

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.

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

Mr. STARK. Mr. Speaker, I yield myself 4 minutes.

Mr. Speaker, the bill that passed the Senate unanimously was a great bill. The conference product that we discuss today is an okay bill. The House Republicans have turned the Senate silk purse into a sow's ear, and there are many reasons for disappointment.

For example, why, my Republican friends, is there no mental health parity amendment? We should have done it. It was part of the bill passed by the Senate. It does not cost much. Sixteen cents per thousand is all it costs. We could raise the deductibility \$5 for every policy and pay for it. So I would say to the gentleman from Texas, BILL ARCHER, if his grandson had been born with mental illness, he could not have afforded to be treated because this bill would deny him that coverage.

We did not have a real conference where we could have worked this out. We could have phased in the cost of eliminating these caps, but the Republicans would refuse to meet on this issue.

The bill's antifraud provisions are bad. The advisory opinions on intent-based fraud cases are unprecedented, and the Justice Department-HHS's Inspector General strongly oppose them. It will cost Medicare \$388 million in foregone revenues over 6 years. Advisory opinion fees are not dedicated to the inspector general, and it devastates the agency's ability to fight fraud that they talk about.

The MSA's are bad. The earlier version could cost \$1 billion over 5 years. Who knows what this modest plan will do? But it is a payoff to J. Patrick Rooney and the Golden Rule Insurance Co., who have given the Republicans over \$1.2 million, that we can determine.

The conference agreement tries to limit the harm by limiting MSA's, but we doubt if it will. Last night someone inserted a 2-year monopoly patent extension for the American Home Products Co., which has really nothing to do with this bill.

There is a guaranteed issue only to small groups. The Senate bill guaranteed that any group, any company, could buy any group health plan sold in a State. The House Republicans limited the guaranteed issue to small businesses of 50, so a firm of 51 people does not have guaranteed access while a firm of 50 does. It makes no sense at all. It is silly. It discriminates against mid-size companies in dangerous lines of work: logging companies, for example.

The MediGap duplication. This allows the sale of unnecessary and duplicative health insurance policies, a special interest gift to American Family Life Insurance Co. The consumer groups are outraged. This will let unscrupulous salesmen once again sell policies which seldom or never pay out any benefits.

As for phasing in the deduction for self-insured, the Senate did a far better job. The GOP bill goes to 80 percent by 2006. The House Democrats would have had 80 percent by 2002. It is backloaded. They could and should have used the MSA money to increase the deduction for all self-employed.

Mr. Speaker, this bill channels people into a limited number of plans and could drive up rates. There is a proposal for cross-subsidization, but there is no guarantee. The Senate bill had an easy and obvious solution: Every individual plan offered by an insurer had to be available to an eligible individual. We do not need this complicated proposal. We should have kept it simple.

What the bill does not do is the price of policies are unaffected. They could remain too high. This is only going to help 400,000 people, the CBO tells us. The number of uninsured is rising at 1 million a year. Medicaid cuts passed yesterday will hurt millions of people.

We took one step forward with this bill, and yesterday we took 10 steps backward, so I hope that this bill could be expanded and returned to conference to do the job and the proper job that was done by the Senate under the leadership of Senator KENNEDY.

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

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

Mr. Speaker, I would simply say that at this moment, when we are going to do so much good for so many Americans, I am saddened that my friend, the gentleman from California, has taken a confrontational attitude to attempt to try to pick apart this bill. Instead of looking at the good, he is looking at things that he does not think are perfect. It is very much like the individual who goes into the Sistine Chapel and looks up at that gorgeous ceiling and says, oh, look at the cracks.

Mr. Speaker, I yield 3 minutes to the gentleman from Virginia [Mr. BLILEY], the respected chairman of the Committee on Commerce.

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

Mr. BLILEY. Mr. Speaker, I thank the gentleman from Texas, chairman of the Committee on Ways and Means, for yielding me the time.

Mr. Speaker, as we say down in Richmond, this day has been a long time coming.

This measure gives American workers something they've been promised for 20 years or more—the right not to be denied health insurance coverage because of a pre-existing condition.

They'll have that right, whether they change jobs or, God forbid, lose their jobs.

But that's not all. This bill also assures the job-creators—those men and women in small businesses all across America—that they, too, will be guaranteed that they can now purchase coverage from insurers.

It's long overdue. And it's being brought to you by the first Republican Congress in 40 years.

Not the big labor bosses who promised it all these years.

Not the Clinton White House that demagogued this issue from coast to coast.

No, I repeat: it's being brought to American workers by the first Republican Congress in 40 years.

That's because those folks sacrificed the good on the altar of the perfect.

Common-sense health care reform isn't enough, they said.

Providing Americans the right to keep their private health insurance isn't adequate, they said.

They didn't care about those things.

What they cared about was universal coverage—Canadian-style health care.

They failed in that goal, and their failure brought this Republican Majority to Washington.

Today, that Republican Majority delivers what the others just promised.

Our Committee, I'm proud to say, played a key role in this legislation—with what I believe to be the heart and soul of this measure.

Because of the Commerce Committee's portability provisions, Americans who lose their health insurance because they lose or change their jobs, once they exhaust their COBRA coverage, will have a guaranteed right to purchase health insurance.

From now on, the Insurance Companies will have to offer these individuals a comprehensive policy.

Every day in this country, men, women and children are diagnosed with leukemia, with cancer, with cystic fibrosis, with diabetes. With any number of illnesses that the insurance companies call "pre-existing conditions."

Those poor people and their families have enough on their minds, without having to worry that if they change jobs, or move, or get laid off, they'll lose coverage for those conditions because of a "preexisting condition" clause.

Because of the Commerce Committee's provisions in this bill, they won't ever have to worry about that, ever again.

Mr. Speaker, this year our committee has improved the safety of the food we eat, the purity of the water we drink.

We've improved the phones we communicate with, the computers we use, the television we watch.

With the Securities bill, we've made it easier for American businesses to raise the money they need to create new jobs.

And with Securities Litigation Reform, we've scored the first victory in my memory against the powerful Trial Lawyers' Lobby.

Mr. Speaker, that ain't bad.

But none of these, in my mind, is as important to Americans as what we've achieved today.

This is an historic accomplishment, one that has been too long in coming.

It's a pity it didn't happen three years ago. It could have, but some wanted to over-reach.

I want to thank my friend, Mr. DINGELL, who has worked so hard for so many years in fulfillment of this goal.

I want to thank the chairman of our Health Subcommittee, MICHAEL BILIRAKIS, and his ranking Democrat, HENRY WAXMAN.

But most of all, I want to thank our colleague from Illinois, DENNIS HASTERT, without whose singular efforts this day would never have happened.

In this Olympic week we've gone from the "gridlock Congress" to the "gold medal Congress."

This is a great day, Mr. Speaker. A great day for this 104th Congress, a great day for millions of American workers and their families.

Mrs. KENNELLY. Mr. Speaker, I yield 2 minutes to the gentleman from Maryland [Mr. CARDIN].

Mr. CARDIN. Mr. Speaker, I thank my friend, the gentlewoman from Connecticut, for yielding me this time.

Mr. Speaker, let me first start by thanking my colleagues on both sides of the aisle, particularly my two friends on the Committee on Ways and Means, the gentlemen from California, Mr. STARK and Mr. THOMAS, for bringing forward a bill on health care reform.

Mr. Speaker, I support the Kennedy-Kassebaum bill, the bill from conference that is before us. This bill is not a panacea of health care reform, but it is a good bill, on balance, that expands access to health coverage for working Americans. When this bill is signed into law, it will ensure that if you have insurance, you can keep it. This is an important change from today's system. It will provide a new measure of health security for working Americans.

The conference report before us ensures that working Americans with preexisting conditions cannot be denied health insurance as long as they maintain coverage. In addition, it would prevent insurance companies from using genetic information to deny health coverage. It is absurd that today's genetic testing advances are being used by insurance companies to deny coverage. This bill will end that practice.

Mr. Speaker, let me just give one example of how a typical working family can benefit from the legislation before us. The bill will provide someone the freedom to leave IBM to start their own computer company, even if a member of that person's family is suffering from diabetes. Today that person would be unable to find an insurance company who would cover the family if they went out on their own. After passage of this legislation, that person would be able to pursue that career without the fear of putting their family's health in danger.

In addition to the health insurance reforms, the bill would equalize the tax treatment of health insurance premiums between the self-employed and major corporations. This change, based on legislation I authored, will benefit thousands of small business owners around our country.

Today's consideration of this bill is long overdue. It is an important step.

However, it is by no means the final step or even a comprehensive solution to health reform. The bill fails to address affordability of health insurance. This is a vital issue which we must not overlook. We still have a long way to go. I urge my colleagues to continue to work together for comprehensive health care reform to extend health coverage to all Americans.

□ 1845

Mr. ARCHER. Mr. Speaker, I yield such time as he may consume to the gentleman from Kansas [Mr. ROBERTS], the distinguished chairman of the Committee on Agriculture.

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

Mr. ROBERTS. Mr. Speaker, as a co-founder and former chairman of the Rural Health Care Coalition, I rise in support of this bill. I thank Mr. ARCHER, Mr. BLILEY, Mr. THOMAS, Mr. GOODLING, and Mr. HASTERT for their leadership and perseverance.

Mr. Speaker, I rise in strong support of the conference report to H.R. 3103, the Health Insurance Portability and Accountability Act. This bill includes sensible, workable provisions to expand access to affordable health care insurance for America's families.

This legislation is especially important to my constituents in Kansas. Ten percent of Kansans lack any form of health insurance. These folks are generally small business owners or self-employed farmers and ranchers. This bill takes several steps to bring relief to these individuals and their families by expanding their insurance options.

First, this legislation will make health insurance portable. Under H.R. 3103, the 4 million Americans who are staying in their jobs just to maintain their health insurance benefits will finally be free to pursue other opportunities. This "job lock" is a real problem for not only the employer and the employee, but also for the economy. Today, too many working parents are afraid to pursue new opportunities, start a new career or become an entrepreneur because they don't want to lose the health insurance they now have.

Second, this legislation will limit the preexisting condition requirements that currently prevent 21 million Americans from getting health insurance coverage. I have heard horror story after horror story about families that have lost everything just because their insurance company won't cover Dad with his heart condition or the new baby who was born with diabetes.

Third, this legislation will make health insurance affordable. Individuals who lose coverage through their employer will now be able to purchase affordable health insurance on their own. This legislation will also bring some well-deserved relief by increasing the tax deduction for health insurance for self-employed individuals, including the small business owners, farmers, and ranchers in Kansas, from the current 30 percent to 80 percent. This increase in deductibility is something that my colleagues and I on the Rural Health Care Coalition have been working toward for years.

Finally, this legislation takes the first step to make health insurance accountable through a limited medical savings accounts demonstra-

tion project. It's time that we all took an active role in the health care decisions that affect our daily lives and pocketbooks. Medical savings accounts will put families in control of their health care. In Kansas, which is home to over 65,000 small businesses, these MSA accounts provide the opportunity for individuals to choose where to spend hard-earned health care insurance dollars.

My colleagues, the time has finally come. We have agreed on real reform that will get at the root of one of the most serious flaws in our health care system. I applaud Chairman ARCHER and all those who have worked tirelessly on this effort and I urge my colleagues to join me in support of the conference agreement.

Mr. ARCHER. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from Pennsylvania [Mr. GOODLING], the chairman of the Committee on Economic and Educational Opportunities.

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

Mr. GOODLING. Mr. Speaker, I rise in support of the conference report on H.R. 3103, The Health Insurance Portability and Accountability Act of 1996. This is truly an historic occasion which rivals the passage of ERISA (the Employee Retirement Income Security Act of 1974) upon which the foundation of this health insurance reform legislation is based.

The provisions in the conference report relating to portability and health insurance accessibility are structured similarly to those in the House passed bill and the ERISA Targeted Health Insurance Reform legislation originally reported by the Committee on Economic and Educational Opportunities. Under the new portability protections, employees can no longer be told that their plan will not cover them because of a preexisting medical condition when they are continuously insured. Small employers can no longer be told by insurers that health insurance is not available to their employees because of the risks of their jobs or their previous claims experience. In sum, employees will no longer have to fear, when they leave their job or take a new job, that they or their loved ones will lose access to health insurance.

This legislation will actually increase the choice of health insurance coverage offered to American workers, but without taking away the coverage they currently enjoy. These choices include high deductible health plans and medical savings accounts for which the employees of small employers and the self-employed will be newly eligible.

Former employees who have exhausted their access to employer coverage will also be given important new rights to acquire health insurance in the individual market even though they or a dependent may have a preexisting medical condition.

Health coverage will also be made more available and affordable by granting millions of self-employed businessmen and businesswomen the right to deduct their health insurance costs on a basis similar to corporations. When fully phased in, these Americans will be able to deduct 80% of their premium costs.

Both public and private health plans will be better protected from unnecessary costs under the provisions of Title II, which are designed to prevent health care fraud and abuse and to recover any losses in connection with such plans.

The conference agreement is a solid step forward in securing increased health insurance accessibility, affordability and accountability for American workers and their families.

I would be remiss, however, if I did not mention my disappointment that the conference report does not include two important reforms designed to expand coverage and reduce health insurance costs. Malpractice reform was dropped as a concession to the White House in order to move the legislation along. I reject the idea that reforms of malpractice awards are unnecessary and will continue to insist we address this issue in the future.

Also, by omitting the small business pooling provisions under Subtitle C of the House bill, I believe this Congress has missed an important opportunity to extend more affordable coverage to the millions of uninsured employees working for our country's small businesses who today do not have health insurance coverage. These provisions would have built upon the ERISA cornerstone of this Nation's employee benefits law to allow employers, particularly small employers, to achieve economies of scale by joining together to form either self-insured or fully-insured health plans. The number of uninsured workers will be a continual reminder that this mechanism for expanded health coverage is needed and should be included at the earliest possible time.

Nonetheless, the legislation does preserve without change the ERISA preemption cornerstone which has fueled the marketplace dynamics that have recently reduced health insurance cost inflation, at least in the large group market. Also reflected in the new preemption section of this Act (adding section 704 to ERISA) is the need for national uniformity regarding the procedures and reporting required to make the portability mechanism work for all the employee health benefit plans covered under the legislation.

The participants and beneficiaries of ERISA covered health plans can also look to the uniform remedies under that Act to enforce their rights to the portability, preexisting condition, enrollment, renewability and nondiscrimination requirements applicable to both ERISA plans and insurers under ERISA Part 7. Identical provisions apply to church plans (but only under the Internal Revenue Code) and to governmental plans and insurers (under the Public Health Service Act). Section 104 makes it clear that these identical provisions are to be interpreted, administered and enforced so as to have the same effect at all times, regardless of the agency having primary authority with respect to a particular entity or plan.

Finally, I consider this legislation particularly forward-looking in its response to several issues of importance to all Americans. First is the growing long-term care needs of the elderly and disabled. In this connection, the legislation gives individuals and employers

a strong new incentive to plan ahead for long-term care expenditures. Also, lest it be overlooked, the legislation addresses another issue that all may one day face, and that is the extent to which the genetics of each one of us may determine our future health status and, thus, our ability to obtain health insurance coverage. In this regard, the legislation prohibits a group health plan or insurer from excluding an individual from enrolling (or continuing to be enrolled) under a group health plan based on genetic information. In addition, genetic information is not to be treated as a preexisting medical condition in the absence of a diagnosis of the condition related to such genetic information.

In conclusion, the Health Insurance Portability and Accountability Act includes vital health insurance protections for American workers and their families. These health insurance portability and accessibility consumer protections are the common sense reforms that Americans have said they need and that Republicans have attempted to enact over the past several congresses. They could have been enacted earlier but were sacrificed on the altar of big government.

In contrast, these common sense reforms were fashioned to avoid the pitfalls of the Clinton plan—that is, the elimination of ERISA health plans, one-size-fits-all mandated benefits and price controls that lead to health care rationing. Rather than trying to create a new health care system, the Health Insurance Portability and Accountability Act seeks to build on those elements of the Nation's employment-based system that work well—namely the fully-insured and self-insured group health plans under ERISA—while at the same time making the important changes to the current system on which there is a consensus. After nearly three decades of debate on health insurance reform the time has come to pass this landmark legislation and seek the President's signature.

Mrs. KENNELLY. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I rise today in strong support of a simple premise—when Americans leave or lose their job, they should not lose access to health insurance. The legislation before us will now make that simple guarantee the national standard.

However, I urge Members to resist the temptation to oversell this legislation as a panacea. Many Americans who cannot afford health insurance will still face financial barriers even after this legislation is enacted.

I would also like to express my strong support for two other provisions in the bill—favorable tax treatment for long-term care health insurance—and accelerated death benefits. I have worked on both of these issues for many years.

Providing incentives for people to protect themselves against the costs of long-term care will not only safeguard the family savings for millions of Americans, but it may also reduce future Medicaid costs. And allowing the

terminally ill to receive the proceeds of their life insurance tax free will assure access to health care for those individuals. I only wish the committee had also included vital consumer protections to prevent the terminally ill from being taken advantage of during a very vulnerable time.

I urge Members to support this effort to make health coverage more available—and to help the chronically ill and terminally ill pay their medical bills.

Mr. Speaker, I yield 3 minutes to the gentleman from Missouri [Mr. CLAY].

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

Mr. CLAY. Mr. Speaker, I will vote for the conference report on H.R. 3103 because it will make a significant improvement in the lives of many and a modest improvement in the lives of millions more.

The conference report will provide important protection to individuals who have been laid off or have retired and are trying to purchase health insurance for themselves.

It will allow workers to maintain their health coverage when they change jobs, even if they or a family member have a chronic health condition.

The report will require insurance companies and HMO's to sell policies to small businesses. They will no longer be able to pick and choose the companies they want to sell insurance to.

Insurance companies and employers will not be able to deny coverage, drop coverage or change more just because an individual has a medical condition.

While I will vote for the conference report, it has serious shortcomings that, quite frankly, were completely avoidable.

The shame of it all is that the Republicans took the Senate bill—a perfectly good bill that passed the Senate by a vote of 100 to 0—and made it weaker. They added an unnecessary, unproven and ill-conceived tax break that will only benefit special interest insurance companies and affluent taxpayers. The Republicans have sugarcoated this tax break by calling it health reform. But, it is nothing more than another tax break.

Republicans, by dropping important protections for mentally ill individuals, have missed a great opportunity to break new ground in the protection of one of the Nation's most vulnerable groups. Given the Domenici-Wellstone amendment in the Senate, the Conferees, if given the chance, could have developed a sensible compromise that would have provided significant protection for mentally ill persons. But the conferees were never given the chance. A Bipartisan compromise on mental health parity was never in the cards. It was largely for this reason that I refused to sign the conference report.

Accordingly, I urge my colleagues to support the motion to recommit. It will restore important protections for the mentally ill.

Mr. Speaker, I support this bill, but not the process that got us to this point. It is wrong that the House Republicans made health reform a partisan issue. The 40 million individuals who are uninsured and the million of others who are locked into their jobs because of chronic health conditions deserve better.

Mr. ARCHER. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from California [Mr. THOMAS], chairman of the Subcommittee on Health of the Committee on Ways and Means.

Mr. THOMAS. Mr. Speaker, I yield to the gentleman from Hawaii [Mr. ABERCROMBIE] for the purpose of engaging in a colloquy.

Mr. ABERCROMBIE. I thank the gentleman from California [Mr. THOMAS] for yielding and for engaging in this colloquy which is very important to the people of Hawaii.

Mr. Speaker, the question I have for this colloquy is, does H.R. 3103 adversely affect the integrity and purpose of the existing Hawaii Prepaid Health Care Act of 1974?

Mr. THOMAS. I tell the gentleman that H.R. 3103 does not adversely affect Hawaii's current exception, which is in fact the Health Care Act of 1974. In addition to that, the whole question of MSA's that has been discussed is a tax question, and that also does not affect Hawaii's system. The new MSA pilot program is an opportunity and not a mandate affecting employer or individual health insurance plans. I am pleased to say that Hawaii can go its own way.

Mr. ABERCROMBIE. I thank the gentleman from California.

Mr. THOMAS. Mr. Speaker, I would take my own time to mention briefly that I have listened to several Democrats, and I assume we will hear from several more. Their basic message is: You woulda, coulda, shoulda.

I just find it totally ironic. All you have to do is just come with me 3 short years ago. I was not the chairman of the Subcommittee on Health and Environment then. I was the ranking member. The gentleman from California [Mr. STARK] was the chairman. What the Democrats did when they had a majority in the House and the Senate and had a member of their own party in White House is put absolutely nothing on the floor of this House; absolutely nothing on portability; absolutely nothing increasing penalties on waste, fraud, and abuse.

The Democrats talk woulda, coulda, shoulda, about a product.

I want to address myself to my Republican colleagues here. I do not want us to vote against the conference report because minority leader DASCHLE joined us in a press conference praising the work product working positively between the House and the Senate. And I do not want my Republican colleagues to vote against this conference report because the senior Senator from Massachusetts [Mr. KENNEDY] signed

the conference report and said some very nice words about all of us working very hard to produce a good product.

I do want my colleagues to vote for this conference report because a name has not been mentioned on this floor who not only deserves to be mentioned but deserves to be praised. That is the senior Senator from Kansas, the chairwoman. NANCY KASSEBAUM is who this legislation belongs to. I think it is a very appropriate capping of an illustrious career to take this positive document and place it before us.

So despite all of the rather petulant-sounding woulda, coulda, shoulda from those people who owned the House, the Senate and the presidency and put nothing on this floor, I would just like to say it was a real pleasure working with chairman of the Committee on Ways and Means, the gentleman from Texas [Mr. ARCHER], and the staff members on that committee who worked extremely hard: Chip Kahn, Kathy Means and Elise Gemeinhardt.

It was a real pleasure working with the Committee on Commerce, Chairman BLILEY, Subcommittee Chairman BILIRAKIS, with Howard Cohen and Melody Harned.

It was a real pleasure working with Chairman GOODLING, Subcommittee Chairman HARRIS FAWELL, and Russ Mueller as a hardworking staff; with Chairman HYDE of the Committee on the Judiciary, and Diane Schacht working very hard.

All of those people should be proud. They delivered. We delivered. We have on this floor a conference report that makes a real change in the lives of millions of Americans. We make health care more affordable, more available, and we did it without a government takeover of health care, which was what they were trying to get on the floor. Thank goodness enough Democrats, who made up the majority at that time, said no. And thank goodness enough Democrats today will support this excellent conference report, we will send it to the President, and the president will sign it.

Mr. STARK. Mr. Speaker, I yield such time as he may consume to the gentleman from Illinois [Mr. YATES].

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

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

It carries at long last—it should have been passed years ago. Unfortunately, its time had not yet come because of the strong opposition of special interests.

I'm pleased that it provides mobility in coverage and requires overlooking ill-health problems. It is a first step—there is much more that has to be done—in the field of mental health, for example.

I commend those who brought this bill before the Congress. I look forward to working with them to enforce the opportunity of providing much better access to health care to the people of America.

I intend to support the motion to recommit because that can be one way to make the bill better. If that fails I intend to support the bill.

Mr. STARK. Mr. Speaker, I yield 5 minutes to the gentleman from Michigan [Mr. DINGELL].

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

□ 1900

Mr. DINGELL. Mr. Speaker, I enjoyed the remarks of my good friend from California. I was so delighted to hear him. It ranks with the conversion of St. Paul. I have not seen any lightning bolts, and I have not observed him riding a jackass, but I do want to say that my Republican colleagues have finally come around and supported Kennedy-Kassebaum. Wonderful. Great news.

Having said that, I commend the gentleman for having had the scales removed from his eyes, and I urge him to support the same kind of glorious advances in other issues. It would be helpful.

I also would say to him that he was talking about the days when the Democrats ran the Congress and now the days when the Republican run the Congress. This is the way things go, but I would say that the gentleman from California has an urgent and an important responsibility in this place and that is to pay the bills.

I was just thinking the other day how nice it would be if my office rent were paid on time, if my suppliers were paid on time, if my telephone bills were paid on time, and if the bills of the other Members on both sides of the aisle were paid on time. And perhaps if the gentleman would just diminish to a small degree these wonderful partisan speeches which he makes and concentrate on paying the bills of the House, how much better this whole operation would be. Then we could address the way the content of legislation is being considered, rather than engaged in these kinds of small pickety pickety polemics in which we have just engaged.

Mr. Speaker, I will be delighted to yield to the gentleman, but I do have a few other words which will be helpful to him and I know he wishes to hear, so I would yield later.

Mr. Speaker, this has been a very curious process, and it will be noted my name does not appear on the conference report, even though I do urge my colleagues to vote for the bill. My colleagues on the other side of the aisle have chosen to move this legislation at this late time, after long waits, with such speed that we were not able to confirm that the bill's language accurately reflected the agreements reached.

Nevertheless, I will take faith that the language truly reflects the bipartisan agreement which Senator KENNEDY so admirably defended. I trust that at least some of the advocates of this legislation have carried out their responsibilities, as they have said, and I do intend to support the conference report.

The bill makes some small, but important steps forward. The portability provisions and the provisions against preexisting conditions will benefit about 25 million Americans. That leaves, however, I would tell my good friend from California, and I am delighted to see him standing because I want him to hear this, some 40 million Americans who do not have health care. I know that he will want to do something other than to just turn them over at some future time to a system which is not providing them health care.

This bill will ensure that people who change jobs can get health coverage from a new employer without preexisting condition restrictions. This will provide peace of mind for workers who lose their jobs by assuring them they can purchase health coverage without devastating penalties and restrictions.

While this legislation does good things, at least one of the things that it does needs to be examined. My good Republican friends have tucked away a couple of nice little provisions here which will hinder the fight against health care fraud and abuse. They will allow repeatedly negligent providers to escape civil monetary penalties, and they will require an unprecedented and indeed most curious advisory opinion process for an intent-based criminal statute, something which I have never seen before.

American taxpayers will now also be asked to pay for inflated claims submitted by doctors and hospitals who are grossly negligent in the billing process. The Congressional Budget Office says that these provisions will cost American taxpayers tens of millions of dollars. What a blow for economy struck by this particular provision!

The advisory opinion requirement is opposed by the Attorney General, the Inspector General of HHS and by the National Association of Attorneys General.

We may now reflect on whether this is good or not and, indeed, we may realize that at some time soon we will regret having included these provisions, and we may again need to address the problems of fraud and abuse which we are creating with this particular language.

Mr. Speaker, I am pleased we are passing this legislation today. I only hope that we can come back soon and continue the process to provide health care for the 40 million Americans who have no health care at all, and who live in raw terror of cancer or emphysema or stroke or heart attack or other illnesses for which they know there is no medical care available.

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

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

Mr. THOMAS. Mr. Speaker, we know to err is human, to forgive divine. I am going to try to elevate the gentleman. I thank him for his vote on the conference report, and in the 105th Con-

gress this new majority will work with him to remove and eliminate those errors that we know he will point out to us, and we appreciate his presence.

Mr. DINGELL. Mr. Speaker, reclaiming my time, I want to thank my good friend for that. It is always a pleasure to deal with him.

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

Mr. CHRISTENSEN. Mr. Speaker, I thank the chairman for yielding me this time.

Listening to the last Speaker talk, I am reminded about, and looking at the Clinton care, the Government takeover of our health care system, almost 2 years ago, when they thought they had the answers to the health care problems in America.

What was their solution? Well, their solution was taking one-seventh of our GDP, taking control of it and putting together a national health care board, regional health alliances, corporate health alliances, putting an ombudsman in here, and having employer mandates involved.

What is our solution? Our solution is private health care, putting together a medical savings account, free market solutions so that we would not have a Government takeover of the health care system as the Democrats have done.

Mr. Speaker, I salute the chairman for his leadership in this area.

Mr. STARK. Mr. Speaker, may I inquire as to the time remaining on both sides?

The SPEAKER pro tempore (Mr. NEY). The gentleman from California [Mr. STARK] has 14¾ minutes remaining, and the gentleman from Texas [Mr. ARCHER], has 15 minutes remaining.

Mr. STARK. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas [Ms. JACKSON-LEE].

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentleman from California for yielding me this time, and I rise enthusiastically to support a bipartisan piece of legislation, Kennedy-Kassebaum, might I emphasize, that brings to the American public a real health reform that deals with portability and preexisting conditions.

Yesterday I received a call from a local businessperson in my district who was saddened and disturbed, wondering whether this legislation had yet passed because his wife was moving to another position and had a preexisting disease. I am gratified to be able to make that call now and to indicate that we are doing the right thing.

I am glad to say that we are dealing with long-term care insurance and accelerated death benefits that demonstrate the understanding of the Senate and House on some of these issues

facing a segment of our citizens often ignored or forgotten. Now AIDS patients can receive their life insurance benefits tax free and actually receive the aid they have paid for to ease their suffering before they depart this world.

Equally so, let me say that I am gratified we now end the health benefit tax discrimination against the self-employed, allowing the same deduction that America's corporations get. Although it is not 100 percent, it is only 80 percent by the year 2006, it is in the right way.

Let me tell my colleagues why I am a little disturbed. I am saddened this bill is silent on the needs of millions of mentally ill Americans, and I hope that we will be able to return to this bill and provide relief for them.

I am also saddened, or at least disturbed, that we would burden physicians with overly burdensome fraud provisions, and I believe we should reconsider. We should get rid of fraud, waste, and abuse, but it certainly should not be at the expense of making criminals of physicians that provide us good health care across the Nation.

I am saddened that the last minute special interests found that they could extend a patent for the drug Lodine, which hurts millions of Americans who now cannot get low-cost generic drugs because of this extension.

I do, however, want to thank the bipartisan effort of my colleague from Texas, Chairman ARCHER, and the gentleman from California, Mr. STARK, and all those who have worked so hard on this legislation, to be able to say that now we can tell America and they have the potential of good health care, and certainly we will remember those who are attacked with preexisting conditions.

Mr. Speaker, I rise to offer my full support for this conference report. Regardless of whatever else this Congress has failed to do, passage of this conference report is of the utmost importance and necessity. Every portion of this legislation will have a positive impact on the lives of millions of Americans and I applaud the sometimes strained but ultimately successful bipartisan efforts to see this bill through during this session.

The immediate effect of this bill will be tremendous. Yesterday, I received a call from a businessman who lives in my district. He was worried because his wife will soon be changing jobs and they were concerned that a recent potential medical condition would not be covered by the new policy unless this bill was soon enacted. He is a prime example of the good that this legislation will bring about, making sure that individuals and families do not fall through the health insurance cracks and suffer physical, mental, or financial distress.

I believe that the provisions dealing with long-term care insurance and accelerated death benefits demonstrate the understanding of the Senate and House of some of the issues facing a

segment of the citizenry often ignored or forgotten. Now, AIDS patients can receive their life insurance benefits tax free and actually receive the aid they have paid for to ease their suffering before they depart this world.

And I am glad to see that this body is moving toward ending the health benefit tax discrimination against the self-employed. Why should these individuals not get the same deduction as America's corporations? Although the deduction is not 100 percent and although the 80 percent is not reached until the far-away year of 2006, it is a first step in the right direction. Maybe another day will allow us to increase this rate and implementation of this idea, but for now, I will celebrate along with thousands of self-employed individuals in my district and across the country.

While I am saddened that this bill is silent on the needs of millions of mentally ill Americans, some relief must be given. Further, the overly burdensome fraud provisions against physicians should be reconsidered and we must fix that in a later review of the bill. Also a last-minute special interest extension of a patent for the drug Lodine hurts millions of Americans who now cannot get low-cost generic drugs that would do the same thing—this must be remedied.

This legislation has been a long time in coming and is something that should have been done many years ago. No longer will people be trapped in undesirable jobs because they or a member of their family suffer from a medical condition. And no longer will spirited entrepreneurs be wrongly penalized for their courage and chutzpah in striking out on their own. Mr. Speaker, this is a landmark day for the millions we represent and for this Congress as well. Support this report and in doing so, support the needs of the American people.

Mr. ARCHER. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania [Mr. GEKAS].

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

Mr. GEKAS. Mr. Speaker, I thank the gentleman from Texas for yielding me this time.

A few months ago I was going store to store visiting constituents in the lovely town of Effron, PA, in Lancaster County, the target of many, many thousands of tourists during the course of a year, where the cloisters and the people who man them and woman them daily do their routines.

One lady stopped me and we started talking about health care. I will not name her, I will call her Mrs. Calabash. Mrs. Calabash asked me what would happen if her husband, who was presently employed, would lose his job; were there any prospects for making sure that health care coverage would follow him into the search for a new job.

I told her we are working on it, Mrs. Calabash, and before this year is out, I

told her we were going to be voting on portability, the transferability of insurance coverage, access to insurance coverage, for someone like her husband.

Mrs. Calabash thanked me, and now here at last on this particular evening I will be able to fulfill my promise to her. Portability, which never was accomplished by a previous congress, which was not even contemplated until the Republican Congress undertook the leadership of this House, now is at hand.

All I can say is I am happy to report that to Mrs. Calabash. This one is for you, Mrs. Calabash, and now, good night, Mrs. Calabash.

Mr. STARK. Mr. Speaker, I yield 2 minutes to the gentleman from New Mexico [Mr. RICHARDSON].

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

Mr. RICHARDSON. Mr. Speaker, I thank the chairman and the ranking member.

Mr. Speaker, this bill tears down one of the biggest barriers that stand between Americans and health insurance coverage. I am glad to be part of legislation and of passing legislation that guarantees millions of Americans insurance coverage as they move from job to job. This bill also prevents discrimination against those individuals with preexisting conditions. This is a bipartisan effort that deserves enormous commendation.

Unfortunately, Mr. Chairman, this bill has left 5 million Americans with mental illness behind. I had offered the House amendment in the Committee on Commerce to this bill to guarantee those with mental illness the same coverage as a person with any other illness. Unfortunately, it was ruled out of order.

Those mental health provisions, however, were included in the health insurance reform bill in the other body. This conference report fails to include mental health parity language and, therefore, to provide important protections for mental illness.

Mental illness is just as serious as heart disease or cancer, yet insurers have for years not offered complete coverage for the treatment of mental illness. Nearly one out of four adults suffer from some kind of severe mental illness in the United States each year, yet 95 percent of the major insurance companies in our country have limited coverage for psychiatric care.

Left untreated, mental illness can lead to some of our Nation's most pressing social problems. For example, 32 percent of the Nation's homeless suffer from some type of mental disorder, 12 million children suffer from some type of mental disorder also.

Mr. Speaker, let us pass this bill, but in the future we must address the issue of mental health parity. I am disappointed we did not do so when we had this opportunity, but perhaps in the next session of the Congress this

should be a top priority and we should all do it in a bipartisan way. One out of five Americans is affected by this problem.

□ 1915

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

Mr. GANSKE. Mr. Speaker, I spoke earlier this evening on the provisions against fraud in the bill. And to go back over these, they establish a national health care fraud control program and extend antifraud rules for Medicare and Medicaid.

There are a number of good things in this. If there is fraud and abuse in the system and a senior citizen would identify this, the Secretary can provide a reward to those seniors who have identified the problem.

I have practiced in the system. Unfortunately, there is some fraud and abuse in the system among all practitioners, and so I would enter into a colloquy with the gentlewoman from Texas [Ms. JACKSON-LEE] if she would care to enter into a colloquy, because I think that this bill is a reasoned approach to something that is very important to help reduce health care costs, and that is the fact that the Inspector General has identified fraud and abuse in the system.

One of the things that we have found is that in the bill when we are talking about criminal penalties, we are talking about knowing and willful, and so there is a high standard for practitioners to receive whatever type for criminal procedures. And then for civil procedures, there must be a negligent behavior and it must be an action that is in reckless disregard of the rules or of health.

So I would yield to the gentlewoman from Texas if she would care to tell me exactly what is in the bill in these areas that concerns her.

Ms. JACKSON-LEE. Mr. Speaker, if the gentleman would yield, I thank the gentleman for his kindness and I noted the distinction and certainly do appreciate at least one point that the gentleman from Iowa [Mr. GANSKE] made. I think we all can agree that we should attempt to eliminate fraud and abuse and certainly weed out from our practitioners any suggestion that they might manipulate the system.

Might I say that I look upon the medical profession as one over all whose chief responsibility is to service the needy public with respect to its health needs. I do believe that even though we have civil and criminal penalties distinguished, that we still have a criteria that raises much of what physicians may do to a criminal level, even though we have a standard of reckless abandonment or a higher standard of negligence. I think we can revisit it and still get a fraud and abuse and not have the high penalties that we have that would discourage many of our physicians who practice in the inner city and rural communities.

Mr. ARCHER. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I simply ask a question of the gentleman from Iowa [Mr. GANSKE]. I understood the gentleman from Texas to say that this bill would make criminals out of good doctors, and I would like for the gentleman to respond to that since he is a physician himself.

Mr. GANSKE. Mr. Speaker, if the gentleman would yield, the bill I think is fair. It addresses the issue of reducing fraud and abuse in the system, and yet it establishes fairness for practitioners.

In some of the original legislation, there were some concerns but they have been worked out among various groups, so that provider groups, I think they feel in general that as long as there are knowing and willful provisions in there, in the criminal sections of the fraud and abuse sections, that this is an acceptable standard and a fair standard.

Mr. ARCHER. Mr. Speaker, reclaiming my time, so the gentleman would say, then, that this would not make criminals out of good doctors?

Mr. GANSKE. Mr. Speaker, That is exactly my understanding of this bill.

Mr. STARK. Mr. Speaker, I yield 3 minutes to the gentleman from Washington [Mr. McDERMOTT].

Mr. McDERMOTT. Mr. Speaker, it is a rather unique bill where all the Democratic conferees come out here, did not sign the bill, hold their nose, and they are going to support it. I know why that is. There are 24 provisions that really are troublesome in this bill and the committee never met and dealt with them.

One is the whole question of mental health parity. What that issue means is that if the patient has a mental illness and their insurance plan pays 80 percent for surgery for cancer or a brain tumor or something else, they have to pay 80 percent on a mental health claim.

Right now most plans pay 80 percent on some kinds of things and 50 percent for mental illness. People with mental illness in this country are discriminated against by the insurance industry and the Senate voted it and the House refused to consider it and it has been left out of this bill. There will be a motion to recommit. I urge all of my colleagues to vote for that motion to recommit because that will reinsert parity for the mentally ill.

The gentleman from New Mexico [Mr. RICHARDSON] says one out of five people in this country are affected by mental illness and that is an issue that ought to be dealt with. There is no excuse for us letting the insurance companies discriminate against people simply because they have mental illness.

No worse, or equally bad, in this bill is the section on administrative simplification, which aroused the insurance companies to have an insurance data that can use your Social Security number. This is the day that we voted

to give the insurance companies the right to use your Social Security number and gather all the information in a clearinghouse for which there is no privacy protection in this bill.

Now people want to think that it is called "administrative simplification," but simply what it does is give the insurance companies the ability to shift information back and forth, use it against applicants for life insurance, auto insurance, homeowners insurance. Anything they want to do, they can do in this bill because there is not one single shred of protection of your privacy.

I raised this issue in the Committee on Ways and Means. The chairman of the subcommittee who stands up here and says, "It is such a wonderful bill," said he would deal with it. It did not get dealt with. In fact, it went in the conference committee and came out worse. He is less protected.

Doctors could be required to give a patient data of encounters. That means if a patient goes to see the doctor and tells the doctor anything that has gone on in their life, the doctor could be compelled by the insurance company data system to release that information because there is nothing, nothing in here that protects the doctor-patient relationship.

I think people had real qualms on that conference committee about signing it because in many ways, although we help a few people with the whole issue of portability, if we read the bill we find that is not very good, that we are taking away people's privacy and we are discriminating against the mentally ill.

Mr. Speaker, I urge Members to vote for the motion to recommit.

Mr. ARCHER. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, it is ironic to me as I listen to the arguments on the other side of the aisle from people who will vote for this bill in the end, make no mistake about it, most of them will vote for this bill because they know that it moves in the right direction. But when we first debated this bill on the floor of the House, what we heard from the other side of the aisle was, "Do not add anything to Kassebaum-Kennedy. We want a clean bill. Do not expand it." And now they are saying we have not expanded it enough.

This seems to me as very, very strange, and what it appears is that it is the moment that counts, not the policies, not what we are doing, it is the moment. And if they cannot be satisfied at that moment about everything, they are going to complain.

We have a good bill here. It is a bill that, unfortunately, we had to drop malpractice out, but the trial lawyers' influence in the Senate caused that to have to be dropped out. That is too bad because that, unfortunately, drives up the cost of health care.

We had other provisions for small businesses that could unite nationally to have competitive insurance, and they forced that to be dropped out, but this is a good bill, Mr. Speaker.

Mr. STARK. Mr. Speaker, I yield 4 minutes to the gentleman from Michigan [Mr. BONIOR], the minority whip.

Mr. BONIOR. Mr. Speaker, it was more than a year ago when a bipartisan group first offered a bill to expand access to health care for millions of Americans, and over the past 18 months we have worked to build a bipartisan coalition to make modest changes so that if someone changed jobs, lost their job, has a preexisting condition, they will never lose their health insurance.

For 9 months, Bob Dole and NEWT GINGRICH and the Republican leadership would not let the Kennedy-Kassebaum bill to come to a vote on the House floor. It is not found in the Contract on America. It was not part of their priority. They refused to take any action until the President of the United States stood there in his State of the Union Address and called on them to make health care portable for this country.

When public pressure finally built to the point where Bob Dole had to act, last April, the Kennedy-Kassebaum bill passed, as my friend from Washington State said, 100 to nothing. It could have been sent to the President the next day and millions of working families would have been spared the pain and the misery of losing their health insurance. But instead, we had to deal with MSAs, medical savings accounts, even though every credible publication has said they are designed for the health and the wealthy.

What we have to understand is that this is about the lives of real people. Somewhere in America today, Mr. Speaker, there is a father who has been offered a better job to take care of his family, but he cannot take it because his son has diabetes and his health insurance will not go with him. Somewhere in America today there is a single mom who goes to bed every night praying that her kids will not get sick because she has a preexisting condition and she cannot get health insurance. No company will cover her.

These people are not strangers. Every one of us knows these people. We work with them. We worship with them. We see them in our grocery stores and in our school yards.

All over America today parents are working hard, sometimes working two jobs, three jobs to give their kids a better life. They deserve to have the peace of mind to know that if they change their job or they lose their job or if they have a preexisting condition they will never lose their health insurance.

This bill takes an important step in that direction, but it needs to go further. We should have accepted and it is a shame that we are not accepting the Wellstone-Domenici compromise. It is a provision that provides parity between lifetime limits for mental illness and lifetime limits for physical illnesses.

People with mental illness suffer enough. They should not be made to

feel ashamed when they ask for help. Many of them are struggling to understand what is happening to their minds and to their bodies. They struggle every day with a pain that is every bit as real and every bit as punishing as a physical ailment.

Many times it is not just the individual who is affected, it is the whole family. Just think of the pain of a young boy or a young girl or a parent, the pain they must feel as they watch their mother or their child or their father struggle with an illness that throws them into a darkness that is so deep there does not seem to be a way out.

Mental illness is hard enough to live with. They should not be forced to face the additional burden of discrimination under the law. They should be treated with the dignity and with the respect that they deserve. The Wellstone-Domenici compromise moves us in that direction.

Overall, this is a good bill, but we can make it better if we vote for the motion to recommit. I urge Members to stand with Senators WELLSTONE and DOMENICI. Say "shame" on the insurance companies that play games with people's lives. Support the motion to recommit and give all of our families the security that they deserve.

Mr. ARCHER. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, the gentleman has made the statement that every publication says that medical savings accounts are just for the healthy and the wealthy. The facts are that I do not know a one. The only comprehensive study that has been done was by the RAND Corporation and they said just the reverse. There was no adverse selection.

There is not one shred of evidence that I know of that MSAs are only for the healthy and the wealthy, but we can say anything we want to on this floor. Clearly, it does not have to be supported by evidence.

Let me also say that it is ironic to me that on the one hand the statement is made, all we want was Kassebaum-Kennedy, do not add anything to it. That is what the President said right in this room in his State of the Union Address. Do not add anything. Now they are complaining because something has not been added to it.

They had the opportunity then. They take a position today totally contrary to what they took in the debate when this bill was before the House.

They had the opportunity to offer a motion to recommit with mental health parity in it. What was their motion to recommit? Kassebaum-Kennedy of the do not expand it, do not change it. Do not give anything else to any additional people.

□ 1930

Do not do anything on fraud and abuse. Do not do anything on malpractice. Do not do anything to help small business get lower premium costs for their employees. Do not give MSAs

where the individual can control their options. Now they want to add more.

I guess consistency, I remember many years ago when the chairman of the Committee on the Judiciary stood in the well and said, consistency is the hobgoblin of small minds. Perhaps he was right, but I believe consistency is important.

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

Mr. STARK. Mr. Speaker, I yield such time as he may consume to the gentleman from Oregon [Mr. DEFAZIO].

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

Mr. DEFAZIO. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, I plan to vote for the conference report to H.R. 3103 because it provides needed relief for Americans by guaranteeing portability of health insurance and limiting pre-existing condition exclusions. This is an important step in improving access to health care for individuals who were previously denied coverage. I am pleased to see the Congress come together to ensure these minimal protections. However, I remain disturbed by important provisions left out of the conference report and by harmful provisions in the bill which need to be corrected.

Mr. Speaker, for the past 3 months I have been trying to persuade my colleagues to include the Senate provisions on parity of mental health coverage in the final version of H.R. 3103. These provisions were inserted in the Senate version of the health insurance reform bill by an overwhelming vote of 68 to 32. While the Senate conceded to a compromise on the controversial House-passed medical savings accounts provisions, there was no comparable compromise on the mental health parity provisions. There is absolutely no relief in this bill for the millions of Americans who suffer from mental illnesses. It is with great sadness that I am voting for health care legislation which completely ignores this vulnerable segment of our population.

I want my colleagues and the American people to know that I'm not going to give up on this issue. We have a majority of Senators who have gone on record supporting parity coverage for mental illness. I was joined by over 100 Members of Congress, from both political parties, in a letter to conferees supporting the Senate provisions. We will continue the fight against discrimination by insurance companies of people with mental illness and I believe we will ultimately achieve a victory.

In addition, I am very concerned about a provision in the conference report that threatens the continued privacy of our medical records. As Americans we cherish our fundamental right to privacy. Over the past few decades we have seen this right chipped away by technological advances we could never foresee. We have all seen how legislation ensuring the continued right to privacy has not kept up with these advances. This conference report strikes another blow at our privacy by requiring administrative simplification of medical records without providing adequate protections. The bill imposes national standards for the collection and distribution of data for billing purposes and requires the use of a "unique identifier" for medical records. Shockingly, it does not prohibit the use of So-

cial Security numbers for this identifier. If Social Security numbers are used for medical records' access virtually anyone will be able to screen our most private medical history. This must be addressed either through corrective legislation or Administrative action.

Mr. Speaker, I'm not going to vote against this bill and deny relief to so many Americans just because of these concerns. But, I'm distressed that we are being forced to swallow these anti-privacy provisions and I think it shameful that the leadership has left out so many of our needy citizens who need adequate insurance coverage. I urge my colleagues to take my concerns to heart and work with me in the future to correct these serious flaws.

Mr. STARK. Mr. Speaker, I yield myself the balance of my time.

Under the rules, my motion to recommit is not debatable. I would urge that my colleagues on both sides of the aisle support the motion to recommit the Kennedy-Kassebaum agreement to conference, a conference which has never existed, and to work out an acceptable mental health amendment along the lines of the Domenici-Wellstone mental health parity compromise.

The gentleman from Texas is right. We asked them not to load up the original Kennedy-Kassebaum bill with Christmas tree giveaways to the drug companies, giveaways to Golden Rule Life, all of whom are big contributors to the Republican Party. But as long as that has been done and Members on this side are going to vote for the bill, I pose the question on the motion to recommit as to why the Republicans would deny mental health benefits at no cost. You have to explain that to every family who has a mental health illness in the family.

For relatively no or little cost at all, you are denying mental health coverage to millions of Americans. I do not know why you do that. There is no good reason. There is no good reason at all except if you are trying to bail out the insurance companies because most of your staff used to be lobbyists for them.

But what I am suggesting to you is that for less than 16 cents a thousand dollars of premium you can add mental health benefits to every employee in this country. Why you would deny that escapes me. Why you would not take away the fear that somebody with a mental health illness would get the same treatment that somebody with a physical illness is, to me, obscene just to deny that for whatever reason.

There has been no good reason offered to deny these benefits. Private insurance premiums would rise less than sixteen one-hundredths of a percent; \$5 a year in deductibility. Yes, you will have different opinions from the health insurance industry for whom your staff have been captives, but the truth is that if you were willing to provide fair coverage and willing to go against the interests of the big contributors to your campaigns, you would do the right thing for the American people.

You will have to face every mental health group in this country, who will say it is the Republicans who have denied mental health coverage to millions of American workers for the sake of big campaign contributions. That, to me, is an obscenity that I would not want to face in the political arena.

The small businesses that you have helped have been limited. The bailing out of one drug company, which is also in the motion to recommit, is another example of payoffs from big drug companies. Is there no humanity?

Your health bill was yesterday, when you denied access to any help to a million children. That was your health reform. Now you are going to deny mental health coverage to the Americans who need it. All I can say is it is a shame, it is a travesty. Yes, people will vote for the limited expansions you give to less than 400,000 people a year, but no, why would you deny mental health coverage to these people?

Vote for the motion to recommit. You can do the right thing back in conference quickly and then your bill might have some credibility.

Mr. ARCHER. Mr. Speaker, I yield myself 30 seconds in order to engage in a colloquy with the gentleman from California. I understand the gentleman from California wishes to ask a question about what possible impact this bill might have on Medicare beneficiaries.

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

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

Mr. STARK. Mr. Speaker, if the distinguished gentleman is referring to the MSA section of the bill, title III, subtitle (a), it is my understanding that Medicare beneficiaries are not permitted to open an MSA account. Is that the gentleman's intention?

Mr. ARCHER. Yes, Mr. Speaker, no Medicare beneficiaries are permitted to enroll in MSA accounts.

Mr. STARK. Mr. Speaker, I thank the gentleman.

Mr. ARCHER. Mr. Speaker, I yield 2 minutes to the gentleman from California [Mr. THOMAS].

Mr. THOMAS. Mr. Speaker, I am using this time during debate because, as the gentleman from California [Mr. STARK] said, there is no time to debate the motion to recommit. I have just seen the motion to recommit, and he was speaking about the mental health provision. I do think Members need to understand just what has gone on here, notwithstanding the absolutely outrageous statements that the gentleman from California made, and perhaps he got carried away with his own "eloquence."

To review the bidding, there was no mental health provision in the bill that passed the House. We tried to work it out. There was no compromising. Folks were not willing to give on the Democratic side.

On the Senate side, there was an amendment that was accepted by a

voice vote and immediately following the passage of the bill, 100 to nothing, the chairwoman and the ranking member, Senator KASSEBAUM and Senator KENNEDY and others, went to the mike and said, "We are probably going to take this out in conference." Because everyone knew the amendment that was passed was simply an unworkable piece of legislation.

We sat down in conference and read it and realized it was totally unworkable. However, the House, not having any provision, said, "Senate, work it out. We will accept whatever you can work out. It was your provision; you folks come to an agreement. We will accept what you can work out."

One of the major discussions throughout the conference was the Senators talking among themselves about what the mental health provision was going to be. The chairwoman from Kansas offered Senator DOMENICI the agreed-upon mental health provision and the Senator said, "I choose nothing."

It was the Senate's choice, notwithstanding the vitriolic statements from the gentleman from California. What is in the bill is the Senate's choice. It was a Senate provision. The conferences said, let the Senate work its will.

What is before this House is a conference report containing the Senate's will on mental health. That is what is in front of us. The motion to recommit to change the Senate's will is opposed by this gentleman and opposed by everybody on this side because that is not everything that is in the motion to recommit. The gentleman has other provisions he chose not to speak about. Vote "no" on the motion to recommit.

Mr. ARCHER. Mr. Speaker, I yield the balance of my time to the gentleman from Illinois [Mr. HASTERT], who played such a big role in working this conference report to where we could get it on the floor.

Mr. HASTERT. Mr. Speaker, I thank the gentleman very much for the time.

It wonders me when I listen to some of the arguments on the other side that insurance companies are holding down the mental health parity issue. I will tell my colleagues, the insurance companies would love to have mental health parity because they would like to have those premiums coming in.

The gentleman from Washington, who says it is terrible that we do not have mental health parity in the bill, I guess if I was a psychiatrist I would think it was terrible also. But that is a provision that we do not have in the bill.

I will tell Members why. There are two groups of people who lose when we put mental health parity in this bill. I am talking about billions of dollars of cost, not millions, not thousands, not hundreds, but billions of dollars of cost.

First of all, to people who buy insurance policies, if mental health parity is in that bill, it would cost the moms and dads, the middle-class workers in

this country an increased insurance cost which would be astronomical, so there is a good reason that that is not in the bill.

The second good reason is that the employers who provide health care and mental health care to their employees all of a sudden would have a choice. Your choice is, Mr. Employer, that you will start to increase your health care costs astronomically because you are including a provision in here that has never gone through a committee in this House, did not go through a committee in the Senate, but somebody would like to throw it in. What happens, the employer says, "I always provided mental health for my employees, but the cost is so high I am not going to do it anymore."

Who loses out? The people that lose out in that provision are the people who for years were able to cover themselves with mental health policies but now, because of a provision that was put in in the Senate at the last minute, without debate or anything else, on a whim, was knocked out in conference committee.

Who wins because of that? People who have to pay the bills, my colleagues, not the gentleman from California, who advocated a big Government health care takeover just 3½ years ago or 4 years ago, or the gentleman from Washington, who advocated that we do the Canadian health care plan where the Government does everything and we lose control of what happens in health care in this country.

So, Mr. Speaker, there is a reason things happen around here, a good reason. I think we have a bill before us today that has some provisions in it.

I, again, was wondering why my good friend who is the minority whip from Michigan, he said we are just denying moms and dads this ability to cover themselves. I remember distinctly that my good friend from Michigan denied the Rowland-Bilirakis bill from coming forward in this House 3½ years ago, when we would have given portability to moms and dads who wanted to move to better jobs, that wanted better opportunity. But they were denied that because some Members in this House wanted to present a big Government takeover of health care, and they were afraid that the Rowland-Bilirakis bill would undercut that.

It is 3½ years later, Mr. Speaker. There is a bill here that will give people portability in health care. It will give the doctor the ability to tell his patient what the cost of a service is. That patient can choose, with his medical savings account, whether he wants to go to this doctor or that doctor or that doctor because he knows what something costs. He knows what the problems are and he gets straight answers because he makes that decision, not a third party payer someplace.

To the gentleman from California, that is going to save health care costs in this country billions and billions of dollars, something that you wanted to

deny when you wanted big health care to take over in this country. The barber in Illinois that told me awhile back that he wanted deductibility for the cost of his health care from his income tax, we do that in this bill. We do a lot of good things for people. It is a good bill, and I think it deserves the support of this body.

I thank the chairman and the chairman of the Committee on Ways and Means and the chairman of the Committee on Commerce and the Senate staff and all our staff who worked to make this thing happen.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the conference report.

There was no objection.

MOTION TO RECOMMIT OFFERED BY MR. STARK

Mr. STARK. Mr. Speaker, I offer a motion to recommit.

The SPEAKER pro tempore (Mr. NEY). Is the gentleman opposed to the conference report?

Mr. STARK. In its present form, yes.

The SPEAKER pro tempore. The Clerk will report the motion to recommit.

The Clerk read as follows:

Mr. STARK moves to recommit the conference report on the bill H.R. 3103 to the committee on conference with instructions to the managers on the part of the House, to do everything possible, within the scope of the conference, (1) to modify Section 305 of the Senate amendment relating to mental health insurance parity so as to improve mental health care insurance while minimizing any impact on the cost or availability of health insurance plans, and (2) to produce a conference report which confines itself to the differences between the bill as passed by the House and passed by the Senate.

□ 1945

The SPEAKER pro tempore (Mr. NEY). Without objection, the previous question is ordered on the motion to recommit.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

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

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

The Sergeant at Arms will notify absent Members.

Pursuant to the provisions of clause 5 of rule XV, the chair announces that he will reduce to a minimum of 5 minutes the period of time within which a vote by electronic device will be taken on the question of agreeing to the conference report.

The vote was taken by electronic device, and there were—yeas 198, nays 228, not voting 7, as follows:

[Roll No. 392]

YEAS—198

Abercrombie	Andrews	Baldacci
Ackerman	Baesler	Barrett (WI)

Becerra	Gillmor	Murtha
Beilenson	Gilman	Nadler
Bentsen	Gonzalez	Neal
Berman	Gordon	Oberstar
Bevill	Green (TX)	Obeys
Bishop	Gutierrez	Oliver
Blumenauer	Hall (OH)	Ortiz
Blute	Hall (TX)	Orton
Bonior	Hamilton	Owens
Borski	Harman	Pallone
Boucher	Hastings (FL)	Pastor
Browder	Hefner	Payne (NJ)
Brown (CA)	Hilliard	Pelosi
Brown (FL)	Hinchey	Peterson (FL)
Brown (OH)	Holden	Pomeroy
Bryant (TX)	Hoyer	Poshard
Bunn	Jackson (IL)	Rahall
Cardin	Jackson-Lee	Rangel
Chapman	(TX)	Reed
Clay	Jacobs	Richardson
Clayton	Jefferson	Rivers
Clement	Johnson (SD)	Roemer
Clyburn	Johnson, E. B.	Rose
Coleman	Johnston	Roukema
Collins (IL)	Kanjorski	Roybal-Allard
Collins (MI)	Kaptur	Rush
Condit	Kennedy (MA)	Sabo
Conyers	Kennedy (RI)	Sanders
Costello	Kennelly	Sawyer
Coyne	Kildee	Schiff
Cramer	Kleczka	Schroeder
Cummings	Klink	Schumer
Cunningham	LaFalce	Scott
Danner	Lantos	Serrano
de la Garza	Leach	Skaggs
DeFazio	Levin	Slaughter
DeLauro	Lewis (GA)	Spratt
Dellums	Lipinski	Stark
Deutsch	Lofgren	Stockman
Dicks	Lowe	Stokes
Dingell	Luther	Studds
Dixon	Maloney	Stupak
Doggett	Manton	Tanner
Dooley	Markey	Tejeda
Doyle	Martinez	Thompson
Durbin	Martini	Thornton
Edwards	Mascara	Thurman
Engel	Matsui	Torkildsen
Eshoo	McCarthy	Torres
Evans	McDermott	Torricelli
Farr	McHale	Towns
Fattah	McKinney	Traficant
Fazio	McNulty	Velazquez
Fields (LA)	Meehan	Vento
Filner	Meek	Visclosky
Flake	Menendez	Ward
Foglietta	Millender-McDonald	Waters
Forbes	Miller (CA)	Watt (NC)
Fox	Minge	Waxman
Frank (MA)	Mink	Williams
Frost	Moakley	Wise
Furse	Mollohan	Woolsey
Gejdenson	Moran	Wynn
Gephardt	Morella	Yates
Gibbons		

NAYS—228

Allard	Canady	Ewing
Archer	Castle	Fawell
Armey	Chabot	Fields (TX)
Bachus	Chambliss	Flanagan
Baker (CA)	Chenoweth	Foley
Baker (LA)	Christensen	Fowler
Ballenger	Chrysler	Franks (CT)
Barcia	Clinger	Franks (NJ)
Barr	Coble	Frelinghuysen
Barrett (NE)	Coburn	Frisa
Bartlett	Collins (GA)	Funderburk
Barton	Combest	Gallely
Bass	Cooley	Ganske
Bateman	Cox	Gekas
Bereuter	Crane	Geren
Bilbray	Crapo	Gilchrest
Bilirakis	Creameans	Goodlatte
Bliley	Cubin	Goodling
Boehlert	Davis	Goss
Boehner	Deal	Graham
Bonilla	DeLay	Greene (UT)
Bono	Diaz-Balart	Greenwood
Brewster	Doolittle	Gunderson
Bryant (TN)	Dornan	Gutknecht
Bunning	Dreier	Hancock
Burr	Duncan	Hansen
Burton	Dunn	Hastert
Buyer	Ehlers	Hastings (WA)
Callahan	Ehrlich	Hayes
Calvert	English	Hayworth
Camp	Ensign	Hefley
Campbell	Everett	Heineman

Herger	McKeon	Seastrand
Hilleary	Metcalf	Sensenbrenner
Hobson	Meyers	Shadegg
Hoekstra	Mica	Shaw
Hoke	Miller (FL)	Shays
Horn	Molinari	Shuster
Hostettler	Montgomery	Sisisky
Houghton	Moorhead	Skeen
Hunter	Myers	Skelton
Hutchinson	Myrick	Smith (MI)
Hyde	Nethercutt	Smith (NJ)
Inglis	Neumann	Smith (TX)
Istook	Ney	Smith (WA)
Johnson (CT)	Norwood	Solomon
Johnson, Sam	Nussle	Souder
Jones	Oxley	Spence
Kasich	Packard	Stearns
Kelly	Parker	Stenholm
Kim	Paxon	Stump
King	Payne (VA)	Talent
Kingston	Peterson (MN)	Tate
Klug	Petri	Tauzin
Knollenberg	Pickett	Taylor (MS)
Kolbe	Pombo	Taylor (NC)
LaHood	Porter	Thomas
Largent	Portman	Thornberry
Latham	Pryce	Tiahrt
LaTourette	Quillen	Upton
Laughlin	Quinn	Volkmer
Lazio	Radanovich	Vucanovich
Lewis (CA)	Ramstad	Walker
Lewis (KY)	Regula	Walsh
Lightfoot	Riggs	Wamp
Linder	Roberts	Watts (OK)
Livingston	Rogers	Weldon (FL)
LoBiondo	Rohrabacher	Weldon (PA)
Longley	Ros-Lehtinen	Weller
Lucas	Roth	White
Manzullo	Royce	Whitfield
McCollum	Salmon	Wicker
McCrery	Sanford	Wolf
McHugh	Saxton	Young (AK)
McInnis	Scarborough	Zeliff
McIntosh	Schaefer	Zimmer

NOT VOTING—7

Brownback	Lincoln	Young (FL)
Dickey	McDade	
Ford	Wilson	

□ 2003

Messrs. SAXTON, SKELTON, and VOLKMER changed their vote from "yea" to "nay."

Mr. JEFFERSON and Mr. HALL of Texas changed their vote from "nay" to "yea."

So the motion to recommit was rejected.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore. (Mr. NEY). The question is on the conference report.

Pursuant to House Resolution 392, the yeas and nays are recorded.

This is a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 421, nays 2, not voting 10, as follows:

[Roll No. 393]

YEAS—421

Abercrombie	Beilenson	Brown (CA)
Ackerman	Bentsen	Brown (FL)
Allard	Bereuter	Brown (OH)
Andrews	Berman	Bryant (TN)
Archer	Bevill	Bryant (TX)
Armey	Bilbray	Bunn
Bachus	Bilirakis	Bunning
Baesler	Bishop	Burr
Baker (CA)	Bliley	Burton
Baker (LA)	Blumenauer	Buyer
Baldacci	Blute	Callahan
Ballenger	Boehlert	Calvert
Barcia	Boehner	Camp
Barr	Bonilla	Campbell
Barrett (NE)	Bonior	Canady
Barrett (WI)	Bono	Cardin
Bartlett	Borski	Castle
Barton	Boucher	Chabot
Bass	Brewster	Chambliss
Becerra	Browder	Chapman

Chenoweth
Christensen
Chrysler
Clay
Clayton
Clement
Clinger
Clyburn
Coble
Coburn
Coleman
Collins (GA)
Collins (IL)
Collins (MI)
Combest
Condit
Conyers
Cooley
Costello
Cox
Coyne
Cramer
Crane
Crapo
Cremeans
Cubin
Cummings
Cunningham
Danner
Davis
de la Garza
Deal
DeFazio
DeLauro
DeLay
Dellums
Deutsch
Dicks
Dingell
Dixon
Doggett
Dooley
Doolittle
Dornan
Doyle
Dreier
Duncan
Dunn
Durbin
Edwards
Ehlers
Ehrlich
Engel
English
Ensign
Eshoo
Evans
Everett
Ewing
Farr
Fattah
Fawell
Fazio
Fields (LA)
Fields (TX)
Filner
Flake
Flanagan
Foglietta
Foley
Forbes
Fowler
Fox
Frank (MA)
Franks (CT)
Franks (NJ)
Frelinghuysen
Frisa
Frost
Funderburk
Furse
Gallegly
Ganske
Gejdenson
Gekas
Gephardt
Geren
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goodlatte
Goodling
Gordon
Goss
Green (TX)
Greene (UT)
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
Ingليس
Istook
Jackson (IL)
Jackson-Lee
(TX)
Jacobs
Jefferson
Johnson (CT)
Johnson (SD)
Johnson, E. B.
Johnson, Sam
Johnston
Jones
Kanjorski
Kaptur
Kasich
Kelly
Kennedy (MA)
Kennedy (RI)
Kennelly
Kildee
Kim
King
Kingston
Klecicka
Klink
Klug
Knollenberg
Kolbe
LaFalce
LaHood
Lantos
Largent
Latham
LaTourette
Laughlin
Lazio
Leach
Levin
Lewis (CA)
Lewis (GA)
Lewis (KY)
Lightfoot
Linder
Lipinski
Livingston
LoBiondo
Lofgren
Longley
Lowey
Lucas
Luther
Maloney
Manton
Manzullo
Markey
Martinez
Martini
Mascara
Matsui
McCarthy
McCollum
McCrery
McDermott
McHale
McHugh
McInnis

McIntosh
McKeon
McKinney
McNulty
Meehan
Meek
Menendez
Metcalf
Meyers
Mica
Millender-
McDonald
Miller (CA)
Miller (FL)
Minge
Mink
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 (NJ)
Payne (VA)
Pelosi
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
Shuster

Sisisky
Skaggs
Skeen
Skeltton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solomon
Souder
Spence
Spratt
Stearns
Stenholm
Stockman
Stokes
Studds
Stump
Stupak
Talent
Tanner

Tate
Tauzin
Taylor (MS)
Taylor (NC)
Tejeda
Thomas
Thompson
Thornberry
Thornton
Thurman
Tiahrt
Torkildsen
Torres
Torricelli
Towns
Traficant
Upton
Velazquez
Vento
Visclosky
Volkmer
Vucanovich

Walker
Walsh
Wamp
Ward
Waters
Watt (NC)
Watts (OK)
Waxman
Weldon (FL)
Weldon (PA)
Weller
White
Whitfield
Wicker
Wise
Wolf
Woolsey
Wynn
Yates
Young (AK)
Zeliff
Zimmer

NAYS—2

Stark Williams

NOT VOTING—10

Bateman Ford Wilson
Brownback Graham Young (FL)
Diaz-Balart Lincoln
Dickey McDade

□ 2015

So the conference report was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. DIAZ-BALART. Mr. Speaker, on rollcall No. 393, I was inadvertently detained and missed the rollcall vote. Had I been present, I would have voted "yea."

PERSONAL EXPLANATION

Mr. BATEMAN. Mr. Speaker, on rollcall No. 393, I am advised I was not recorded as voting. Since I was present on the floor, I do not know why. Had I been recorded, I would have voted "aye."

PERSONAL EXPLANATION

Mr. GRAHAM. Mr. Speaker, on rollcall No. 393, I was attending a committee markup. Had I been present, I would have voted "yea."

MAKING IN ORDER AT ANY TIME CONSIDERATION OF CONFERENCE REPORT ON H.R. 3517, MILITARY CONSTRUCTION APPROPRIATIONS ACT, 1997, AND CONFERENCE REPORT ON H.R. 3845, DISTRICT OF COLUMBIA APPROPRIATIONS ACT, 1997

Mrs. VUCANOVICH. Mr. Speaker, I ask unanimous consent that it be in order at any time to consider conference reports to accompany the bills H.R. 3517 and 3845, that all points of order against both conference reports and against their consideration be waived, and that both conference reports be considered as read when called up.

The SPEAKER pro tempore (Mr. NEY). Is there objection to the request of the gentlewoman from Nevada?

There was no objection.

CONFERENCE REPORT ON H.R. 3517, MILITARY CONSTRUCTION APPROPRIATIONS ACT, 1997

Mrs. VUCANOVICH. Mr. Speaker, pursuant to the previous order of the House, I call up the conference report on the bill (H.R. 3517) making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 1997, and for other purposes, and ask for its immediate consideration.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to the order of the House of today, the conference report is considered as having been read.

(For conference report and statement, see proceedings of the House of Tuesday, July 30, 1996, at page H8958.)

The SPEAKER pro tempore. The gentlewoman from Nevada [Mrs. VUCANOVICH] and the gentlemen from North Carolina [Mr. HEFNER] each will control 30 minutes.

The Chair recognizes the gentlewoman from Nevada [Mrs. VUCANOVICH].

GENERAL LEAVE

Mrs. VUCANOVICH. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the conference report to accompany H.R. 3517, and that I may include tabular and extraneous material.

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

There was no objection.

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

Mr. Speaker, The conference report we present to the House today for military construction, family housing, and base closure recommends a total appropriation of \$9.9 billion. This represents a \$1.2 billion, or 10-percent, decrease from last year. The conference report is \$50 million below the House-passed level and is within the subcommittee's revised 602(b) allocation.

Mr. Speaker, the House conferees had more than 200 differences to resolve, representing over \$1 billion. We have done so in an equitable manner. At the same time, we held to our priorities and provided an additional \$195 million for troop housing and \$271 million for family housing above the President's request.

Overall, the agreement recommends \$4 billion for items related to family housing; \$2.5 billion for the implementation of base realignments and closures; and \$3.2 billion for military construction.

Mr. Speaker, the projects to be implemented with this appropriation are still subject to authorization. We have worked closely with the National Security Committee in crafting this bill. This cooperation has been invaluable and I understand they support this agreement.