

Mr. GOSS. For purposes of debate only, Mr. Speaker, I yield the customary 30 minutes to the distinguished gentleman from California [Mr. BEILENSEN], pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for purposes of debate only.

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

Mr. GOSS. Mr. Speaker, House Resolution 500 is a straightforward expedited procedures rule—agreed to by the minority members of our Rules Committee—designed to allow for prompt consideration later today of the conference report on H.R. 3103, the Health Insurance Portability and Accountability Act of 1996.

This rule waives the requirement of clause 4(b) of Rule XI regarding same-day consideration of a resolution reported from the Committee on Rules. That requirement, which provides that two-thirds of the House must agree to such a resolution, is generally observed to provide Members time to digest the legislation under consideration. I share the interest of our minority in ensuring that we do not waive that requirement often—or lightly.

However, in this case, we are under serious time constraints to complete our work on an extremely important measure, which has had significant debate and public airing over the many months it has been under consideration in both Houses of Congress and the conference committee. In fact, every major portion of this bill, every painstaking step in the negotiation has, I believe, been thoroughly reported by the media, given the enormous public interest in this subject. I think Members should agree that, since there is finally bipartisan agreement about the provisions of this bill, we should not delay in approving it and getting it onto the President's desk for his signature.

Mr. Speaker, last night a milestone was achieved on behalf of the American people. An agreement was reached on legislation to improve the availability and portability of health care insurance. This legislation resolves problems of job-lock, denial of coverage, lack of choice, fraud and abuse—addressing the fundamental concerns of millions of Americans. We struggled for many, many months with this bill—and at times it seemed like some were willing to risk never getting it done in order to make political points. That would have been a tragedy for all of us. But in the end, the deafening call from the people we represent to tackle the most obvious problems with health insurance availability and accountability was heeded.

Mr. Speaker, during the upcoming debate members will discuss the details of the agreement and explain how it will expand health coverage, broaden choice, and reduce anxiety for count-

less Americans. This rule allows that critical discussion to proceed.

Mr. Speaker, I urge my colleagues to support this rule, and I reserve the balance of my time.

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

Mr. Speaker, this rule waives the two-thirds' vote requirement, as we have heard, for the same-day consideration of the rule on the health care conference report. The rule is necessary because the conference report was not available yesterday when the House completed legislative business.

□ 1715

This is not obviously the best way to consider important legislation. Conference reports should lay over for a few days, certainly two or three if possible so that people can read them and understand what they are voting on, but we do, of course, understand the need for this kind of rule in the rush toward starting the August District Work Period.

Mr. Speaker, we have no objections to this rule and urge Members' support for it.

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

Mr. GOSS. Mr. Speaker, I have no requests for time, I yield back the balance of my time, and I move the previous question on the resolution.

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

#### WAIVING POINTS OF ORDER AGAINST CONFERENCE REPORT ON H.R. 3103, HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

Mr. GOSS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 502 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

#### H. RES 502

*Resolved*, That upon adoption of this resolution it shall be in order to consider the conference report to accompany the bill (H.R. 3103) to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and for other purposes. All points of order against the conference report and against its consideration are waived. The conference report shall be considered as read.

The SPEAKER pro tempore (Mr. NEY). The gentleman from Florida [Mr. GOSS] is recognized for 1 hour.

Mr. GOSS. Mr. Speaker, for the purposes of debate only, I yield the customary 30 minutes to the gentleman from California [Mr. BEILENSEN], pend-

ing which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purposes of debate only.

Mr. Speaker, House Resolution 502 is a standard rule providing for consideration of a conference report. It waives all points of order and allows for 1 hour of general debate and provides that the conference report shall be considered as read.

But that is where the standard nature of this discussion ends—because what we are about to do is anything but standard. This is truly a red letter day, not just for this Congress, but for the American people. With this conference report we have proven that meaningful health care reform is achievable, even in such a politically charged climate as this. This agreement represents a reasoned, commonsense approach to the problems affecting millions of working Americans. It offers a stark contrast to the extreme efforts of the past Congress—which were largely highly bureaucratic and big government solutions in search of a problem. In this bill we take responsible steps to make health coverage more affordable and accessible for working Americans. While this legislation has been labeled “incremental”, its impact on real Americans is profound. No longer will an ambitious worker be stuck in a dead-end job because of concerns about retaining health coverage for a sick child or spouse. The self-employed entrepreneur, who could not afford the high cost of health insurance before, will be able to deduct 80 percent of health care costs. These are real people that will directly benefit from this legislation. Of course, given the fact that it was born of an excruciatingly painful negotiation and required compromises from all sides, this package will not be described as perfect by anyone. For instance, I am disappointed that medical savings accounts will only be available to a small number of working Americans. This innovative alternative to traditional insurance—which has substantial bipartisan support—was unfairly demonized and demagogued by a handful of opponents. Those who deride MSA's do so because they directly conflict with the liberal wing goal of a government-run and government-managed health care system. While MSA's critics seem to believe in an even more expansive Federal bureaucracy than we already have making health care decisions for individuals, MSA supporters believe in the ability of Americans to make prudent health care choices for themselves.

Finally, this legislation attacks fraud and abuse by increasing the penalties on those who knowingly cheat the system. If there is one criticism my constituents have, it is that administration has not adequately addressed the billions of dollars in waste and abuse in our health care system. This Congress has listened and we have acted.

Mr. Speaker, it is time to stop the delay. This legislation has already been held up too long by political shenanigans—enough is enough. This is the commonsense legislation that Americans have been asking for—let's give it to them—today. I urge support for this rule and the bill.

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

Mr. BEILENSON. Mr. Speaker, I thank the gentleman from Florida [Mr. GOSS] for yielding me the customary half-hour of debate time, and I yield myself such time as I may consume.

Mr. Speaker, we support the rule that provides for the consideration of the conference report on H.R. 3103, the health insurance reform bill. As most Members know, this is a modest attempt to bring about some basic needed changes in our system of health insurance.

Virtually everyone agrees that we need to increase the portability of health insurance. Workers who change or lose their jobs should not be denied health care coverage. Nor should individuals be denied health care insurance because of preexisting conditions. To the degree that this legislation accomplishes those incremental but important reforms, we strongly support it.

But we are troubled by some other provisions of the conference report, and I just want to take a moment, Mr. Speaker, to point them out.

Many of us are concerned about the provisions setting up medical savings accounts, even though the original House language has, we believe, been greatly improved by the conferees. Still, we are approving a tax subsidy for plans that will appeal to the wealthiest and healthiest in our society, and by taking the healthiest people out of insurance pools, the new MSAs could cause higher premiums for those remaining in traditional insurance plans. Fortunately, the conference agreement limits the number of those plans that can be sold and requires the Congress to revisit that issue in the near future.

We are also concerned about some of the anti-fraud provisions in the agreement, including one that would require the Federal Government to provide advisory opinions on the legality of certain actions. When the House considered this particular provision earlier in the year, the Department of Justice expressed opposition to it on the grounds that it might eviscerate important anti-kickback laws.

The legislation also includes anti-privacy provisions that have caused some alarm. We need to be concerned about the increasing erosion of privacy concerning personal medical matters, and we hope that this provision will receive the necessary oversight from the Congress and elsewhere to keep those fears from becoming a reality.

As we will hear from other Members, the bill also includes a provision that was added by the conferees for one particular pharmaceutical company. We

regret that we know so little about the provision. The inability to have a conference report available for 3 or 4 days in fact does work against our best interests in the long run, as this special language proves.

All in all, Mr. Speaker, we support the modest but useful health insurance reforms in the bill before us. Those of us who support health care reform that will ensure all Americans access to affordable health care wished that we could do more. But we know that was impossible this year, despite the continued skyrocketing cost of medical care and the devastating effect those costs have had and will continue to have on the Federal budget.

We hope that this is just a first step, and that the Congress will start tending to the needs of the uninsured and underinsured in our society in the very near future.

But because of the groundwork that has been done this year, Congress will, I hope, be encouraged to return to the issue next year with a better understanding of how we might extend health care coverage and do a better job of controlling health care costs.

Mr. Speaker, as I stated earlier, we have no objections at all. We do in fact support the rule for this conference report, although many of us remain concerned about a number of provisions in the agreement itself. We shall likely have an opportunity to vote to send it back to conference to deal with the important issue of mental health parity and the special language that was included for the benefit of one particular pharmaceutical company. For now, we urge our colleagues to approve the rule so that we can proceed with the debate on the conference report for H.R. 3103.

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

Mr. GOSS. Mr. Speaker, I am obliged for the gentleman's support of the rule, and I share his optimism that we are getting on with health care. To share in that optimism, I yield such time as he may consume to the distinguished gentleman from New York [Mr. SOLOMON], the chairman of the Committee on Rules.

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

Mr. Speaker, in supporting this vital piece of legislation, I just want to pay tribute to the hard work done by Chairman BLILEY and certainly DENNY HASTERT, Chairman ARCHER, BILL THOMAS, Mr. FAWELL, including my Rules Committee member, Mr. GOSS, who helped us mold together the 3 bills that originated this legislation in the first place.

It truly is a historic week here in this Congress. It is amazing what this body can do when we have the cooperation of the Senate and, yes, even the President.

Yesterday in the House we passed with enormous bipartisan support a truly great, I think, welfare reform bill, by a vote of 328 to only 101 negative votes, which the President has indicated that he will sign.

In addition to the comprehensive welfare bill, with the passage of this rule the House will take up the health insurance conference report. This conference agreement is a bipartisan effort which the President has indicated he will also sign.

I might point out that by focusing our efforts on several limited aspects of health insurance which the public is very interested in, this conference report will make it through the legislative process. These reforms were not made by a secret White House task force, as was attempted in the 103d Congress that went down in flames. Yet the reforms contained in this piece of legislation answer the primary concerns of the American people with our system as it stands today.

One of its most important provisions is portability. This provision will improve the availability and the portability of health insurance for American workers. Portability will allow a worker to move from one job to another, and I think we have to refine this later on, without the burden of worrying about health insurance.

Just as important, Mr. Speaker, the bill requires insurance companies to cover preexisting conditions when people are forced to change jobs, and that is one of the flaws in the current medical care delivery system.

In addition, the conference report contains medical savings accounts. These accounts are an innovation which will increase flexibility for employees of small businesses in handling their health insurance.

In the United States we do have the best medical care delivery system in the entire world, and we want to keep it that way. Just go to any of the hospitals. I just spent a stay at Leahy Clinic over in Boston. In that hospital, in that clinic, there were people from all over the world that came here because we do have this great medical care delivery system. We do not want to spoil that.

But this system is in need of some reform. The conference report provides this country with the necessary reform, I think, to give us what we need.

This conference report is an accomplishment which has taken a tremendous amount of time and hard work. I want to commend all of the conferees. It truly is a bipartisan piece of legislation.

I might point out it was even signed by Senator TED KENNEDY, who had been blocking this legislation for a long time. So now that we have him on board, I think we can all pass this bill unanimously. I urge strong support of it.

Mr. BEILENSON. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from California [Mr. STARK], the ranking subcommittee member.

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

Mr. STARK. Mr. Speaker, the Kennedy-Kassebaum bill is a modest improvement. The elephants mated and

begat a mouse. It could have been a great bill, but, in effect, it snatched mediocrity from the jaws of greatness.

It would have been a much greater bill if it had avoided MSA's, if it had guaranteed group health insurance policies to firms of all sizes, not just to those with under 50 employees. It could have been a great bill if it had truly addressed medical privacy issues. There are some real dangers in the privacy being opened up by a national data computer system. And it holds terrible dangers for privacies of our citizens and their medical records being available to insurance companies across the country.

It would have been a great bill if it had not been loaded up with secret last-minute multimillion-dollar breaks for one particular pharmaceutical company. And indeed it would have been a memorial bill if it had provided some modest health insurance protections which would cost relatively nothing.

Senators DOMENICI and WELLSTONE were willing to offer a most inexpensive proposal to limit caps on mental health services to the same kind of caps that may exist on physical health. It is really a slap in the face to those families who must suffer mental health and pay for it out of their own pocket.

For these reasons, I am inclined to support a motion to recommit the bill with instructions to get rid of that drug company welfare loophole—we have not really ended all welfare as we know it, there is still welfare for big contributors to the Republican Party—and a return to work with the Senate to develop a reasonable mental health benefit with modest if no cost to employers or employees.

There is no rush, by the way. None of this goes into effect until the middle of 1997 for anybody. So anybody who thinks they are going to quit their job now cannot possibly think about it until next spring. Another week, another day might produce decent legislation without a risk to our privacy, without an affront to the ethic of the House and the Senate, and, by including mental health, a serious disability for many Americans, in this bill.

I would hope that we could have followed a process. None of the Democrats in the House signed this conference report.

□ 1730

None of the Democrats in the House met in any conference. This was a closed-door, late at night secret session between Republicans with Republicans, and the effort, as a result, is mediocre. I think we could have improved it had we been allowed to participate.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentlewoman from Connecticut [Mrs. JOHNSON], the chairwoman of the Subcommittee on Oversight of the Committee on Ways and Means.

Mrs. JOHNSON of Connecticut. Mr. Speaker, it gives me great pleasure to rise in support of this very important

legislation. Finally, we will give working families the peace of mind that they will not, they will not lose their health care coverage when they change jobs or leave employment.

Five years ago, I introduced the first insurance portability proposal. It was a radical concept. Last Congress, we debated far more comprehensive health care reform legislation that included a very detailed, thoroughly worked out provision guaranteeing portability, as this bill does. Today, we finally complete legislative work accomplishing the commonsense goal that I and so many others have been pursuing for 5 years. It took Republican leadership.

Under this bill, people who play by the rules and have health insurance coverage are guaranteed the right to keep coverage, even if they develop a serious but permanent medical condition, and even if they change employers or work for a small employer and lose their coverage for any reason. But with today's technology in genetic testing, an individual does not even have to be sick to be denied coverage.

An important amendment I offered during committee consideration will protect people who know they carry a predisposition for breast cancer or Huntington's disease from discrimination by their health insurance carrier or future plans.

Finally, I am very pleased this bill is offering very real solutions to families worried about the catastrophic costs of long-term care. I have long proposed tax deductions for the purchase of long-term care insurance, along with my colleague, the gentlewoman from Connecticut, BARBARA KENNELLY, so that fewer elderly Americans will need to spend themselves into poverty in order to get coverage for nursing home care.

The tax incentive of premium deductibility for policies covering long-term care at home or in a nursing home will potentially save billions of dollars in the fastest growing part of the Medicaid program and better serve seniors.

Moreover, this bill requires policies to meet consumer protections, to protect seniors' investments in their policies; another initiative of mine and a number of members of the Subcommittee on Health.

Mr. Speaker, this is truly a landmark day for those of us who have spent years to bring these common sense reforms to us, and I urge my colleagues to support this bill.

Mr. BEILENSON. Mr. Speaker, I yield 7 minutes to the distinguished gentleman from California [Mr. WAXMAN], a member of the Subcommittee on Health and Environment of the Committee on Commerce.

Mr. WAXMAN. Mr. Speaker, I thank the gentleman for yielding me this time.

Today, thanks to the tenacity and moderation of Senator KENNEDY and Senator KASSEBAUM, this House has before it legislation to make some small

improvements, but improvements nevertheless, in the health insurance protections available to Americans.

Today, we finally provide that people who lose their insurance because they move or lose their job or their employer stops providing coverage, that those people will be assured that they have at least access to health insurance coverage and will not have to face a waiting period for any preexisting condition. That is good and long overdue.

Unfortunately, this bill could have been and should have been significantly better. We have failed to seize the opportunity this bill presented to take long overdue and much needed steps to assure parity of treatment of mental health benefits with other health benefits, and that is inexcusable.

We had the opportunity in this conference to agree to the bipartisan Domenici-Wellstone amendment, adopted overwhelmingly in the Senate, to end the discriminatory treatment of mental health conditions in insurance plans. This provision had broad and significant support in the House with more than 100 Senators urging us to adopt it. It had significant support among the conferees, yet the Republican Members who controlled the conference would not allow us to meet to discuss this provision. They lacked the courage to let the public see them debate and vote on this issue.

The losers are the American people. It is every person and every family who has known the tragedy of struggling with mental illness and having no adequate insurance coverage for the services they needed to treat it.

There is simply no place in this country for discrimination against mental health coverage in this day and age. This House should demand that the conference return to the drawing boards and bring back a conference return which includes a mental health parity amendment.

The irony here is that while the majority would not let us consider adopting protections for mental health benefits, they had no compunctions at all about adding a multimillion-dollar giveaway for their friends in the drug industry.

In the dark of night they added a patent extension for a drug called Lodine. There is no reason to do this, except to help one drug company make more money. And how will they make more money? By having people pay a higher price for that drug by denying a competitor to come on the market.

It demonstrates again that no matter how important a bill is for ordinary people, the Republican majority cannot help seeing it as yet another opportunity to take care of a special interest.

So what the Republicans did was they snuck this provision in without anyone knowing about it. It was not in the House bill. It was not in the Senate bill. Ordinarily, that would be beyond

the scope of the conference, and a point of order could be made against it. But this rule waives that point of order. So when we vote to adopt a rule to consider this bill, many Members might not even realize that they are protecting the special interest giveaway. This is exactly what the American people are so sick of.

I also regret that this bill does so little to help people with the problems they have in securing health care coverage. It is important to assure access to insurance for people who have had coverage and lose it. But accessibility without affordability is a small step, indeed.

This reform will prove to be a cruel hoax if people find they cannot afford the coverage that they gain access to.

Of the 40 million Americans who have no health insurance coverage at all, what help will they get with this bill? Almost none at all. Their needs are unaddressed. They cannot afford insurance. They do not have it at their jobs. They go without health care coverage, and they will still have no health care coverage.

They will still have no health care coverage when all is said and done because it will not be available for them even to buy because they did not have it before.

I hope my colleagues do not see the adoption of this bill as a reason to brag about their achievements. We should be humbled by the magnitude of what we did not do. For in the end there is only a small downpayment that we get out of this legislation on the kind of action that the American people have a right to expect and receive from the people they elected to this House.

Mr. Speaker, I think we should give credit for moving at least to this extent to President Clinton, for having raised the fact that people do not have health insurance, even those who have had a job and want to change it. They are afraid to leave that job for fear health insurance will no longer be provided to them.

To the extent that this bill will correct that problem, we should all vote for it and be happy about it. To the extent that after this bill is adopted people will still be uninsured, because insurance was not offered to them or because they could not afford it, it is a disgrace for America to have all those people without the ability to get care when they need it.

Mr. GOSS. Mr. Speaker, I yield myself such time as I may consume to say that we do not want perfect to get in the way of good, but we also would like to achieve perfect health care on this side of the aisle.

Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Illinois [Mr. FAWELL], the chairman of the Subcommittee on Employer-Employee Relations of the Committee on Economic and Educational Opportunities.

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

Mr. FAWELL. Mr. Speaker, I rise in support of this rule and of the conference report on the health insurance reform.

As one who has been involved in moving this legislation from the beginning, I know that this truly is a remarkable achievement.

I would like to especially give special mention to my colleague and neighbor, the gentleman from Illinois, Congressman DENNIS HASTERT, who has headed up the Speaker's task force and has had that opportunity of bringing everybody together to put this legislation in final form. He has done, I think, a great job.

As is often the case, the Chicago Tribune hit the nail right on the head in a recent editorial about this legislation. It is entitled "Two Cheers for Health Reform." The first cheer is for finally addressing the problem many Americans who have preexisting medical conditions face in maintaining health insurance coverage when they change or lose their job. The second cheer is for taking the first step toward allowing medical savings accounts, or the MSA's.

The missing third cheer is for the provision that I sponsored that passed the House but unfortunately did not make it into the final bill. This provision was the only one that would, from my viewpoint, make significant strides in expanding health insurance coverage to the 40 million Americans who are uninsured, to which the previous speaker made some reference.

This reform would have allowed small businesses to band together under the auspices of national trade associations, whether it is the NFIB, the Farm Bureau, the Restaurant Association or what have you, and self-insure so they could gain all of the cost advantages and economies of scale that large corporations and their employees enjoy and take for granted.

In short, this provision would have made health insurance instantly affordable to hundreds of thousands of small businesses that cannot now afford it, and to millions, yes, to millions of their employees and their families who today make up the bulk of the uninsured population who are employed by small businesses who cannot, because of lack of economies of scale, be able to afford health care.

We made tremendous progress, nevertheless, in moving this provision along, in spite of the misguided yet withering assault by some of the insurance industry and some State insurance commissioners also. Believe me, we will be back next year fighting for this reform with renewed vigor and even broader support. I predict that our small employer pooling provision will pass in the next Congress.

Mr. Speaker, I again enthusiastically support this health care. What we have here, it is good and sound and I think progressive, and I think it is good for the Nation and I urge its adoption.

Mr. BEILENSON. Mr. Speaker, I yield 2 minutes to the distinguished

gentleman from New Jersey [Mr. PALLONE].

Mr. PALLONE. Mr. Speaker, the Democrats must declare victory today. The Democrats can take credit for the health insurance reform legislation that we will be shortly voting on. Thanks to President Clinton's leadership, Senator KENNEDY's perseverance and a democratic commitment to health insurance reform, millions of Americans will no longer have to worry about losing their health care in between jobs.

In addition to other much needed reforms, many of the poison pill special interest provisions that the Republican leadership insisted on for the last several months were finally dropped.

I believe that President Clinton deserves much credit here. He brought health insurance to the forefront once again with his January State of the Union address and pushed Republican leaders from inaction to moving health insurance legislation forwards.

In April, many of us remember the Senate passed Senator KENNEDY's legislation overwhelmingly, 100 to 0. Unfortunately, Speaker GINGRICH and the Republican leaders in the House were more interested in placating the special interests than passing meaningful reform.

Day after day on this floor we heard about medical savings accounts, a special interest provision that I believe would increase premiums for many Americans and make health insurance unaffordable. As a result, health insurance reform, for a while, appeared doomed.

After increasing Democrat pressure and Presidential leadership, the Republicans finally caved in to our demands and largely removed all the controversial provisions.

□ 1745

MSA's, as the Speaker, knows, will be limited to a pilot program that I hope will not have a negative impact.

Mr. Speaker, I have to say the Democrats have long been advocates of health care for all Americans, and this legislation moves us one step closer to that reality. I realize that it is only a small step that we are taking today and, as the gentleman from California, [Mr. WAXMAN] said, we have to point that out. But in a year when Republicans have tried to slash Medicare and repeal Medicaid, I am pleased that they have come to their senses on at least one health care initiative that may benefit as many as 25 million Americans, and I think that in itself is a major victory for the Democrats today.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the gentleman from Florida [Mr. BILIRAKIS], my friend and colleague, the chairman of the Subcommittee on Health and Environment of the Committee on Commerce and an author of this, from which much of the foundation came from the Rowland-Bilirakis bill, and we owe him a great deal of thanks.

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

Mr. BILIRAKIS. Mr. Speaker, those of us who have been fighting for the passage of health reform legislation for many years are pleased and proud to see that it finally has arrived and that by the end of this week Congress will send President Clinton a bipartisan health reform bill that he will sign into law.

During the 103d Congress, then Congressman Rowland and I introduced consensus health reform legislation. The Rowland-Bilirakis bill was the only true bipartisan bill considered during the Congress and included health consensus items for which there was broad agreement in Congress. Unfortunately, the Members of the House were not given the opportunity by the leadership then to vote on any health reform package.

Almost 2 years later, attitudes have changed dramatically. Today the House of Representatives will cast a historic vote on a health reform package that is similar to the Rowland-Bilirakis bill.

Is it perfect? No. Should it include other needed provisions? Yes. But at least it is a good start by this Congress.

The items in our conference agreement are nothing new. Many of the components, insurance portability, fraud and abuse reform and administrative simplification, have all been included in past health bills. These issues have been discussed in great detail by Members of both the House and Senate, including these vital components essential to any health reform bill.

Everyone agrees that people should not be denied health coverage because they have been sick. Everyone agrees that job lock must be unlocked so that people can move from job to job without losing health insurance.

The conference agreement addresses these and others of our Nation's most critical health problems. These are problems we can solve now, and in doing so, we will improve the lives of millions of working Americans. As chairman of the Subcommittee on Health and Environment of the Committee on Commerce, I am pleased and proud to be a part of this historic and bipartisan agreement.

Today we make health care in this country both accessible and, just as important, affordable.

Mr. BEILENSEN. Mr. Speaker, I yield 3 minutes to the gentleman from Ohio [Mr. SAWYER].

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

Mr. SAWYER. Mr. Speaker, I rise in support of the rule and the conference report on health insurance reform. The conference report contains modest reforms to expand health care coverage. The bill would make health insurance more portable, as we have heard, and would limit the ability of insurers to exclude care for preexisting conditions.

The conference report also contains important health care administrative simplification provisions. These provisions help address the problems of excess paperwork and substantial administrative costs associated with health care. The bill would establish a framework for health care elements that would facilitate the coordination of benefits between different systems and help track fraud and abuse. While many health plans already transmit data electronically, the data is non-standard, often incomplete.

The bill would also establish strict security standards for health information because Americans clearly want to make sure that their health care records can only be used by the medical professionals that treat them. Often we assume that because doctors take an oath of confidentiality that in fact all who touch their records operate by the same standards. Clearly they do not.

Administrative simplification is the result of a cooperative effort between public and private sectors and has been accomplished, at least this segment of this bill, in a bicameral and bipartisan fashion.

The concept arose from a clear need to address rising health care costs, and I want to particularly call attention to and thank the efforts of the gentleman from Ohio [Mr. HOBSON], my friend and colleague, who brought an expertise in health care policy with him from the Ohio legislature and came to me three years ago and suggested that we work together, using my experience in large scale information systems. In 1994, our language was part of virtually every health care reform effort. Thanks largely to that ongoing commitment by Congressman HOBSON, we are about to see this important reform become law.

Let me comment just briefly, however, on the remarks of my friend and colleague from California, PETE STARK, and my friend from Oregon, JIM MCDERMOTT, who has expressed concerns similar to Mr. STARK's in a "Dear Colleague."

They have both raised concerns about privacy and about Social Security numbers, and just let me add as an aside that both Congressman HOBSON and I over the last three years have developed language that addressed precisely those concerns, and as we engage in the next Congress in the continuing and broader effort to address many of the matters that have been begun in this language today, we offer our commitment to continue that effort to address these concerns.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Ohio [Mr. HOBSON], who was just referred to by his colleague.

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

Mr. HOBSON. Mr. Speaker, the final version of the Health Insurance Portability and Accountability Act in-

cludes the provision that you just heard about that Congressman SAWYER and I wrote to modernize the way health care financial transactions are conducted, and we have worked for a number of years in a bipartisan fashion through a couple of Congresses to achieve this.

Americans have the most advanced health care services in the world largely because of the technological advances that have been made. It is time we make the same technology apply to the way our health care system is run. The same high-speed electronic networks that modernized banking can be applied to our health care system so that bills can be filed easier, payments paid faster, and efficiency improved.

In addition, the reductions in paperwork and improvement in speed, security and efficiency in billing helps get at one of the biggest problems currently facing the health care industry: fraud. Today we try to fight fraud with rooms full of clerks checking bills after they are paid, but billions of dollars of fraud simply slips by. Fraud will be easier to fight if every transaction can be coordinated electronically.

Again, my thanks and congratulations to everyone who worked on this project. It has been a model of cooperation between the private and public sectors and between congressional Republicans and Democrats. I am looking forward to voting for this provision in the bill and encouraging everyone here to vote for not only the rule but the bill, this is truly a bipartisan bill.

Mr. BEILENSEN. Mr. Speaker, I yield 1 minute to the gentlewoman from New York [Mrs. MALONEY].

(Mrs. MALONEY asked and was given permission to revise and extend her remarks.)

Mrs. MALONEY. Mr. Speaker, four words sum up this health care bill: Thank you, Mr. President. President Clinton made health care reform a top priority of his administration. His original bill did not pass, but it cast light and forced voluntary reforms on insurance company practices that put profits ahead of people.

The President's focus on health care pressured insurance and drug companies to voluntarily hold down their rising costs. Above all, it challenged Congress to act.

Over time, this bill will give more health security to millions of American families. It allows people to change jobs or lose jobs and keep their health insurance. It reduces discrimination against people with preexisting conditions. But our work is not finished. We need parity coverage for mental health and universal coverage, especially for all children.

Democrats have fought for years for health care reform. We never gave up. The Republicans finally gave in. It is an important step forward. Vote for this bill.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the gentle judge from Ohio, Ms. PRYCE, a distinguished member of our Committee on Rules.

Ms. PRYCE. Mr. Speaker, I thank the gentleman from Florida [Mr. GOSS] for yielding me this time and for his tireless work on this landmark legislation.

Mr. Speaker, today marks another historic day in the House as we move one step closer to enacting common sense health care reform. For years the American people have asked us to enact meaningful reform, and today Congress has come together in a bipartisan way to break Washington gridlock and accomplish this important task.

In 1994, the American people soundly rejected the health care reform plan that put the Federal Government in the driver's seat, controlling prices, benefits, and physician choice. The legislation we will vote on today offers a more practical, even-handed approach to reform that leaves American individuals in control, not government bureaucrats.

I have said all along, through these years of the debate on health care, let us get on with it. Let us at least fix what we can all agree upon. And finally, lo and behold, through the hard work of so many, today we are about to do just that: Portability provisions to relieve job lock and no more, nor more exclusions because someone is unfortunate enough to have a preexisting condition.

Both Republicans and Democrats can claim victory today. This is truly a bipartisan effort. This is a happy day for our country. Much, much good will come of this.

Mr. Speaker, our vote today on this conference report is about more than just reform. It represents a giant step forward in our effort to ensure that as many Americans as possible will have access to the most advanced and reliable health care system in the world.

Mr. Speaker, I urge my colleagues to answer the call of the American people for health care reform that ensures them greater access, security and freedom by supporting this fair rule on the underlying legislation.

Mr. BEILENSON. Mr. Speaker, I yield 2 minutes to the gentlewoman from Connecticut [Ms. DELAURO].

Ms. DELAURO. Mr. Speaker, this bill is a real victory for hard working American families, and after 20 months of gridlock and shutdowns I am pleased that the Republican leadership has finally relented to getting something done for the American people. It is about time. The health reform bill makes long overdue changes to our Nation's health care system. This bill will free working families from unfair insurance company practices that deny coverage due to a preexisting condition and deny workers the right to keep their health insurance when they change jobs. This bill will make a real difference in the lives of working families struggling to get and to keep health care coverage.

The construction worker in Wallingford, CT will be helped when he told me that his biggest fear if his company

downsizes is that his daughter has a terminal illness and that he stays awake every single night worried about what happens if he loses that job, how will he pay for health insurance for his daughter? And it has taken us 20 months, 20 months to help give some peace of mind to this construction worker in Wallingford, CT.

Let me tell you this achievement would not have been possible were it not for the will and the determination of congressional Democrats. The Republican leadership roadblocked this much-needed legislation, left the health care security of families hanging in the balance. The leadership of the Congress was more concerned about special interest campaign contributions than in the progress and the security of working American families.

Mr. Speaker, we still have a very long way to go. I was disappointed that the conference dropped the mental health parity provision in the bill, and I have introduced legislation to achieve this needed reform. I am committed to working in a bipartisan fashion to enact mental health parity.

Mr. Speaker, today is a good day, a great day for working families and, thanks to the pressure from ordinary citizens in this country, we will make these small and yet important changes in our private health care system. Vote for the health care reform bill.

□ 1800

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the gentleman from Florida [Mr. STEARNS], my colleague and friend, and a member of the Committee on Commerce.

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

Mr. STEARNS. Mr. Speaker, I would say to the gentlewoman from Connecticut that their party has had 40 years to accomplish this bill, and yet it took our party just 2 short years to get portability of preexisting condition. I have to make that point.

I rise in strong support of this rule. This legislation we will vote on today addresses the most fundamental and important issue that currently prevents a large majority of the uninsured from accessing health care. In his medical essays Oliver Wendell Holmes said, the truth is that medicine is as sensitive to outside influences, political, religious philosophical, imaginative, as well as a barometer to the changes of atmospheric pressure.

Having been involved with the debate in 1993, all of us have been involved, and here we are today. Throughout the course of this congressional debate, I believe we have battled all the forces that Mr. Holmes has talked about. We have prevailed finally and achieved our common goal of providing what the American people said they wanted from health care reform.

Passage of this bill will benefit all Americans, especially the 39 million who lack any type of health care cov-

erage. These individuals must live in constant fear of becoming sick and not having the necessary insurance to meet their medical needs.

Lastly, I am particularly pleased that through our Committee on Commerce and working with the gentleman from Florida [Mr. BILIRAKIS], the chairman of the Subcommittee on Health and Environment, we had inserted the two words, "genetic information," in the definition of health status agreed to in the final package.

This will start to ensure that genetic privacy is with the American public and in the medical and insurance industries. Just these two words, "genetic information," for the first time in the history of this country we have put those in this package. I believe it will go a long way to enhancing and making a better piece of legislation.

Mr. BEILENSON. Mr. Speaker, I yield 2 minutes to the gentleman from Montana [Mr. WILLIAMS], whose presence around here will be greatly missed next year.

Mr. WILLIAMS. Mr. Speaker, I thank the gentleman for yielding me the time.

Mr. Speaker, this meager bill, a very long time coming, is the symbol of the inability of this Congress to even reach obvious compromise in a timely manner. This bill is wildly insufficient. It represents not health care reform but congressional retreat from bold legislative reform.

This bill is not a bold first step. It is a final, sad stumble toward the pretense of health reform. Of course, there are a few good elements in this bill. However, the legislation will increase health insurance costs for millions of Americans. It does nothing to create comprehensive reform, nothing to ensure universal coverage, little to restrain the inequities caused by the American health care insurance industry.

Will most of my colleagues vote for this bill? Of course. Because it is the very best bill the President can get out of a very bad Congress.

Mr. BEILENSON. Mr. Speaker, I yield 2 minutes to the gentleman from West Virginia [Mr. WISE].

Mr. WISE. Mr. Speaker, I, of course, will rise in support of this bill. It is a small bill. It is important to certain segments of our community, provisions here that cry out to be done and need to have been done for a long time.

I also want to talk about what is not in the bill. What is not in the bill is mental health. I guess I have great concerns about that because as co-chair of the mental health working group, a bipartisan group in Congress, there were 116 of us who signed a letter to the conferees asking that the Senate provisions on parity, that is, that mental health be treated by insurance companies as so-called physical health problems, be retained. There is nothing in this bill for mental health.

There is no language concerning parity. There is not the language that was

proposed about raising the lifetime caps on insurance policies on mental health to at least the same level and other types of health care policies. There is not even a commission to study.

Yet we have 20 percent of Americans at sometime who are going to experience mental health or substance abuse problems; 30 million Americans will have some kind of problems with mental health and mental illness, yet only 20 percent of those are able to seek help, only 20 percent of those.

Some say you cannot have mental health in there because it is a lot different. You do not treat mental health the same as physical health. You know a broken arm, you can treat that.

How do you treat low back pain, how do you treat arthritis, how do you treat migraine headaches, how do you treat hypertension? All of these are compensable under regular insurance policies but for some reason mental health does not factor in there.

I would also point out that depression alone has a higher morbidity rate than heart disease, lung disease and hypertension. So mental health needs to be a vital element in this. Yes, this is a small area of reform, but mental health needs to be included. I would urge all of us to continue focusing to make sure that mental health has the same priority because mental health is every bit the same priority as the other areas that are so important in this bill.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the gentleman from Florida [Mr. WELDON], my friend and colleague on the Committee on Economic and Educational Opportunities.

Mr. WELDON of Florida. Mr. Speaker, I thank the gentleman from Florida for yielding the time to me. I would like to echo his comment that this is a red letter day.

As a practicing physician in the past, I have seen firsthand the consequences of people not having health insurance and how they will often let minor illnesses go for extended periods of time until they become a serious complication and ultimately lead to greater costs than what they would have been otherwise. I have also seen the consequences of people being excluded from health insurance because of a pre-existing medical illness and the consequences of job lock that that can sometimes cause.

I honestly looked on with horror and amazement when the Clinton administration put forward their health care plan, which essentially constituted a major power grab of the Federal Government of a huge sector of our economy, a Federal Government that does not have a track record of running things efficiently or better. I felt so strongly that it was possible to introduce reforms that would go a long way to deal with the problems of the high cost of health insurance and the problems of lack of portability of coverage as well as the problem of preexisting illness exclusion.

I felt it was really honestly possible to produce a piece of legislation that would take our system which is the best health care system in this country and make modifications in it that would help so many people who do not have health insurance get insurance. Is this a perfect bill? No. But we should never make the perfect the enemy of the good.

There are provisions that some of my other colleagues have talked about that were left out of this bill that need to be considered in future legislation. But let us remember this bill addresses portability. It addresses preexisting illness exclusions. It addresses problems of waste, fraud and abuse. It has small business deductibility, tax deduction allowed for long-term care for our seniors.

This is a good bill. It is accomplishing these things without a Government takeover of the health care. I urge all my colleagues to support the rule and support the conference report.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Iowa [Mr. GANSKE].

Mr. GANSKE. Mr. Speaker, I rise in support of the rule and the conference report. This bill is long overdue. Americans have wanted health insurance reform for a long time. This bill will help make health care more affordable and more available.

The bill addresses portability. It allows the self-employed an increase in their health care tax deductibility, and that will help make health insurance much more affordable. It establishes medical savings accounts, and that will help make health insurance more affordable. It provides tax deductions for long-term care expenses, and that will help make health care much more affordable.

The bill cracks down on fraud and abuse, and that will help make health care more affordable.

Let me go into a few details on the fraud and abuse sections. The bill establishes a national health care fraud control program to coordinate Federal, State and local efforts to fight fraud. It extends antifraud rules for Medicare and Medicaid to other Federal programs. It requires the Secretary of Health and Human Services to provide seniors with better explanations of benefits so they can scrutinize their bills for waste, fraud and abuse. And the Secretary can provide a reward to seniors who have identified those problems. It excludes people found guilty of health care fraud felonies from participating in Medicare and other health care programs for at least 5 years.

It creates a new crime for people who knowingly dispose of their assets to qualify for Medicaid benefits. It creates a stiff civil money penalty for practitioners who falsely certify that a Medicare enrollee meets the test for home health care services.

Mr. Speaker, this is a win-win proposition for the American people. It will provide expanded health care coverage

without creating huge new bureaucracies. In fact, we give more power to individuals to make their own decisions when it comes to health insurance.

This week we will have helped reform, both welfare and health care. The debate gets pretty hot sometimes, but I salute my colleagues on both sides of the aisle who have made this a productive week in Congress.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Georgia [Mr. NORWOOD], a member of both the Committee on Commerce and the Committee on Economic and Educational Opportunities.

Mr. NORWOOD. Mr. Speaker, I detect, as we go into this debate, some frustration on the other side of the aisle from those who would have federalized health care in this country just 2 years ago or socialized medicine. But, Mr. Speaker, I am going to rise today in support of this rule and this conference report. While this version of H.R. 3103 does not include many of the provisions I think that are necessary to really increase access to health care, this bill is the best bill we could get in this Congress with this President.

During this debate, I have been amazed at how political the right thing to do can become. Rather than doing what we need to do, some Members of this Congress delayed consideration of this bill for months. I assume they were afraid to cede power from the Federal Government to the people. This is unfortunate.

Mr. Speaker, I am going to continue to fight for what is right. We need tort reform, expanded access to medical savings accounts, small employer pooling and other options meant to provide access to lower cost health care.

This bill does make health care more available and affordable for millions of Americans without a government take over of health care.

I am absolutely amazed at what my friend, the gentleman from New Jersey, Mr. PALLONE said. He said that the Democrats need to take credit. Well, they could have had credit just 4 years ago if they had allowed Mr. ROWLAND and the gentleman from Florida, Mr. BILIRAKIS, to produce their bill and bring it out on this floor. But they kept that from coming out and these 40 million Americans could have had this advantage 3 or 4 years ago, had they not been so interested in socializing medicine.

My friend, the gentleman from California, Mr. WAXMAN, says that all 40 million people, not one of them will be helped by this bill. Yet my friend, Mr. PALLONE, says yes, 25 million of the 40 million will be helped by this bill because he knows this bill will pick up small business owners. It will take care of preexisting conditions and many other people will get insurance.

Mr. BEILENSON. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey [Mr. ANDREWS].

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

Mr. ANDREWS. Mr. Speaker, I thank the gentleman from California [Mr. BEILENSEN] for yielding me this time. He will be missed, his presence, around here as well next year.

This is a good bill and I rise in support of it and the rule that supports it. It is a good bill because it works for a number of Americans. But we have some work left to do for a lot of other Americans.

This bill says to someone who has had breast cancer or a triple bypass operation, if you lose your job and you have to look for new coverage, you cannot be denied that coverage because you were so unlucky that you got sick. That is a good thing. I believe there are mechanisms in this bill that would make sure that you would be offered that coverage at about the same rate everybody else would, and that is a very good thing.

□ 1815

This bill says to the person who is the next victim of corporate downsizing that they will have the right to stay in the health care plan that they were in when they were working until they find their next job, or maybe even after they find their next job for awhile. They will have to pay for it, and that is very difficult for a lot of people, but the fact of the matter is it is a lot better to be able to write a check to stay in the plan that they are already in than to have to go look for new coverage after they have lost their job, and that is a very good thing.

It is a good thing that self-employed people are going to be able to deduct more of their premiums now than they were before from their income tax return. They ought to be able to deduct 100 percent of it, but it is a very good thing that we have increased that.

It is a good thing that people who buy long-term care insurance, who if they have to go into a nursing home will have to have an insurance policy to cover it, can get some help on their tax return if they do. That is a good thing.

But there is work we have left to do. This bill works in that way for a lot of people. There is work we have left to do.

This bill does not really help the family that is sitting there tonight, that is so upset because one of the people in the family has a severe mental illness, is a manic depressive, let us say, and they are worried that that person's next hospitalization is going to bankrupt the family because there is a \$10,000-a-year limit on mental health benefits.

There are good things, but there is work we have left to do. I support the bill and the rule.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Connecticut [Mr. SHAYS].

Mr. SHAYS. Mr. Speaker, I salute the gentleman from Illinois, Mr. HASTERT, the gentleman from California Mr. THOMAS, the gentleman from Texas Mr. ARCHER, the gentleman from Virginia Mr. BLILEY, and my colleague from Connecticut, Mrs. JOHNSON, on our side of the aisle, and I know there are Members on the other side who deserve credit as well because this is a bipartisan effort.

I am grateful in a bipartisan effort we have ensured portability of insurance, limited preexisting condition exclusions, required health insurance providers that serve small group plans to accept every small employer, and I am grateful that we have made health care more affordable and available by reducing administrative costs, but I want to speak to title 2 of the bill, particularly, which attempts to address the \$100 billion of health care fraud.

Both presidents Bush and Clinton had advocated that we deal with this. Unfortunately, President Clinton's proposal was in his socialized medicine plan, but that part of the plan that said deal with fraud had merit. It was what President Bush also had suggested.

The gentleman from New Mexico [Mr. SCHIFF] and the gentleman from New York [Mr. TOWNS] and I on our committee had worked on this, and we are happy to see it included in the bill, because in the past we dealt with fraud such as wire and mail fraud and attempted to get someone who cheated the system when we had hundreds of billions of dollars of fraud. Now we are making health care fraud a Federal offense, not just for Medicare but also for Medicaid, for CHAMPUS and all private providers. This obviously makes sense, and I salute my colleagues for doing it.

We just need to know that those who commit fraud have a tough test. They should have known for a civil penalty the issue is that there has to be knowing and willful attempt to defraud the system. This does not go at individuals who have unknowingly miscoded. This goes after the real pattern of continued fraud, and I salute this bill and those on both sides of the aisle who have, for the first time in decades, attempted to get at waste, fraud, and abuse in a very real way.

Mr. BEILENSEN. Mr. Speaker, I yield such time as he may consume to the gentleman from California [Mr. MILLER].

(Mr. MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. MILLER of California. Mr. Speaker, I rise in support of the conference report.

Mr. Speaker, I rise in support of the conference report on H.R. 3103 as a reasonable first step in helping families get the health insurance coverage they deserve, but I think this legislation only marks a very modest starting point. The provisions of the bill ensuring portability of health insurance and protections against discriminatory coverage for a preexisting condition will provide some important new

benefits for America's working families. But they will only be benefits to those who already are fortunate enough to have access to affordable health insurance.

A recent report by the Department of Labor on health benefits shows the real challenge we face as employers are backing off a commitment to providing health benefits. The share of full-time workers covered by health insurance dropped from 96 percent in 1983 to 82 percent in 1993. Hopefully, the recent drop in health insurance costs to all-time lows will turn this trend around, but I don't think we can count on it. We must rekindle our commitment to real health care reform that will extend health care coverage to the 37 million people who are left behind.

Those of us who have supported the Kennedy-Kassebaum-Roukema bill from the beginning are pleased that the objectionable provisions added in the House bill were eliminated in conference, including the medical malpractice and MEWA provisions. The Medical Savings Account has no place in a bill that seeks to expand access and affordability of health insurance, but I think that Senator KENNEDY did a very admirable job in striking a compromise on this issue so that even this modest progress towards health reform was not derailed.

I will support the motion to recommit that addresses two remaining problems with this conference report. One was the dropping of the Domenici-Wellstone amendment. We have missed a critical chance to achieve parity in health insurance coverage for mental illness in this conference report. I worked on this issue extensively when we considered health care reform in the 103d Congress. Prejudice and stigma against the mentally ill has no place in the development of sound health care policy in this Nation. Studies have shown that in contrast to being an added cost, mental health parity would save the national economy and the Nation's small businesses more than \$2 billion annually. It is terribly shortsighted to fail to recognize that mental health disorders cost the American economy as much as \$162 billion per year in lost productivity, absenteeism, disability and death, and that such disorders are so treatable when treatment is available. I will continue to work with the many other Members of Congress who recognize that our Government cannot stop short from including parity for mental illness as part of any health care reform effort.

I am also sad to see that greedy special interests have once again gotten their way in this Congress by last night's sleight of hand providing a patent extension for Lodine. This inexcusable assault on consumer interests should be stopped, just as similar relief for Lodine was stopped several other times in this Congress.

Mr. BEILENSEN. Mr. Speaker, I yield 3 minutes to the gentleman from Massachusetts [Mr. OLVER].

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

Mr. OLVER. Mr. Speaker, I thank the gentleman from California for yielding time.

I rise to support the Kennedy-Kassebaum health insurance bill that is before us, Mr. Speaker. The passage of this incremental health insurance bill is long overdue, but it barely scratches

the surface of what needs to be improved in this country's health care system.

Oh, yes; it does help people who already have insurance through their employers but who are suffering from job lock. Under this bill they are guaranteed coverage through another employer's group plan or through individual coverage, regardless of preexisting conditions, and the bill allows the self-employed to deduct 80 percent of their health insurance premiums, which is up from the current 30 percent in present law. These are important changes.

But this bill is only a small first step. We need to go much further. We need to help those who do not already have insurance, the millions of people whose employers do not offer coverage, or the self-employed whose kids go to school sick because their parents cannot afford to take them to the doctor, the people who do not have insurance at all, the 40 plus millions of people who do not have insurance at the present time.

We need to help make insurance more affordable for people who are not covered at work and cannot afford to buy insurance on their own, and we should require health plans to offer good benefits and assure quality care. People can still end up with bare-bone policies that drop them and put lifetime limits on their care, and provisions that were in this bill which guaranteed equal treatment for mental health care have been dropped, and that is a tragedy.

So this bill is a good first step, but it is not health care reform as we ought to be doing it. We should support this bill and then get on with the job of making health insurance affordable and accessible to every single American.

Mr. GOSS. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Nebraska [Mr. CHRISTENSEN], a member of the Committee on Ways and Means.

Mr. CHRISTENSEN. Mr. Speaker, today we are keeping our promise to pass real health care reform legislation, legislation that will improve the availability and portability of health insurance across America.

It is hard to believe that just a little over 2 years ago we were looking at the Clintons' takeover, the Government takeover of our health care system, one-seventh of our GDP. Do my colleagues remember the bureaucracy that was set up through this nationalized health care program that the Clintons put forth?

Well, our program is nothing like that bureaucracy. Our program allows private sector solutions. It allows the insurance to be more available and more affordable for all Americans. It allows preexisting conditions not to be a problem any more. It cracks down on waste, fraud, and abuse, and it allows

for the creation of 100 percent portable medical savings accounts.

Simply put, Clinton care was about helping government. Our legislation is about helping people.

I urge my colleagues to support this historic commonsense health care reform legislation.

Mr. GOSS. Mr. Speaker, I yield 30 seconds to the distinguished gentlewoman from New Jersey [Mrs. ROUKEMA].

Mr. BEILENSEN. Mr. Speaker, if I may, I yield 1 additional minute to the gentlewoman from New Jersey.

The SPEAKER pro tempore (Mr. NEY). The gentlewoman from New Jersey is recognized for 1½ minutes.

Mrs. ROUKEMA. Mr. Speaker, I am rising here, proud to be here today as the prime sponsor of the Kassebaum bill on the House side. With this bill today we definitely are again responding to our constituents' pleas, namely that we should stop the bickering and the political gamesmanship and the gridlock and deal with the issues that count with the American people. That is what we are about to do tonight, and I strongly support it. We are responding.

I know the medical savings accounts have been talked about. This is a good pilot project despite the controversy that it provoked, but this bill will bring peace of mind and health insurance security to more than 30 million Americans, and we can all be proud of that.

But, Mr. Speaker, I am sorry to say that we were unable to stop the blatant discrimination against mental health patients. Ignorance and apathy, I am afraid, defeated this provision in the conference.

But I want to pledge here and now that I stand ready to work with Senator DOMENICI and others to bring this issue back and educate our colleagues on this humane and intelligent reform. That is a problem for another day, but tonight we stand here ready to deliver relief to the American people.

Mr. Speaker, I rise in support of the compromise that is incorporated by H.R. 3103, an omnibus package of health reform proposals.

I am proud to be here as the prime sponsor here in House, the heart and soul of the bill before us today is the so-called Kassebaum-Kennedy-Roukema health insurance reform package, which make health insurance portable for workers who want to change jobs and bring their current plan with them; allows small businesses to pool together in order to buy health insurance more affordably more their workers; and cracks down on the ability of health insurance carriers to refuse coverage for people who have been sick in the past.

We are here today responding to the pleas of our constituents to stop the gridlock and bickering and deal with the issues that count. With this bill we have responded to their pleas. This legislation will bring peace of mind and health insurance security to 30 million Americans.

And I'm very pleased to see that the conference committee retained a provision that al-

lows the self-employed to deduct up to 80 percent of their health insurance premiums by the year 2002, which was not in the original Kassebaum legislation but that subsequently added.

And although I voiced grave reservations about the medical savings account provisions that were added to the House version of this legislation—because it appeared that they might serve to kill the underlying reforms—the conferees worked very diligently to reach an agreement on MSA's that both the Congress and President can support. This agreement brings a credible first step in the form of a pilot project.

For this, I congratulate my House and Senate colleagues because they have reached a historic agreement. The American people can be proud of the fact that this valuable legislation is here today, and headed toward enactment because President Clinton will sign this bill into law.

A very strong and broad coalition has worked long and hard to bring the Kassebaum-Kennedy-Roukema legislation this far. Some of the more notable members of this coalition have included: The National Governors Association; the American Medical Association; the American Hospital Association; the Chamber of Commerce, the National Association of Manufacturers; the Business Roundtable, and the AFL-CIO; the Healthcare Leadership Council, and the Independent Insurance Agents Association; the ERISA Industry Committee [ERIC], and the American Association of Retired Persons [AARP], are just a few of the more prominent supporters of the Kassebaum-Kennedy-Roukema legislation.

Some of the provisions included in the House version of this bill—such as medical malpractice reform legislation—are proposals I have vigorously supported in the past, and will continue to support in the future as freestanding measures.

Nevertheless, I am sorry we are unable to stop here and now the blatant discrimination against mental patients. Mental Health parity was eliminated in conference. Ignorance and apathy defeated mental health parity in the conference.

I stand, nevertheless, ready to continue to work with Senator DOMENICI to bring this back and educate our colleagues on this humane and intelligent reform.

The time has come for the Congress to stop playing games, the American people are sick and tired of bickering and political gamesmanship.

We must immediately enact commonsense, incremental health insurance reforms contained in the bill before us today.

The General Accounting Office [GAO] has estimated that up of 30 million American citizens would benefit from the health insurance reforms incorporated in the Kassebaum-Roukema plan.

In closing, Mr. Speaker, I urge my colleagues to join me in supporting H.R. 3103, because its the right thing to do for the American people now.

Mr. BEILENSEN. Mr. Speaker, I yield back the balance of my time.

Mr. GOSS. Mr. Speaker, it is my intent to yield all of the remaining time

on our side to the gentleman from Illinois [Mr. HASTERT] to close. It is often said that it takes a lot to make something happen around here. This is a gentleman who has given a lot to make something happen around here, and I am proud to yield him the closing time.

Mr. HASTERT. Mr. Speaker, I thank the gentleman from Florida for yielding me this time to talk a few minutes about this bill.

This bill gives people availability of insurance and affordability of insurance. These were the guide words, the words we talked about to make this happen.

That means that a mother who wants to change jobs and has a child that is asthmatic can take that next job. It means a father who wants to move up and do a better job for his family and get a better area or level of his occupation can move to the competitor in the next job over and know his wife with the heart condition can get that care when he changes jobs.

It also means that families have choice; that if they choose to ask a doctor what is the price of this care or if they ask their health care giver what is the cost, that they can get a cost and they can make a decision on where they go because of medical savings accounts.

It also tells a barber in Elgin, IL who wants to have a deductibility that is fair with other companies he can do that. He can deduct his cost of health care up to 80 percent off his income tax.

It is a bill of fairness, it is a bill of availability, and I just want to thank some folks before I leave this podium. Certainly this would not have been done without a fine staff: Ed Cutler, Howard Cohen, Chip Kahn, Phil Mosley, Bitzie Beavin, Russ Mueller, and the Senate staff that worked with us.

And also the chairmen who gave freely of their time and their work to make this happen: Chairman ARCHER, Chairman BLILEY, Chairman HYDE, and Chairman GOODLING, and the subcommittee chairs, Mr. THOMAS, Mr. FAWELL, Mr. BILIRAKIS, and Mr. MCCOLLUM.

But most of all I would like to thank the gentleman from Florida [Mr. GOSS] who spent unending hours listening to meetings, so when this bill came together it came together in the right way and it came together in the Committee on Rules.

I thank all of them. This is a good day, and I look forward to passage of this bill.

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

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

#### FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Mr. Lundregan, one of its clerks, announced that the Senate had passed with amendments, in which the concurrence of the House is requested, a bill of the House of the following title:

H.R. 3675. An act making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 1997, and for other purposes.

The message also announced that the Senate insists upon its amendments to the bill (H.R. 3675) "An Act making appropriations for the Department of Transportation and related agencies for the fiscal year ending September 30, 1997, and for other purposes," requests a conference with the House on the disagreeing votes of the two Houses thereon, and appoints Mr. HATFIELD, Mr. DOMENICI, Mr. SPECTER, Mr. BOND, Mr. GORTON, Mr. SHELBY, Mr. LAUTENBERG, Mr. BYRD, Mr. HARKIN, Ms. MIKULSKI, and Mr. REID, to be the conferees on the part of the Senate.

The message also announced that the Senate agrees to the report of the Committee on Conference on the disagreeing votes of the two Houses on the amendments of the Senate to the bill (H.R. 3603) "An Act making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies programs for the fiscal year ending September 30, 1997, and for other purposes."

□ 1830

#### CONFERENCE REPORT ON H.R. 3103, HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996

Mr. ARCHER. Pursuant to House Resolution 502, I call up the conference report on the bill (H.R. 3103) to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore (Mr. NEY). Pursuant to House Resolution 502, the conference report is considered as having been read.

(For conference report and statement, see proceedings of the House of July 31, 1996, at page H9473).

The SPEAKER pro tempore. The gentleman from Texas [Mr. ARCHER] and the gentleman from California [Mr. STARK] will each control 30 minutes.

The Chair recognizes the gentleman from Texas [Mr. ARCHER].

GENERAL LEAVE

Mr. ARCHER. Mr. Speaker, I ask unanimous consent that all Member

may have 5 legislative days within which to revise and extend their remarks and include extraneous matter on the conference report on H.R. 3103.

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

There was no objection.

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

Mr. Speaker, this is truly a great day and a great week. As significant as all our actions may be for this historic new Congress, the action we take today is even greater for someone else. That someone else may be the victim of breast cancer, locked in a job that she cannot change because she fears losing her health insurance. It may be a victim of diabetes. It may be someone who has had a heart attack, a stroke, or anyone who has ever been seriously ill.

It also, Mr. Speaker, may be my new little baby grandchild, who, born prematurely this year, came into the world weighing just 2 pounds. To me, this little boy is a beautiful child who, thanks to the wonder of modern medicine, can now have a full life. But to others, my grandchild is still a pre-existing condition. When he gets older, he too may not be able to change jobs or even get insurance in the first place.

But I am happy to say that this bill changes all that. This bill lets people change jobs without losing their health insurance, even if they have a preexisting condition.

What a major breakthrough for my grandson, Archer Samuel Hadley, and for millions of Americans who now know this Congress has heard their pleas and answered their prayers. This is the bill that does that, and much, much more. It powerfully fights fraud and abuse by creating new criminal penalties and by increasing funding for prosecution and investigation.

It creates strong and workable medical savings accounts so people can choose their own doctors and control their own health care destiny, seeking the best value in the marketplace, without relying on third parties to pay the bill. It creates new tax deductions that help make health care more available and affordable for millions of Americans.

Mr. Speaker, this is the health bill that the American people have wanted for years, and Mr. Speaker, we did it without a government takeover of the health care delivery system of this country.

We promised to make these changes, and I am proud that we have done it, working together in a bipartisan way, doing the job the American people expect of this Congress.

It has been a great week for this Republican Congress, and a great week for all of us. It has been a great 2 years of accomplishment for our efforts to reform Congress and change America. This Congress will go down in history as the did-something Congress. More importantly, it has been a great week for the American people.