do in the future.

There is a lot of talk that the Republicans would like to take the Medicare program and, rather than let people have choices of doctors and other health care providers, to put them in managed care.

□ 1715

Managed care is a reasonable option but it ought to be an option at the choice of the beneficiary, not something which they are forced into whether they like it or not. In fact, if

we really believe in managed choice being a good option, it is only a good option when people have the ability in a free market to walk away and leave and join another alternative plan. But if they only have one choice, you can be sure that when they are captive in that one choice, that they are not going to be as important a customer, since they are a captive customer of the Medicare select plans.

Members will hear in this debate about how well these Medicare select plans are doing. I do not deny they are doing well. The consumers generally seem happy in most States. Our fear is what the marketplace will look like not right now but in a couple of years.

Let us put in this substitute which gives us a 5-year period in which to watch, to see how it is working; second, protect people from this sort of bait-and-switch of signing up and then finding your rates are going to double and triple because there is no protection against insurance companies raising your rates as you get older; and third, a guarantee that when you sign up in a Medicare select system, that that Medicare select system will give you an option which almost all of them do now, to choose another system, a fee-for-service system that will give you unlimited choice.

This is an important consumer protection amendment. It is consistent with the idea of having Medicare select policies. I do not think anybody is arguing against the idea of Medicare select although some people may. But most Members would argue let us allow this Medicare select way of handling MediGap insurance, a supplemental insurance to Medicare, in the most consumer-oriented manner.

I urge support for the substitute amendment.

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

Mr. BLILEY. Mr. Chairman, I yield 5 minutes to the gentleman from California [Mr. THOMAS], the chairman of the Subcommittee on Health of the Committee on Ways and Means.

Mr. THOMAS. I thank the gentleman for yielding me the time.

Mr. Chairman, if Members will examine the proponents of the substitute's argument, what they are saying is that we really do want Medicare select, we just want to improve it, we want to help. That would be akin to having you cross the street against the light. Urge you to go down a tunnel with a light ahead and say it is daylight. Turn on the gas with the pilot light out.

They do not want to improve the Medicare program. Their position is clear. They stalled in the last Congress, hoping it would die. It took a Herculean effort at the 11th hour to get the pilot program renewed. And here they are once again, a wolf in sheep's clothing saying all we want to do is try to improve the program.

The substitute says it is going to extend for only 5 years. The underlying bill says if after 5 years on a finding of the Secretary of HHS it saves money, we make it permanent. If it is good and it works, we make it permanent. What does the substitute do?

Notwithstanding saving money after 5 years, the program is dead. That is improving? That is helping? That is a wolf in sheep's clothing.

All they say they want is a level playing field. In fact, what they are trying to do is set up hurdles specific to Medicare select. If what they advocated for Medicare select is good, why is it not applied across-the-board to all MediGap programs? If in fact what they are urging for Medicare select is something that creates 15 States having one program and 35 States having another, so that you are guaranteed not to have a uniform program over 50 States, that is helping? That is creating an impossible standard to meet.

Let's talk about really taking care of seniors.

The gentleman from North Dakota is the only person in the Congress who has done this kind of work. I have great admiration for his courage to stand up and say, after 8 years, not one complaint. He is someone who has been in the trenches. He was a member of the National Association of Insurance Commissioners, and I received a letter from those commissioners, from the National Council of State Legislatures, and from the National Governors Association. This is what they said to me:

Dear Chairman Thomas, in an effort to promote consumer choice in the offering of affordable health care coverage for senior citizens, the National Governors Association, the National Conference of State Legislatures, the National Association of Insurance Commissioners call to your attention an urgent problem facing over 400,000 Medicare beneficiaries: the imminent expiration of the Medicare select program. This program has provided significant savings to Medicare beneficiaries in demonstration project States. We urge its permanent extension and expansion to all 50 States.

They have seen these programs every day. They do not have the nine pages of improvements. They do not have the 45 points of consumer protection. They agree with our colleague from North Dakota, the program is good the way it is. It should be permanent. The underlying bill says if we save money, it is going to be permanent. Under the guise of protecting seniors, they want to guarantee that this program will not succeed.

Why in the world would they do that? The answer is very simple. The gentleman from California exposed his hole card. He told you what we were going to do with Medicare.

I will tell you what their great fear is, that we will be able to convert an old-fashioned, bloated, government-run, fee-for-service program into an efficient, cost-effective program that gives seniors more than they are getting now. This is the good step in the right direction. His old program will be changed. He does not want the new program. Their substitute will kill Medicare select. Vote against it. Vote for the underlying bill.

NATIONAL GOVERNORS' ASSOCIATION,
NATIONAL CONFERENCE OF STATE LEGISLATURES, NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS,

March 15, 1995.

Hon. BILL THOMAS,
Chairman, Subcommittee on Health of the Committee on Ways and Means, Longworth House Office Building, Washington, DC.

DEAR CHAIRMAN THOMAS: In an effort to promote consumer choice and the offering of affordable health care coverage for senior citizens, the National Governors' Association (NGA), the National Conference of State Legislatures (NCSL), and the National Association of Insurance Commissioners (NAIC) call to your attention an urgent problem facing over 400,000 Medicare beneficiaries: the imminent expiration of the Medicare SELECT program. This program has provided significant savings to Medicare beneficiaries in demonstration project states. We urge its permanent extension and expansion to all fifty states.

As you are aware, the Medicare SELECT program is a three year demonstration project (extended another six months by the 103rd Congress) that authorizes managed care networks to offer Medicare Supplement policies in the fifteen demonstration states. Medicare SELECT offers significant savings to seniors, many of whom live on fixed incomes. It also offers seniors a choice among health plans.

In the absence of Congressional action on this issue, more than 400,000 Medicare beneficiaries will be faced with higher premiums and less choice. If the Medicare SELECT program is not continued, Medicare SELECT carriers could not enroll new members after June 30, 1995. This will result in significant increases in premiums for Medicare beneficiaries already enrolled in the program. Further, those beneficiaries not enrolled in the program will no longer have the opportunity to choose this low-cost and choice-enhancing option.

Nearly every federal health reform proposal before the 103rd Congress included a permanent extension of this program to all fifty states. The momentum and broad-based political support behind this program should not be allowed to dissipate simply due to the absence of more comprehensive Congressional action in the health care reform area. The health care coverage of too many Americans is at stake.

As we testified before two House subcommittees on this issue, we urge you to support the provisions of H.R. 483 that extend and expand the Medicare SELECT program to all fifty states.

The NGA, NCSL and NAIC would be happy to answer any questions and provide you with any additional technical background upon request. Please contact Mary Beth Senkewicz at the NAIC Washington office. Thank you for consideration of this recommendation.

Sincerely,

RAYMOND C. SCHEPPACH,
Executive Director, NGA.
CARL TUBBESING,
Director, Washington Office, NCSL.
KEVIN T. CRONIN,
Washington Counsel, NAIC.

Mr. WAXMAN. Mr. Chairman, I yield 3 minutes to the gentleman from Oregon [Mr. WYDEN].

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

Mr. WYDEN. Mr. Chairman, I found the comments of the gentleman from California very interesting because many of us who support the Waxman amendment are strong supporters of 21st century Medicare that uses managed care to a much greater extent. In fact, in my community, we have one of the highest concentrations in the country of managed care participation. We have seen the future, and we know it can work.

But the fact is that as part of that future, we should incorporate two principles that the Waxman amendment addresses.

First and foremost, the Waxman amendment will protect the hundreds of thousands of older people in this country from rate shock. I have listened to my colleagues talk, for example, about how consumers are satisfied with Medicare slack. Of course they are, because many of them have had this product for maybe 18 months or so, under attained age pricing, and they have not seen the big rate hikes that are going to hit them down the road.

Under the Waxman proposal, there is a floor of protection for older people from those rate hikes. I would urge my colleagues in the strongest way, the seniors of America do not know what is coming in the days ahead in terms of these rate hikes. The Waxman amendment offers some real protection.

Second, with respect to choice, and again in our area, managed care works because there is real choice, the Waxman amendment offers more choices. Frankly, a lot of us think that is especially important now. We have got the chairman of the Senate Finance Committee saying that there are going to be 400 billion dollars' worth of cuts in Medicare and Medicaid. That will inevitably take choice from the senior citizens. The Waxman amendment again gives to older people more choices, more protection to deal with what we think is going to come in the days ahead from the other side.

Finally, I would say that I have worked very closely with the gentlewoman from Connecticut often. She is a sincere and dedicated leader in the health policy field. I wish to make Medicare select work. I support managed care. My community has been a leader nationwide in this area. We can make managed care work better if we adopt the Waxman amendment so seniors across this country do not get clobbered with rate hikes that they do not expect and that we give them more real choice.

Mr. BLILEY. Mr. Chairman, I yield 2 minutes to the gentleman from North Dakota [Mr. POMEROY].

Mr. WAXMAN. Mr. Chairman, I yield 1½ minutes to the gentleman from North Dakota [Mr. POMEROY].

The CHAIRMAN. The gentleman from North Dakota [Mr. POMEROY] is recognized for 3½ minutes.

Mr. POMEROY. Mr. Chairman, this debate brings up two points of frustration that I have got with Congress:

The first is partisanship. There are technical policy questions that come before this House and they do not need to be debated in a bashing, partisan manner with which we bring to the debates. There clearly are those issues that will divide us along partisan and ideological lines. This is a technical little public policy question we face and we do not need to turn it into a partisan free-for-all. We have had enough of those already.

Second frustration. Sometimes on the floor of this House we try and imagine everything that can go wrong and figure out how to fix it regardless of whether in real life it has been a problem at all. Inevitably that produces the law of unintended consequences and we can foul things up pretty well.

I believe the substitute, while wholly well-intentioned, represents that sort of approach. Having regulated this market, having tracked it since I left regulation, I do not believe we see the practices that would be fairly addressed by this regulation. Even if there were those circumstances out there, the worst place to fashion the right regulatory response would be on the floor of the House with amendments and substitutes. There are experts that do this every day. They are called insurance regulators. They ought to have first crack at this.

Second, in the event that they are remiss, we ought to have a good solid hearing in the committees on this issue. Believe me, when I was commissioner, I can remember some very rigorous days in congressional committees as we discussed these matters. Not on the floor of the House, not in the context of substitute motions.

I urge a defeat of the gentleman's motion, although I have the greatest respect for what he is trying to accomplish, and the passage of the bill.

Mr. WAXMAN. Mr. Chairman, will the gentleman yield?

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

Mr. WAXMAN. I thank the gentleman for yielding.

Mr. Chairman, I want to commend the gentleman for his leadership in this area, and particularly for saying to the audience that may be watching this debate, we are arguing in good faith over some policy differences. I do find it startling to think that people would come in and question others' motives.

Questioning people's motives just seems to me so out of place in a debate where we are trying to make the best decisions we can.

We look at the insurance market today, the non-Medicare insurance market, and it is not just in anticipation of problems that may happen but most likely will not, we look at the insurance market today and it just makes more sense for an insurance company to try to offer the lowest possible price to those people that are the healthiest, and they do not really want to insure people who are going to be the sickest, because the sickest are going to cost them more money. Rather than spread the cost out across the broad population, we see a segmentation of the market and lowest prices for the healthiest.

I fear that we see that reality now in regular insurance practices, that in the MediGap policies, we are going to find the same thing, the lowest price for healthier people, and then they get older and sicker, a higher price.

That is why we have offered the substitute. I would like to have the gentleman's thoughts on it.

Mr. POMEROY. I believe attained age rating of the Medicare supplement business generally is inappropriate. I think that it is dead wrong for people whose finances are diminishing in advancing age, whose health is deteriorating in advancing age, to be finding themselves on the upper range of an attained age premium scale. I think that it needs to be addressed in the context of the entire Medicare supplement marketplace, not simply the Medicare select product. Right issue, wrong vehicle. That is why I oppose this substitute. But the gentleman is on to something. This is unacceptable and the insurance commissioners better move quickly on this or Congress should take action.

□ 1730

Mr. WAXMAN. Mr. Chairman, I yield 6 minutes to the gentleman from Michigan [Mr. DINGELL].

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

Mr. DINGELL. Mr. Chairman, I thank the distinguished gentleman from California for yielding me this time.

Mr. Chairman, this is a very important question. It is not something which is arcane. Attained age rating, which this amendment would compel to be not used, permits an insurer to raise his rates on a policy solely on the basis of a policyholder's age.

Some States have sought to place limitations on this practice, and a number of States have already banned that outright, or have community rating.

In all of the States where this has been done, there remains plenty of competition for good Medigap products.

Attained age rating removes the ability of consumers to meaningfully compare different premiums: Hence, this is a practice which undermines the major objective of the 1990 reforms, to standardize policies.

Second, attained age rating can cost consumers thousands of dollars more over the long run than a fairly nicely priced product because it allows insurers to play games with premiums that are hard for regulators to control or consumers to make an intelligent judgment on.

Third, attained age rating is forcing good insurers who want to use community rating to move away from that method of rating. This will cause the kind of fragmentation that occurred in the health insurance marketplace that led to so many of the problems we have today.

Now with thanks to my good friend from California, Mr. STARK, let me go through some of the differences which exist. If you take a policy where premiums do not vary by age, for example the AARP Prudential plan, the plan is, at all times, every year of the life of the insured, $957 a year. But, if you take any of the other plans where attained age rating is used, then you come up with quite a different one.

For example, under Bankers Life and Casualty you start out at age 65 with $892.57, but at age 70 it is $1,060. Your savings are beginning to vanish and, as matter of fact, have done so. By the time you are age 80 it is $1,590.66.

In the case of Blue Cross/Blue Shield of California, at age 65 to 69 it is $780 if they use attained age rating. But by the time they reach 80 it goes to $1,300.80.

In the case of other offerors, for example Life Investors Insurance Co., it starts out at age 65 at $966. It goes at age 70 to $1,200.67. The advantages which you got are now gone. And by the age of 80 it goes to $1,629. In the case of MedCare Plus, it starts at 65 at $833, a saving, but by the time you are at age 80 it is $1,487.

What does the WAXMAN-DINGELL amendment do? Very simple: it says first of all no attained age rating, so that you cannot hook a senior citizen. And if you want to get a senior citizen by selling him an attained age rating insurance policy on the basis he is going to make some massive savings, looks good because he says oh, yeah, I will sign on that, but all of a sudden, by the time he is age 80 and his needs are great, his medical costs and the risks to his pocketbook are greatest, the amount he is paying is almost doubled.

Now under the bill as drawn, a retiree is not able to get out. The WAXMAN-DINGELL amendment says the insurer has to offer him, if he wants out, another insurance package which gives him more conventional type of insurance availability, so that if he finds he is getting skinned or he does not like his service he has a way out of this plan.

The proponents of this legislation have told nobody about these things and they have been somewhat dark secrets and it did not come up very well in the course of the hearings which were conducted in either committee, and we owe particular thanks to the gentleman from California [Mr. STARK] for bringing these matters to light, and we also owe particular thanks to the gentleman from California [Mr. WAXMAN] for having offered the amendment.

The harsh fact of the matter is if you want to protect senior citizens from unscrupulous insurers, from exorbitant prices, from bait and switch, and if you want to see to it that they have decent treatment and they can get out of the onerous process of rapidly escalating costs where they are not offered the services, then you should go this route.

That is, accept and adopt the amendment offered by the gentleman from California [Mr. WAXMAN] on behalf of himself, myself, and the gentleman from California [Mr. STARK].

Mr. Chairman, having said these things, let me simply observe if you really want to protect the senior citizens, if you want to treat them fairly, the Waxman-Dingell-Stark amendment is the way that we should proceed, and to fail to do something different is unfair.

Let us just talk about the home State of the distinguished gentlewoman from Connecticut. That is the State of Connecticut. It requires community rating of all Medigap policies. The Waxman substitute will simply protect that important public policy decision made by the State of Connecticut and will prevent the bill, under the authorship of the distinguished gentlewoman from Connecticut, from skinning a bunch of old folks in amongst other places the State of Connecticut where they may no longer be able to get community-rated policies. And so I urge my colleagues to adopt the amendment that has been offered by the distinguished gentleman from California. I have given Members good reason. They will be protecting the senior citizens from being skinned by unscrupulous bait and switch practices and enabling them to exit policies they have found to be oppressive and to assure that there will be policies available to them at the time they exit. Otherwise you will deny them those important rights.

CONSUMERS UNION,
Washington, DC, April 6, 1995.

DEAR REPRESENTATIVE: We urge you to support the Dingell/Waxman amendment in the nature of substitute to H.R. 483, which is expected to be considered by the House of Representatives on Friday, April 7. Unlike H.R. 483, the Dingell/Waxman amendment offers protections for the nation's senior citizens.

The Dingell/Waxman amendment would do the following:

Limit the extension of Medicare Select to a five year period, assuring that the program is evaluated thoroughly before becoming permanent.

Ban attained age rating for Medicare Select policies. Attained age rating does not belong in health policies designed for people 65 and over; it results in steep premium increases as seniors grow older and have less income, making medigap policies unaffordable for many. Medicare Select policies are at a substantial competitive advantage in the marketplace since, unlike traditional medigap policies, they typically do not have to pay the Part A deductible. Banning attained age rating for Medicare Select policies helps to both level the playing field among medigap insurance policies and provides a first step at protecting seniors against unaffordable medigap premiums.

Require Medicare Select companies to make available to previous Medicare Select policyholders a traditional medigap policy. In today's marketplace, there are no guarantees that seniors with Select policies will have access to a traditional policy in the future at a price they can afford. Without this adjustment, many seniors could find themselves locked into a Select policy when they feel they want and need access to a broader choice of doctors and hospitals.

Many Members have spoken recently of the need to provide choice to seniors. Without the Dingell/Waxman amendment, many seniors will face reduced choice: they will be priced out of the medigap market or will find they have no choice but to remain in a Select policy with limited choice of providers.

We urge you to vote in favor of protecting the nation's senior citizens by supporting the Dingell/Waxman amendment.

Sincerely,

GAIL SHEARER,
Directory, Health Policy Analysis.

Coverage	AFLAC Equalizer, American Family Life Assurance Co. of Columbus, GA		AARP—Prudential Medicare Supplement Plans	Bankers Life and Casualty Co. Medicare Supplements		Blue Cross of Calif. Medicare Select Plans		Blue Shield of Calif. Medicare Supplement Plans	
	Age +	Annual premium	Premiums do not vary by age	Age +	Annual premium	Age +	Annual premium	Age +	Annual premium
Plan A	65–69	$643.50	$552	65	$565.41	65–69	$480	65–66	$720
	70–74	724.90		70	642.21	70–74	540	67–69	852
	75–79	775.50		75	750.10	75–79	600	70–74	936
	85+	809.60		80+	888.76	80+	660	75–79	1,044
								80+	1,044
Plan B	65–69	926.75	858	65	768.65	Not offered		Not offered	
	70–74	1,067.00		70	907.74				
	75–79	1,175.35		75	1,096.90				
	85+	1,263.35		80+	1,340.83				
Plan C	65–69	1,115.40	963	65	884.61	Not offered		Not offered	
	70–74	1,283.70		70	1,045.74				
	75–79	1,426.70		75	1,268.83				
	85+	1,541.65		80+	1,565.01				
Plan D	Not offered		930	65	809.23	Not offered		65–66	960
				70	970.36			67–69	1,140
				75	1,194.32			70–74	1,284
				80+	1,493.01			75–79	1,452
								80+	1,524

Coverage	AFLAC Equalizer, American Family Life Assurance Co. of Columbus, GA		AARP—Prudential Medicare Supplement Plans	Bankers Life and Casualty Co. Medicare Supplements		Blue Cross of Calif. Medicare Select Plans		Blue Shield of Calif. Medicare Supplement Plans	
	Age +	Annual premium	Premiums do not vary by age	Age +	Annual premium	Age +	Annual premium	Age +	Annual premium
Plan E	Not offered		957	65	892.57	65–69	[1] 780	Not offered	
				70	1,061.01	70–74	[1] 1,080		
				75	1,289.77	75–79	[1] 1,260		
				80+	1,590.86	80+	[1] 1,380		
Plan F	65–69	1,316.15	1,161	65	1,220.61	Not offered		65–66	1,044
	70–74	1,507.00		70	1,483.08			67–69	1,248
	75–79	1,663.75		75	1,808.06			70–74	1,392
	85+	1,783.65		80+	2,213.11			75–79	1,572
								80+	1,642
Plan G	65–69	1,218.25	1,104	65	1,111.41	Not offered		Not offered	
	70–74	1,417.35		70	1,368.86				
	75–79	1,584.00		75	1,693.51				
	85+	1,715.45		80+	2,107.40				
Plan H	Not offered		1,212	65	1,778.49	Not offered		65–66	1,224
				70	2,115.47			67–69	1,452
				75	2,555.43			70–74	1,608
				80+	3,116.16			75–79	1,788
								80+	1,896
Plan I	Not offered		1,377	65	2,576.81	65–69	[2] 1,620	65–66	1,440
				70	3,071.87	70–74	[2] 1,920	67–69	1,692
				75	3,704.70	75–79	[2] 2,220	70–74	1,860
				80+	4,505.31	80+	[2] 2,340	75–79	2,088
								80+	2,208
Plan J	Not offered		1,764	Not offered		Not offered		Not offered	

[1] Prudent Buyer Plan. Added skilled nursing facility days. Part B deductible not covered.
[2] Platinum Plan, no drug limit. Increased skilled nursing facility days. No Part B deductible.
Senior World Magazine, May 1994.

Coverage	Golden State Mutual Life, Medicare supplement plans		Life Investors Inc. Co., Medicare supplements		Med-Care Plus Bankers Multiple Line Ins. Co., Medicare supplements		Medico Life, Medicare supplement insurance		Mutual of Omaha, Medicare supplement plans		National Home Life Assurance Co., Medicare supplement insurance			Physicians Mutual Ins. Co., total senior care	
	Age +	Annual premium	Age +	Annual premium	Age +	Annual premium	Age +	Annual premium	Age +	Annual premium	Age +	Annual premium		Age +	Annual premium
												Male	Female		
Plan A	65–69	$447.27	65	$543.60	65	$519.70	65	$627.15	65	$684.37	65	$419.40	$371.40	65–89	$518.10
	70–74	630.63	70	712.80	70	590.18	66–69	661.05	70	852.07	66–70	539.40	479.40		
	75	930.99	75	865.60	75	689.45	70–72	721.90	79	1,062.67	71–75	599.40	539.40		
			80+	916.80	80+	816.87	73–75	766.35	80+	1,141.14	76+	659.40	575.40		
							76–79	793.30							
							80+	816.70							
Plan B	65–69	531.80	65	808.80	65	720.43	Not offered		Not offered			Male	Female	Not offered	
	70–74	749.81	70	1,062.00	70	850.79					65	719.40	647.40		
	75	1,106.92	75	1,274.40	75	1,027.96					66–70	1,007.40	839.40		
			80+	1,365.60	80+	1,256.61					71–75	1,079.40	947.40		
											76+	1,199.40	995.40		
Plan C	Not offered		65	945.60	65	834.54	65	1,123.20	65	1,157.21		Not offered		65–89	873.10
			70	1,240.80	70	986.61	66–69	1,189.90	70	1,440.82				70–79	977.68
			75	1,489.20	75	1,197.04	70–72	1,310.40	79	1,796.96				80–84	1,070.41
			80+	1,596.00	80+	1,476.42	73–75	1,411.05	80+	1,929.72					
							76–79	1,491.75							
							80+	1,583.05							
Plan D	Not offered		65	924.00	65	759.81	Not offered		Not offered			Not offered		Not offered	
			70	1,213.20	70	911.12									
			75	1,455.60	75	1,121.45									
			80+	1,560.00	80+	1,401.92									
Plan E	Not offered		65	966.00	65	833.34	Not offered		Not offered			Not offered		Not offered	
			70	1,267.20	70	990.65									
			75	1,521.60	75	1,204.35									
			80+	1,629.60	80+	1,485.37									
Plan F	Not offered		65	1,089.60	65	1,220.61	65	1,372.45	65	1,294.02		Not offered		65–69	1,208.79
			70	1,430.40	70	1,483.08	66–69	1,452.00	70	1,611.17				70–79	1,286.56
			75	1,716.00	75	1,808.06	70–72	1,597.05	75	2,009.59				80–89	1,371.59
			80+	1,838.40	80+	2,213.11	73–75	1,714.05	80+	2,157.95					
							76–79	1,806.50							
							80+	1,908.30							
Plan G	Not offered		65	1,039.20	65	1,111.41	Data unavailable		Not offered			Male	Female	Not offered	
			70	1,364.40	70	1,368.86					65	947.40	827.40		
			75	1,598.40	75	1,693.51					66–70	1,307.40	1,079.40		
			80+	1,754.40	80+	2,107.40					71–75	1,415.40	1,199.40		
											76+	1,547.40	1,307.40		
Plan H	Not offered		65	1,296.00	65	1,660.57	Not offered		Not offered			Not offered		Not offered	
			70	1,700.40	70	1,975.29									
			75	2,040.00	75	2,385.91									
			80+	2,185.20	80+	2,909.65									
Plan I	Not offered		65	1,519.20	65	2,410.45	Not offered		65	1,876.21		Not offered		Not offered	
			70	1,993.20	70	2,873.54			70	1,955.93					
			75	2,391.60	75	3,465.68			79	2,439.68					
			80+	2,563.20	80+	4,214.58			80+	2,619.71					
Plan J	Not offered		65	2,235.60	Not offered		Not offered		Not offered			Not offered		65–69	1,858.45
			70	2,935.20										70–79	2,000.02
			75	3,522.00										80–89	2,153.80
			80+	3,772.80											
	Phone 1–213–731–1131 for specific details on coverages.		Six month waiting period for medical conditions occurring within 6 months prior to effective date of coverage. If policy replaces previous supplement insurance, credit for pre-existing condition limitation is applied. Phone 1–800–229–6565 for specific details.		Preferred Provider plan. No balance billing. All network providers accept assignment. Automatic claims filing when using network providers. Rates vary by zip code. Rates shown are for zip code areas 918–925. Phone 619–747–7712 for specific details on coverage and network providers.		Rates vary by geographical areas. Rates shown are for the San Diego area. No pre-existing medical condition limitation. Phone 1–800–228–6080 for specifics on coverages and current rates for geographical areas.		Rates vary by zip code. Rates shown are for zip code areas 900–931. No waiting period for pre-existing conditions for Plans A, C or F. Phone 1–800–228–7669 or 1–402–342–7600 for details and coverage specifics. Automated claims processing feature.		6 months waiting period for pre-existing medical conditions occurring within six months prior to effective date of coverage. Phone 1–800–356–6271 for specifics on details and coverages.		Special savings if husband-wife plans selected. No waiting period for pre-existing conditions. Rates vary by zip code areas. Rates shown are for zip code 92128. Phone 1–800–325–6300 for specifics and coverages.	

Senior World Magazine, May 1994.

Mr. WAXMAN. Mr. Chairman, do I get to close on the debate?

The CHAIRMAN. The gentleman from Virginia [Mr. BLILEY] has the right to close.

Mr. WAXMAN. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, if I might on our side conclude the debate, I would say this is an important consumer protection effort. As we go down the road of Medicare select, going from 15 States to 50, I worry about what it is going to mean for consumers who may well be taken advantage of by insurance companies that will be able to raise their rates after they get older and, more likely, sick. I agree that it would be viable for us to do this for all Medigap policies, and I hope at some point we will be able to reach all Medigap policies. But this is what is before us now and it would be improper under the rules and nongermane to offer an amendment to all Medigap policies.

But when we come to the closed panel and the fact that consumers will want a choice beyond that, this is the appropriate place and I think it is appropriate to do what Democrats and Republicans recommended out of the Committee on Commerce, and to put that 5-year sunset in place.

This amendment is supported by the Consumers Union, which has played a very active role in advising people about the dangers for consumers, that consumers can be taken advantage of. And it says in this amendment, according to the Consumers Union, the statement which I would like to put in the RECORD, many seniors will face reduced choice, they will be priced out of the Medigap market, or they will find that they have no choice but to remain in a select policy with limited choice of providers.

That is our fear. We think Medicare select policies can survive and function well and we want to encourage them, but we want consumer protections built in. I urge support of the amendment.

Mr. Chairman, I yield back the balance of my time.

Mr. BLILEY. Mr. Chairman, I yield myself 30 seconds just to say that one of the problems—and I know the intentions of the gentleman who offered this and I respect him intensely—is that you have an unintended consequence. That is, if you mandate these things on one Medigap policy and they are not mandated on the others, you will have the effect of killing the program because the premiums will be higher.

Mr. Chairman, to close debate on our side, I yield such time as she may consume to the gentlewoman from Connecticut [Mrs. JOHNSON].

Mrs. JOHNSON of Connecticut. Mr. Chairman, I thank the gentleman for yielding time to me.

Mr. Chairman, I rise in opposition to the amendment, but I am pleased that the underlying bill has broad bipartisan support. We are joined together in wanting to make available to seniors a lower-cost, high-quality Medigap insurance policy.

The amendment, however, jeopardizes that choice for seniors because if the amendment passes, it will require Medicare select plans to offer a benefit that no other Medigap policy is required to offer, and by doing that you will force the price of Medicare select policies up, you will kill the savings that seniors now enjoy by buying Medicare select policies. So you will effectively eliminate a choice that has been very good for seniors, very helpful to them in a tough world, saves them $300 a year, and offers them prescription drugs and broader coverage than other Medigap plans could offer them.

We would do ourselves and we would do the seniors of America a great disservice if under the guise of reform we denied them alone any access to participate in, on a voluntary basis, a managed care plan. Medicare is a fee-for-service system. Medicare also has a very tight, closed panel HMO component. The only access seniors have to participate in integrated systems of care is through the Medicare select plan.

If today under the guise of reform we force those plans to offer a benefit that no other Medigap policy in the market has to offer, we put that plan at a competitive disadvantage that will kill it, and we will deny to seniors the most cost-effective, high-quality plan in the market.

I urge a ''no'' vote on the substitute and a yes vote on the bill.

Mrs. COLLINS of Illinois. Mr. Chairman, I rise in support of the substitute offered by Congressmen DINGELL and WAXMAN to H.R. 483, the Expanded Use of Medicare Select Policies Act. This bill would expand the Medicare select demonstration program that currently exists in my State of Illinois and 14 other States to all 50 States and extend these programs until June 2000 and beyond unless the Secretary of Health and Human Services determines otherwise.

Under this program, senior citizens on Medicare are allowed to buy private MediGap insurance policies through managed-care providers to supplement what Medicare does not cover.

I rise in support of the substitute because it would establish important consumer protection safeguards for senior citizens for MediGap insurance. Specifically, the substitute would ban attained age rating for Medicare select policies. Attained age rating hurts senior citizens when they are at their most vulnerable. As they grow older and have less income, attained age rating causes seniors' premiums to rise sharply, make MediGap insurance increasingly unaffordable for many senior citizens on limited incomes. It is critically important to many senior citizens in my district that attained age rating is eliminated.

The substitute would also limit the extension of Medicare select to a 5-year period, to ensure that we provide ample opportunity to review the program before it is established permanently.

Mr. Chairman, I would also like this opportunity to express concerns that I have about the reason that H.R. 483 is being pushed through the House at this time. Based on the drastic cuts that I have seen made to programs during the Republicans' first 100 days, it is crystal clear to me that draconian cuts to Medicare are ahead. There is already discussion about turning Medicare into block grants for the States and based on what happened to the Federal school lunch and breakfast programs in the House of Representatives, I know that block grant is a code word for cutting, slashing, and eliminating.

Let me just urge my colleagues who intend to support this bill to not use H.R. 483 as the first thread with which to unravel the entire Medicare system. I have far too many senior citizens in my district who depend on Medicare and would be devastated by any cuts to the program to allow it to be destroyed.

Mr. BLILEY. Mr. Chairman, I yield back the balance of our time.

The CHAIRMAN. The question is on the amendment in the nature of a substitute offered by the gentleman from California [Mr. WAXMAN].

The question was taken; and the Chairman announced that the noes appeared to have it.

RECORDED VOTE

Mr. WAXMAN. Mr. Chairman, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 175, noes 246, not voting 13, as follows:

[Roll No. 301]

AYES—175

Abercrombie	Frank (MA)	Meek
Andrews	Furse	Menendez
Baesler	Gejdenson	Mfume
Baldacci	Gephardt	Miller (CA)
Barcia	Gibbons	Mineta
Barrett (WI)	Gonzalez	Mink
Becerra	Gordon	Moakley
Beilenson	Green	Mollohan
Bentsen	Gutierrez	Montgomery
Berman	Hall (OH)	Moran
Bonior	Hall (TX)	Murtha
Borski	Hamilton	Nadler
Brewster	Hastings (FL)	Neal
Brown (FL)	Hayes	Oberstar
Brown (OH)	Hefner	Obey
Bryant (TX)	Hilliard	Olver
Cardin	Hinchey	Ortiz
Clay	Holden	Orton
Clayton	Hoyer	Owens
Clement	Jackson-Lee	Pallone
Clyburn	Jefferson	Pastor
Coleman	Johnson (SD)	Payne (NJ)
Collins (IL)	Johnson, E. B.	Poshard
Condit	Johnston	Rahall
Conyers	Kanjorski	Rangel
Costello	Kaptur	Reed
Coyne	Kennedy (MA)	Richardson
Danner	Kennedy (RI)	Rivers
de la Garza	Kildee	Roemer
DeFazio	Kleczka	Roybal-Allard
DeLauro	Klink	Rush
Dellums	LaFalce	Sanders
Deutsch	Lantos	Sawyer
Dicks	Levin	Schroeder
Dingell	Lewis (GA)	Schumer
Dixon	Lincoln	Scott
Doggett	Lipinski	Serrano
Dooley	Lofgren	Skaggs
Doyle	Lowey	Slaughter
Durbin	Luther	Spratt
Edwards	Maloney	Stark
Engel	Manton	Stenholm
Eshoo	Markey	Stokes
Evans	Martinez	Studds
Farr	Mascara	Stupak
Fattah	Matsui	Tauzin
Fazio	McCarthy	Taylor (MS)
Fields (LA)	McDermott	Tejeda
Filner	McHale	Thompson
Flake	McKinney	Thornton
Foglietta	McNulty	Thurman
Ford	Meehan	Torres

Torricelli
Towns
Traficant
Tucker
Velazquez
Vento
Visclosky
Volkmer
Ward
Waters
Watt (NC)
Waxman
Williams
Wilson
Wise
Woolsey
Wyden
Wynn
Yates

NOES—246

Allard
Archer
Armey
Bachus
Baker (CA)
Baker (LA)
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Bevill
Bilbray
Bilirakis
Bishop
Bliley
Blute
Boehlert
Boehner
Bonilla
Bono
Boucher
Browder
Brownback
Bryant (TN)
Bunn
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Castle
Chabot
Chenoweth
Christensen
Chrysler
Clinger
Coble
Coburn
Collins (GA)
Combest
Cooley
Cox
Cramer
Crane
Crapo
Cremeans
Cubin
Cunningham
Davis
Deal
DeLay
Diaz-Balart
Doolittle
Dornan
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Ensign
Everett
Ewing
Fawell
Fields (TX)
Flanagan
Foley
Forbes
Fowler
Fox
Franks (CT)
Franks (NJ)
Frelinghuysen
Frisa
Funderburk
Gallegly
Ganske
Gekas
Geren
Gilchrest
Gillmor
Gilman
Goodlatte
Goodling
Goss
Graham
Greenwood
Gunderson
Gutknecht
Hancock
Hansen
Harman
Hastert
Hastings (WA)
Hayworth
Hefley
Heineman
Herger
Hilleary
Hobson
Hoekstra
Hoke
Horn
Hostettler
Houghton
Hunter
Hutchinson
Hyde
Inglis
Istook
Jacobs
Johnson (CT)
Johnson, Sam
Jones
Kasich
Kelly
Kennelly
Kim
King
Kingston
Klug
Knollenberg
LaHood
Largent
Latham
LaTourette
Laughlin
Lazio
Leach
Lewis (CA)
Lewis (KY)
Lightfoot
Linder
Livingston
LoBiondo
Longley
Lucas
Manzullo
Martini
McCollum
McCrery
McDade
McHugh
McInnis
McIntosh
McKeon
Metcalf
Meyers
Mica
Miller (FL)
Minge
Molinari
Moorhead
Morella
Myers
Myrick
Nethercutt
Neumann
Ney
Norwood
Nussle
Oxley
Packard
Parker
Paxon
Payne (VA)
Peterson (FL)
Peterson (MN)
Petri
Pombo
Pomeroy
Porter
Portman
Pryce
Quillen
Quinn
Radanovich
Ramstad
Regula
Riggs
Roberts
Rogers
Rohrabacher
Ros-Lehtinen
Roth
Roukema
Royce
Sabo
Salmon
Sanford
Saxton
Scarborough
Schaefer
Schiff
Seastrand
Sensenbrenner
Shadegg
Shaw
Shays
Sisisky
Skeen
Skelton
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solomon
Souder
Spence
Stearns
Stockman
Stump
Talent
Tanner
Tate
Taylor (NC)
Thomas
Thornberry
Tiahrt
Torkildsen
Upton
Vucanovich
Waldholtz
Walker
Walsh
Wamp
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
White
Whitfield
Wicker
Wolf
Young (AK)
Young (FL)
Zeliff
Zimmer

NOT VOTING—13

Ackerman
Brown (CA)
Chambliss
Chapman
Collins (MI)
Dickey
Frost
Kolbe
Pelosi
Pickett
Reynolds
Rose
Shuster

□ 180

The Clerk announced the following pair:

On this vote:

Ms. Pelosi for, with Mr. Chambliss against.

Mr. GREENWOOD and Mr. BISHOP changed their vote from ''aye'' to ''no.''

Messrs. MARTINEZ, TAUZIN, WILLIAMS, and MEEHAN changed their vote from ''no'' to ''aye.''

So the amendment in the nature of a substitute was rejected.

The result of the vote was announced as above recorded.

The CHAIRMAN. The question is on the amendment in the nature of a substitute made in order as original text.

The amendment in the nature of a substitute made in order as original text was agreed to.

The CHAIRMAN. Under the rule, the Committee rises.

Accordingly the Committee rose; and the Speaker pro tempore [Mr. HOBSON] having assumed the chair, Mr. BONILLA, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration 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, pursuant to House Resolution 130, reported the bill back to the House with an amendment adopted by the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

The question is on the amendment.

The amendment was agreed to.

The SPEAKER pro tempore. The question is the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

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

RECORDED VOTE

Mrs. JOHNSON of Connecticut. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered

The vote was taken by electronic device, and there were—ayes 408, noes 14, not voting 12, as follows:

[Roll No. 302]

AYES—408

Allard
Andrews
Archer
Bachus
Baesler
Baker (CA)
Baker (LA)
Baldacci
Ballenger
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Bateman
Becerra
Beilenson
Bentsen
Bereuter
Berman
Bevill
Bilbray
Bilirakis
Bishop
Bliley
Blute
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boucher
Brewster
Browder
Brown (FL)
Brown (OH)
Brownback
Bryant (TN)
Bryant (TX)
Bunn
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Cardin
Castle
Chabot
Chambliss
Chenoweth
Christensen
Chrysler
Clay
Clayton
Clement
Clinger
Clyburn
Coble
Coburn
Coleman
Collins (GA)
Collins (IL)
Collins (MI)
Combest
Condit
Cooley
Costello
Cox
Coyne
Cramer
Crane
Crapo
Cremeans
Cubin
Cunningham
Danner
Davis
de la Garza
Deal
DeFazio
DeLauro
DeLay
Deutsch
Diaz-Balart
Dicks
Dixon
Doggett
Dooley
Doolittle
Dornan
Doyle
Dreier
Duncan
Dunn
Durbin
Edwards
Ehlers
Ehrlich
Emerson
Engel
English
Ensign
Eshoo
Evans
Everett
Farr
Fawell
Fazio
Fields (LA)
Fields (TX)
Filner
Flake
Flanagan
Foglietta
Foley
Forbes
Ford
Fowler
Fox
Frank (MA)
Franks (CT)
Franks (NJ)
Frelinghuysen
Frisa
Funderburk
Furse
Gallegly
Ganske
Gejdenson
Gekas
Gephardt
Geren
Gibbons
Gilchrest
Gillmor
Gilman
Goodlatte
Goodling
Gordon
Goss
Graham
Green
Greenwood
Gunderson
Gutierrez
Gutknecht
Hall (OH)
Hall (TX)
Hamilton
Hancock
Hansen
Harman
Hastert
Hastings (FL)
Hastings (WA)
Hayes
Hayworth
Hefley
Hefner
Heineman
Herger
Hilleary
Hilliard
Hinchey
Hobson
Hoekstra
Hoke
Holden
Horn
Hostettler
Houghton
Hoyer
Hunter
Hutchinson
Hyde
Inglis
Istook
Jackson-Lee
Jacobs
Jefferson
Johnson (CT)
Johnson (SD)
Johnson, E. B.
Johnson, Sam
Jones
Kanjorski
Kaptur
Kasich
Kelly
Kennedy (MA)
Kennelly
Kildee
Kim
King
Kingston
Kleczka
Klink
Klug
Knollenberg
LaFalce
LaHood
Lantos
Largent
Latham
LaTourette
Laughlin
Lazio
Leach
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Lightfoot
Lincoln
Linder
Lipinski
Livingston
LoBiondo
Lofgren
Longley
Lowey
Lucas
Luther
Maloney
Manton
Manzullo
Markey
Martinez
Martini
Mascara
Matsui
McCarthy
McCollum
McCrery
McDade
McHale
McHugh
McInnis
McIntosh
McKeon
McKinney
McNulty
Meehan
Meek
Menendez
Metcalf
Meyers
Mfume
Mica
Miller (CA)
Miller (FL)
Mineta
Minge
Moakley
Molinari
Mollohan
Montgomery
Moorhead
Moran
Morella
Murtha
Myers
Myrick
Nadler
Neal
Nethercutt
Neumann
Ney
Norwood
Nussle
Oberstar
Obey
Olver
Ortiz
Orton
Owens
Oxley
Packard
Pallone
Parker
Pastor
Paxon
Payne (VA)
Peterson (FL)
Peterson (MN)
Petri
Pickett
Pombo
Pomeroy
Porter
Portman
Poshard
Pryce
Quillen
Quinn
Radanovich
Rahall
Ramstad
Rangel
Reed
Regula
Richardson
Riggs
Rivers
Roberts
Roemer
Rogers
Rohrabacher
Ros-Lehtinen
Rose
Roth
Roukema
Roybal-Allard
Royce
Rush
Sabo
Salmon
Sanders
Sanford
Sawyer
Saxton
Scarborough
Schaefer
Schiff
Schroeder
Schumer
Scott
Seastrand
Sensenbrenner
Serrano
Shadegg
Shaw
Shays
Sisisky
Skaggs
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solomon
Souder
Spence

Spratt	Tiahrt	Waxman
Stearns	Torkildsen	Weldon (FL)
Stenholm	Torres	Weldon (PA)
Stockman	Torricelli	Weller
Stokes	Towns	White
Studds	Traficant	Whitfield
Stump	Tucker	Wicker
Talent	Upton	Williams
Tanner	Velazquez	Wilson
Tate	Vento	Wise
Tauzin	Visclosky	Wolf
Taylor (MS)	Volkmer	Woolsey
Taylor (NC)	Vucanovich	Wyden
Tejeda	Waldholtz	Wynn
Thomas	Walker	Yates
Thompson	Walsh	Young (AK)
Thornberry	Wamp	Young (FL)
Thornton	Ward	Zeliff
Thurman	Watts (OK)	Zimmer

NOES—14

Abercrombie	Gonzalez	Stark
Conyers	Johnston	Stupak
Dellums	Kennedy (RI)	Waters
Dingell	McDermott	Watt (NC)
Fattah	Mink	

NOT VOTING—12

Ackerman	Dickey	Payne (NJ)
Armey	Ewing	Pelosi
Brown (CA)	Frost	Reynolds
Chapman	Kolbe	Shuster

□ 1826

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

AUTHORIZING THE CLERK TO MAKE CORRECTIONS IN ENGROSSMENT OF H.R. 483, MEDICARE SELECT EXPANSION

Mr. BLILEY. Mr. Speaker, I ask unanimous consent that in the engrossment of the bill, H.R. 483, the Clerk be authorized to make technical corrections and conforming changes to the bill.

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

There was no objection.

GENERAL LEAVE

Mr. BLILEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks, and include extraneous material, on the bill just passed.

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

There was no objection.

FURTHER MESSAGE FROM THE PRESIDENT

A further message in writing from the President of the United States was communicated to the House by Mr. Edwin Thomas, one of his secretaries.

□ 1830

SPECIAL ORDERS

The SPEAKER pro tempore (Mr. RADANOVICH). Under the Speaker's announced policy of January 4, 1995, and under a previous order of the House, the following Members are recognized for 5 minutes each:

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Maryland [Mr. WYNN] is recognized for 5 minutes.

[Mr. WYNN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

NATIONAL FORMER PRISONER OF WAR RECOGNITION DAY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida [Mr. BILIRAKIS] is recognized for 5 minutes.

Mr. BILIRAKIS. Mr. Speaker, since 1987, Congress has approved legislation declaring April 9 as ''Former Prisoner of War Recognition Day.'' These men and women are among our greatest patriots and I cannot think of a group more deserving of remembrance and special recognition than our former prisoners of war.

Under the new rules adopted at the start of this session, Congress will not enact commemorative legislation this year. That being the case, we should take the time now to honor the Americans held captive in past conflicts and wars.

All those who have been prisoners of war know the true meaning of freedom and have paid a tremendous price for the liberty we all cherish. Their service and sacrifice, and that of their fellow veterans, make possible our way of life.

Some of you may wonder why April 9 was chosen as a day for recognition for former prisoners of war. It was on April 9, 1942, that the largest contingent of American forces ever were taken prisoner with the fall of Bataan in the Philippines during World War II.

Many of those taken prisoner did not survive the infamous Bataan Death March that followed or the nearly 4 years of captivity in deplorable prisoner of war camps throughout the Far East. Many of those that did survive were left with permanent disabilities from the brutalities that they endured.

The 9th of April is also the day on which Gen. Robert E. Lee surrendered to Gen. Ulysses S. Grant at Appatomax, VA, to end the Civil War between the North and South. On that day, prisoners from both sides were released and allowed to return home.

While April 9 commemorates the fall of Bataan and the release of prisoners at the end of the Civil War, the significance of this day extends to all Americans who were ever held prisoner by enemy forces. The brutal treatment and torture to which these POW's were subjected by their captors in violation of fundamental standards of morality and international law ensured that many did not survive.

Yet, despite the suffering inflicted upon them, American POW's have demonstrated an unfailing devotion to duty, honor, and country. Their service helped preserve our freedom through two world wars, regional conflicts of the cold war era, and since. They have given more than most Americans will be called upon to give for their country.

Today, the American Ex-Prisoners of War, an organization comprised of former POW's—both military and civilian—is raising funds to build the National Prisoner of War Museum. This museum will be located at the site of the Civil War prison camp in Andersonville, GA. It will be a legacy for all generations that follow and will contain historic accounts and memorabilia that pertain to former American prisoners from all wars.

Former Prisoner of War Recognition Day serves as a poignant reminder of the sacrifice and commitment of all the American men and women whose patriotism has been tested by the chains of enemy captivity.

Their experiences underscore our debt to those who place their lives in harm's way and stand willing to trade their liberty for ours. As a Nation, we must always remember the sacrifices made by our men and women in uniform.

I hope all of my colleagues will join me in paying special tribute to former prisoners of war. There is little we can do to repay these men and women, but we can recognize their invaluable contribution.

REPORT ON ENVIRONMENTAL QUALITY AND NATURAL RESOURCES—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, referred to the Committee on Resources:

To the Congress of the United States:

The United States has always been blessed with an abundance of natural resources. Together with the ingenuity and determination of the American people, these resources have formed the basis of our prosperity. They have given us the opportunity to feed our people, power and industry, create our medicines, and defend our borders—and we have a responsibility to be good stewards of our heritage. In recent decades, however, rapid technological advances and population growth have greatly enhanced our ability to have an impact on our surroundings—and we do not always pause to contemplate the consequences of our actions. Far too often, our short-sighted decisions cause the greatest harm to the very people who are least able to influence them—future generations.

We have a moral obligation to represent the interests of those who have no voice in today's decisions—our children and grandchildren. We have a responsibility to see that they inherit a