

Mr. Speaker, each of the initiatives I have outlined will help maintain Travis AFB and Beale AFB as critical defense assets and as integral parts of their respective communities. The projects that I have indicated are important to the ongoing missions at each base.

In closing, I want to reiterate my support for this important bill that provides for the quality of life for our troops and is vitally important to maintaining military readiness.

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

Mrs. VUCANOVICH. Mr. Speaker, I appreciate the kind words from the gentleman from Maryland. It has been a great honor to serve this body and to carry this bill.

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

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

There was no objection.

The SPEAKER pro tempore. The question is on the conference report.

Pursuant to the provisions of clause 7 of rule XV, the yeas and nays are ordered.

Pursuant to clause 5, rule I, further proceedings on this question are postponed until the end of consideration of the conference report on the bill, H.R. 3845.

#### CONFERENCE REPORT ON H.R. 3845, DISTRICT OF COLUMBIA APPROPRIATIONS ACT, 1997

Mr. WALSH. Mr. Speaker, pursuant to the previous order of the House, I call up the conference report on the bill (H.R. 3845) making appropriations for the government of the District of Columbia and other activities chargeable in whole or in part against the revenues of said District 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 earlier today.)

The SPEAKER pro tempore. The gentleman from New York [Mr. WALSH] and the gentleman from California [Mr. DIXON] each will control 30 minutes.

The Chair recognizes the gentleman from New York [Mr. WALSH].

#### GENERAL LEAVE

Mr. WALSH. 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. 3845, and that I may include tabular and extraneous material.

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

There was no objection.

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

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

Mr. WALSH. Mr. Speaker, I will be very brief. The conference agreement we bring to the House this evening is essentially the same bill that was passed by this House 2 weeks ago. Our conference agreement includes \$719 million in Federal funds and is within our 602(b) allocation in both budget authority and outlays. In District funds, we retain the ceiling of \$5.108 billion on total operating expenses, and we were successful in getting a deficit cap reduced to \$74 million instead of \$99 million, as proposed by the consensus in the Senate bill.

Mr. Speaker, I want to thank the members of the subcommittee for their hard work. This is a good conference agreement. I urge the Members to support it.

Mr. Speaker, this evening we have before the House the conference agreement on H.R. 3845, the District of Columbia Appropriations Act for fiscal year 1997. It is essentially the same bill that was passed by this House 2 weeks ago with a few exceptions that I will highlight in a moment.

Our conference agreement includes \$719 million in federal funds and is within our 602(b) allocation in both budget authority and outlays.

In Federal funds, the \$719 million agreed to by the conferees is \$1 million above the amounts recommended in the bill as passed by the House and Senate. The efforts of the gentleman from California [Mr. DIXON], the ranking member on our subcommittee, resulted in this \$1 million being added to our bill for the control board to contract with private entities to inspect, flush, and repair the drinking water distribution system in the District. There is a strong Federal interest in assuring that those who visit, live, and work in the Nation's Capital have safe water to drink.

In District funds, we retain the ceiling of \$5.108 billion on total operating expenses for fiscal year 1997, and we were successful in getting the deficit cap reduced to \$74 million instead of \$99 million as proposed in the consensus budget and the Senate bill.

Mr. Speaker, there are four items I want to mention briefly.

First, on the abortion issue, the Senate receded to the House language that no appropriated funds, Federal or local, are available for abortions except to save the mother's life, or in cases of rape or incest.

Regarding the domestic partners provision, the House language was agreed to by the conferees and provides that no funds, Federal or local, are to be used for a registration system or to implement or enforce the District's Domestic Partners Act.

Mr. Speaker, our subcommittee is concerned about deficit spending by the District government and borrowing long term to finance those deficits. We are urging the Mayor, the Council, and the control board to hold spending to the level of revenues collected. The District cannot spend its way to prosperity; nor can it borrow its way to prosperity.

And lastly, we have included an important provision regarding the Chief Financial Officer. Language in section 142 makes clear that all financial personnel in the executive branch of the District government, including all independent agencies and excluding the legislative and judicial branches, are under the exclusive control of the CFO. The CFO is making progress. It has been reported that the time delay in making vendor payments has been reduced from months to between 30 to 45 days. This is good progress.

I would like to thank the members of the subcommittee for their hard work on this bill—the gentleman from Texas [Mr. BONILLA], the gentleman from Georgia [Mr. KINGSTON], the gentleman from New Jersey [Mr. FRELINGHUYSEN], the gentleman from Wisconsin [Mr. NEUMANN], the gentleman from Mississippi [Mr. PARKER], the gentleman from California [Mr. DIXON], the ranking member on our subcommittee and my predecessor as subcommittee chairman, the gentleman from New York [Mr. SERRANO], the gentlelady from Ohio [Ms. KAPTUR], and the ranking member of the committee, the gentleman from Wisconsin [Mr. OBEY].

I want to especially thank the full committee chairman, the gentleman from Louisiana [Mr. LIVINGSTON], for his extraordinary efforts on this bill. He took time to participate in our markups and meetings while still tending to other important appropriations matters.

Each of these Members is to be commended. I also want to thank the House and Senate staff as well as my personal staff for their hard work.

Mr. Speaker, at this point in the RECORD, I will insert a tabulation summarizing the conference action.

[The tabulation referred to follows:]

## FY 1997 DISTRICT OF COLUMBIA APPROPRIATIONS ACT (H.R. 3845)

Appropriation	FY 1996			FY 1996 Distribution by		FY 1997 Estimate	House	Senate	Conference	Conference compared with enacted
	Enacted	Control Board	by	Control Board	by					
Federal Funds										
Federal payment to the District of Columbia	660,000,000	660,000,000		660,000,000		660,000,000	660,000,000	660,000,000	660,000,000	---
Federal contribution to retirement funds	52,070,000	52,070,000		52,070,000		104,140,000	52,070,000	52,070,000	52,070,000	---
Reimbursement of inauguration expenses	---	---		---		5,702,000	5,702,000	5,702,000	5,702,000	5,702,000
Federal contribution for repair of drinking water system	---	---		---		---	---	---	1,000,000	1,000,000
Total, Federal funds to the District of Columbia	712,070,000	712,070,000		712,070,000		769,842,000	717,772,000	717,772,000	718,772,000	6,702,000
District of Columbia Funds										
Governmental Direction and Support	149,130,000	141,339,000		141,339,000		109,810,000	115,663,000	115,663,000	115,663,000	-33,467,000
Economic Development and Regulation	140,983,000	128,180,000		128,180,000		135,704,000	135,704,000	135,704,000	135,704,000	-5,279,000
Public Safety and Justice	963,848,000	969,972,000		969,972,000		1,041,281,000	1,041,281,000	1,041,281,000	1,041,281,000	77,433,000
Public Education System	795,201,000	790,567,000		790,567,000		758,815,000	758,815,000	758,815,000	758,815,000	-36,386,000
Human Support Services	1,855,014,000	1,701,460,000		1,701,460,000		1,685,707,000	1,685,707,000	1,685,707,000	1,685,707,000	-169,307,000
Public Works	297,568,000	288,059,000		288,059,000		247,967,000	247,967,000	247,967,000	247,967,000	-49,601,000
Washington Convention Center Transfer Payment	5,400,000	5,400,000		5,400,000		5,400,000	5,400,000	5,400,000	5,400,000	---
Repayment of Loans and Interest	327,787,000	327,787,000		327,787,000		333,710,000	333,710,000	333,710,000	333,710,000	5,923,000
Repayment of General Fund Recovery Debt	38,678,000	38,678,000		38,678,000		38,314,000	38,314,000	38,314,000	38,314,000	-364,000
Interest on Short Term Borrowing	9,698,000	18,420,000		18,420,000		34,461,000	34,461,000	34,461,000	34,461,000	24,763,000
Presidential Inauguration Expenses	---	---		---		5,702,000	5,702,000	5,702,000	5,702,000	5,702,000
Certificate of Participation	---	---		---		---	7,926,000	7,926,000	7,926,000	7,926,000
Human Resources Development	---	---		---		---	12,257,000	12,257,000	12,257,000	12,257,000
Cost Reduction Initiatives	---	---		---		-21,375,000	-47,411,000	-47,411,000	-47,411,000	-47,411,000
Pay Renegotiation or Reduction in Compensation	-46,409,000	---		---		---	---	---	---	46,409,000
Rainy Day Fund	4,563,000	---		---		---	---	---	---	-4,563,000
Incentive Buyout Program	19,000,000	---		---		---	---	---	---	-19,000,000
Outplacement Services	1,500,000	---		---		---	---	---	---	-1,500,000
Boards and Commissions	-500,000	---		---		---	---	---	---	500,000
Government Re-Engineering Program	-16,000,000	---		---		---	---	---	---	16,000,000
Total, operating expenses	4,545,461,000	4,409,862,000		4,409,862,000		4,375,496,000	4,375,496,000	4,375,496,000	4,375,496,000	-169,965,000

Appropriation	FY 1996 Enacted	FY 1996 Distri- bution by Control Board	FY 1997 Estimate	House	Senate	Conference	Conference compared with enacted
District of Columbia Financial Responsibility and Management Assistance Authority	3,500,000	3,150,000	3,400,000	3,400,000	3,400,000	3,400,000	-100,000
Enterprise Funds:							
Water and Sewer Enterprise Fund	242,253,000	231,004,000	221,362,000	221,362,000	221,362,000	221,362,000	-20,891,000
Lottery and Charitable Games Enterprise Fund	229,950,000	229,778,000	247,900,000	247,900,000	247,900,000	247,900,000	17,950,000
Cable Television Enterprise Fund	2,351,000	1,766,000	2,511,000	2,511,000	2,511,000	2,511,000	160,000
Starplex Fund	6,580,000	6,547,000	8,717,000	8,717,000	8,717,000	8,717,000	2,137,000
D.C. General Hospital	58,299,000	58,092,000	52,684,000	52,684,000	52,684,000	52,684,000	-5,615,000
D.C. Retirement Board	13,440,000	12,417,000	16,667,000	16,667,000	16,667,000	16,667,000	3,227,000
Correctional Industries Fund	10,516,000	8,827,000	3,052,000	3,052,000	3,052,000	3,052,000	-7,464,000
Washington Convention Center Enterprise Fund	32,557,000	32,557,000	42,596,000	42,596,000	42,596,000	42,596,000	10,039,000
Total, Enterprise Funds and Other	599,446,000	584,138,000	598,889,000	598,889,000	598,889,000	598,889,000	-557,000
Personal and Nonpersonal Services Adjustment	-150,907,000	---	---	---	---	---	150,907,000
Total, Operating Expenses - All Funds	4,994,000,000	4,994,000,000	4,974,385,000	4,974,385,000	4,974,385,000	4,974,385,000	-19,615,000
Capital Outlay:							
General Fund	62,562,000	62,562,000	75,923,000	46,923,000	75,923,000	46,923,000	-15,639,000
Water and Sewer Fund	39,477,000	39,477,000	---	---	---	---	-39,477,000
Total, Capital Outlay	102,039,000	102,039,000	75,923,000	46,923,000	75,923,000	46,923,000	-55,116,000
Total, District of Columbia Funds	5,096,039,000	5,096,039,000	5,050,308,000	5,021,308,000	5,050,308,000	5,021,308,000	-74,731,000
Intra-District Funds	-165,339,000	-163,087,000	---	---	---	---	165,339,000
Revised Total, District of Columbia Funds	4,930,700,000	4,932,952,000	5,050,308,000	5,021,308,000	5,050,308,000	5,021,308,000	90,608,000

(NOTE: - Amounts recommended in the bill exclude intra-District funds whereas amounts in this table for departments and agencies include intra-District funds for comparison purposes with fiscal year 1996 which also included intra-District funds at the department and agency level.)

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

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

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

Mr. DIXON. Mr. Speaker, the gentleman from New York is correct. This bill is substantially the same that left the House. I can certainly support it. I would like to thank the gentleman from New York and the Senator from Vermont for their cooperation in this matter. It made the bill and the conference go smoothly. I pay particular thanks to the gentleman from Louisiana [Mr. LIVINGSTON], the chairman of the full Committee on Appropriations, for we were able to provide another \$1 million for the District of Columbia to clean the water pipes. This is an issue that not only affects the residents of the District and Federal employees, but tourists and citizens that come from around the country. I want to thank the gentleman from Louisiana [Mr. LIVINGSTON] for that effort.

Mr. Speaker, I rise in support of the conference agreement on the fiscal year 1997 District of Columbia appropriations bill.

I want to congratulate the gentleman from New York, Mr. WALSH, and Senator JEFFORDS who chairs the D.C. Appropriations Subcommittee in the Senate, for their fine work in moving this bill in record time. Unlike last year when agreement on the 1996 bill was not reached until 7 months after the start of the fiscal year, this year we have reached a bipartisan agreement 2 months before the start of the 1997 fiscal year.

This conference agreement is a fair and balanced agreement on the 14 differing items between the House and Senate bills. The agreement adopts the \$5.1 billion consensus budget submitted by the District and the Control Board, but also caps the projected budget deficit at \$74 million. This cap will put the District on a faster path toward a balanced budget, while giving the District and the Control Board the flexibility to determine precisely what additional spending reductions can be made without disrupting vital city services.

The conference agreement also strengthens the ability of the District's chief financial officer to supervise and reorganize the financial personnel of the District's executive and independent agencies. These are the individuals who will be responsible for maintaining strong financial controls and accountability within the District's bureaucracy. The conference agreement makes it clear that Congress intends that these individuals serve under the direction of the chief financial officer.

Mr. Speaker, with regard to the funding restrictions on abortion and domestic partners, the agreement continues the restrictions implemented in the fiscal year 1996 bill without change. I continue to believe that these provisions abridge the rights of the citizens of the District to make their own judgments about these matters through their own elected representatives. I hope that we can remove this intrusion into home rule in the future.

I am delighted that the conference agreement also includes \$1 million in funding to comply with the Environmental Protection

Agency's recommendation that the District move swiftly to address the causes of elevated bacteria levels in the District's drinking water. The District has had five violations of Federal water quality standards in the past year, and simply does not have the staff or resources to address this problem in a timely fashion. The funds in this bill will enable the Control Board to move swiftly to hire a private contractor to flush the District's drinking water system of bacteria and other pollutants, while the city develops a longer term plan to ensure that drinking water in the District remains safe.

Mr. Speaker, overall, this conference agreement is a good agreement. I support it and urge its adoption.

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

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

Mr. Speaker, I would also like to thank the gentleman from California [Mr. DIXON], who served as chairman of this subcommittee, now serves as ranking member, for his cooperation, for his staff's cooperation. It was a remarkable feat to complete this bill in less than 3 weeks. It is due in no small part to the cooperation we received from the Democrat side and from the Senate.

Mr. TORKILDSEN. Mr. Speaker, I rise today to urge my colleagues from both sides of the aisle to join me in support of the Health Coverage Availability and Affordability Conference Report.

Statistics show that under current law, up to 25 million Americans across the country are denied health insurance coverage because of pre-existing conditions. Additionally, some 4 million workers remain "job-locked" because of the lack of health insurance portability. This is unacceptable.

It is inconceivable that, under current law, people with pre-existing medical conditions—whose need for quality health care can be immediate—can be denied health insurance. People should not have to live in fear that a change in jobs, or job loss, could deny them continued health coverage.

This bill is a bipartisan and common-sense solution. It doesn't solve every problem, but it is a shining example of what can be accomplished through compromise.

The key to health care reform is choice. Americans should be free to choose what type of insurance they want—and which doctors they wish to see. Medical Savings Accounts are one of the most innovative new choices in health care, and it is encouraging that the House and Senate were able to reach a compromise to institute MSA's on a 4-year trial basis. While MSA's clearly are not right for everyone, they are a bold new approach to health care reform. MSA's are one more choice for people who need health insurance.

This Conference Report is also a major win for the self-employed, in that it increases the percentage of their health insurance expenses that they can deduct from 30 percent to 80 percent. Under current law, the self-employed are permitted to deduct a mere 30 percent of their health insurance costs, while corporations can deduct 100 percent. This is unfair. People who are self-employed should not be discouraged from buying insurance because they are forced to pay a de facto tax penalty.

We must eventually increase this deduction to the 100 percent enjoyed by corporations, but for now, 80 percent is a great improvement.

The Health Coverage Availability and Affordability Act does not involve a government take-over of health care. It does, however, solve specific problems in the current system and institutes new ideas to help all Americans—young and old—obtain health coverage.

I urge my colleagues on both sides of the aisle to support the bill and pass this much-needed reform.

Mr. FAZIO of California. Mr. Speaker, I rise to express my strong support for the conference agreement before us.

The health insurance reform conference agreement will help tens of millions of Americans keep their health insurance when they switch jobs, regardless of their health condition. In addition, the conference agreement contains an increase in the deductibility of health insurance for the self-employed.

This conference agreement addresses several fundamental problems in our Nation's health insurance system. First, if an employee who has been covered by an employer's health plan for at least 18 months loses his or her job, or switches to a job that doesn't provide insurance coverage, that employee will be able to buy insurance without exclusions for pre-existing medical conditions from any firm in the state that sells insurance.

I believe that this agreement represents an important first step in reforming our Nation's health care system. The General Accounting Office has found that about 21 million Americans are uninsured because of pre-existing conditions. The common-sense portability provisions contained in this bill will make a real difference in the lives of these uninsured workers.

So, too, will the provisions governing the deductibility of health insurance costs for the self-employed. Greater deductibility means that those who already are insured will find it more affordable. Those who lack coverage will more easily be able to budget for this necessary expense.

Greater deductibility also ensures greater fairness in our tax code. Corporations have long enjoyed full deductibility for their employee's health insurance. This provisions will narrow the gap between the self-employed and corporate employers, thereby reducing operating expenses for America's small business men and women and increasing the number of working families covered by health insurance.

I am glad that the conferees, particularly Senator KENNEDY and Congressman ARCHER, were able to negotiate a compromise on the medical savings accounts (MSA's) issue. The compromise agreement on MSAs reflects the concerns that I, and many others, had about the scope of MSA coverage. In addition, the compromise requires that Congress re-visit the MSA issue in four years to determined whether it should be extended or curtailed.

This conference agreement presents us with an opportunity to enact health care insurance reform legislation that will benefit millions of hard-working Americans. I urge my colleagues to vote YES on the conference agreement.

Mr. REED. Mr. Speaker, I rise in support of passing meaningful and essential health care reform today.

The conference agreement on H.R. 3103 is a positive first step to expanding access to health insurance for Rhode Islanders and

Americans across the nation. This legislation prohibits insurance companies from dropping coverage when an individual changes jobs or denying coverage because of a pre-existing condition. In addition, this bill increases the tax deduction for the self-employed from 30 percent to 80 percent by 2006.

Enactment of this common-sense health reform legislation has been delayed several months due to the insistence by the Republican Majority to attach many controversial provisions, including Medical Savings Accounts (MSA's), to the bill. The conference agreement contains a compromise that would make MSA's available to a limited population for four years. While I am concerned about the potential impact of this provision on our health care system, I am pleased that Congress must pass new legislation to continue or expand this MSA demonstration project.

I am also disappointed that the conference agreement does not contain the Domenici-Wellstone amendment adopted during Senate consideration of this legislation. This amendment would have required insurers and health plans to provide coverage for mental illness equal to that provided for physical health conditions. It is my hope that future Congresses will address this essential issue.

The steps to correct our health care system in H.R. 3103 is minimal, but needed reform which will alleviate the anxiety and suffering of many hard working families. However, more needs to be done to make health coverage affordable and available to more Americans. I remain committed to enacting comprehensive, systemic health care reforms in order to slow cost increases in health care services and ensure that all Americans have access to the quality health care they need.

Ms. PELOSI. Mr. Speaker, I rise in support of the conference report on the Kennedy-Kassebaum health care legislation. While I would have much preferred the bill adopted by the Senate, the advantages of this conference agreement outweigh the drawbacks.

This bill will be very helpful to Americans with preexisting conditions who may need to change jobs. It will allow them to move from one group insurance plan to another without coverage being excluded because of a pre-existing condition. It will also allow people who lose their jobs to buy individual insurance without exclusion because of a preexisting condition.

The bill contains an important provision which states that the results of genetic testing cannot be used as a finding of a preexisting condition. This is an important first step in protecting individuals from discrimination based on new genetic testing made possible by advances in biomedical research.

The bill also expands on a provision important to me and my district. Several years ago, I introduced legislation which became law extending continuation group health coverage under COBRA to individuals found to be disabled at the time that they stopped working. Under the provision, these disabled individuals could remain in group coverage for 29 months—the time it takes to qualify for Medicare coverage. This bill improves this benefit by extending continuation coverage for those that become disabled during their initial COBRA coverage until they are covered under Medicare.

In addition, this bill includes an important provision which allows individuals with terminal

illness to receive accelerated death benefits—often called viatical settlements—as tax-exempt benefits rather than income. This provision would apply to settlements received after December 31, 1996.

I am disappointed in the conference agreement for what this bill does not do. It does not make health insurance more affordable. In fact, the medical savings accounts portion of the bill—by taking the healthy and wealthy out of the insurance pool—may make health insurance more expensive.

In addition, this bill does nothing about the ability of insurance companies to exclude types of treatment or cap coverage. The bill also eliminates the Domenici-Wellstone mental health parity provision and even a scaled-back compromise to expand mental health coverage. Responding to these needs is also part of what should be done to provide health care security.

While this bill will help about 400,000 Americans with preexisting conditions who will benefit from the portability provisions, it will do nothing for uninsured Americans. The number of uninsured is projected to increase by another million in the next year. The welfare bill, passed by the House yesterday, will add even more people to the ranks of the uninsured.

Mr. Speaker, I urge a "yes" vote. Yet I am also compelled to comment on how much this bill has been weakened from the Kennedy-Kassebaum bill adopted by the Senate. We have a long way to go before achieving true health care reform.

Mr. MATSUI. Mr. Speaker, I would like to express my disappointment with the failure of the conferees to include a provision addressing the ongoing blatant insurance discrimination against the treatment of mental illness.

Millions of American men, women, and children, from every ethnic, economic, and age group, suffer from mental illness. We have made great progress in recent years in diagnosis and effective treatment of these debilitating and sometimes life-threatening illnesses. Yet persons with mental illness must struggle every day not just with their illness itself, but also with the refusal of the Nation's insurance industry to end discriminatory coverage of their treatment.

There is no reason for this discrimination, other than stigma and ignorance. Study after study has shown that parity coverage would save lives and money. The National Mental Health Advisory Council reported to Congress in 1993 that parallel treatment of severe mental and physical illness would actually save the national economy more than \$2 billion every year.

In April, the Senate adopted by a vote of 68–30 an amendment offered by Senator DOMENICI and Senator WELLSTONE which specified that insurance plans had to impose the same limits on mental illness as physical illness in areas such as patient cost sharing, drug coverage, hospital stay duration, and annual and lifetime caps. It did not prevent businesses from managing mental or physical health care. All it said was that insurers must apply the same restrictions on mental health care as they do to physical health care.

During conference, Senators DOMENICI and WELLSTONE scaled back their proposal to require equal coverage only for lifetime and annual caps. The Congressional Budget Office estimated that the revised proposal would cost employers no more than .16 percent in addi-

tional premiums—literally pennies per day. This cost amounts to 3 cents per day per employee, or about \$7 per year. It could have been completely offset by a negligible increase in the annual deductible, so that businesses would have paid nothing.

Unfortunately, House Republican conferees rejected even the modest proposal for parity on annual and lifetime caps. There is, as a result, nothing in the conference agreement to specifically address the fair treatment of persons with mental illness. This is unacceptable. More than two-thirds of the Senate voted for mental illness parity, and 116 Representatives endorsed the Senate amendment.

Mr. Speaker, this Congress and the Republican conferees had a real opportunity to make a modest but meaningful effort to reduce insurance discrimination against persons with mental illness. That they chose to do nothing at all is a lamentable rebuff to the millions of Americans who suffer from mental illness. We have to do better.

Ms. HARMAN. Mr. Speaker, I rise today on behalf of moderation and bipartisan cooperation and in strong support of the Health Coverage Availability conference report.

After months and months of gridlock, we finally have before us a solid health care compromise. This legislation shows what is possible if we put partisanship behind us and work from the sensible center for the betterment of our country.

Over the last decade, thousands of high-skill, high-wage workers in California's South Bay have lost their jobs because of defense downsizing. While many successfully found new employment, some cannot obtain medical insurance for themselves and their families because of preexisting health conditions. This bill generally prohibits insurers from excluding coverage of preexisting conditions and ensures that individuals would not lose their health insurance coverage when they move from one job to another.

The conference report's bipartisan character is particularly apparent in the section authorizing medical savings accounts. I'm pleased with the language establishing an MSA trial program. This way we can collect accurate evidence on how MAS's affect the quality and scope of health coverage for everyone.

Mr. Speaker, if we govern together from the sensible center, we will be successful. If we resort to partisan bickering, we are doomed to failure. Americans want and deserve a Congress that works. This conference report is evidence that it can.

Mrs. LOWEY. Mr. Speaker, I rise in support of the Kennedy-Kassebaum health insurance reform bill. While not perfect, this bill is a major step toward improving the health security of hard-working Americans and their families.

Mr. Speaker, Democrats have been working on this issue for a long time. Senator KENNEDY and his colleague, Senator KASSEBAUM, introduced their bill nearly a year ago today. The President endorsed the plan in his State of the Union address in January. Democrats in both Houses have been fighting for it ever since. The time has come to finally enact these reforms.

Mr. Speaker, we all know that the days of having a 40-year career at a single company are over. Americans today change their jobs often, but can't take their health insurance with them. Too many hard-working Americans and

their families have faced a troubling threat—if they change or lose their job, they lose their health insurance. That is wrong. This bill will give more Americans the peace of mind that they will continue to have access to health insurance, regardless of their job situation.

In addition, this health reform bill will: prevent insurance companies from denying coverage to Americans because they are sick; help seniors suffering from Alzheimer's and other chronic illnesses to afford the cost of long-term care; allow the self-employed to deduct more of their health insurance costs; and create a demonstration project to determine whether tax-preferred medical savings accounts are a promising way to control costs and protect patients' choice of doctor.

While I strongly support this bill, I am extremely disappointed that it does not ensure that mental health benefits are treated like other health benefits. The Senate unanimously supported mental health parity and nearly 100 of my colleagues in the House expressed their strong agreement. Sadly, it is not included in this bill. Mental illness is no different from physical illness. It should no longer be stigmatized.

I hope we can work to end discrimination against mental illness. For now, we must pass this bill—for it is a step forward for millions of American families. I urge my colleagues to support this health insurance reform bill.

Mr. BUNNING. Mr. Speaker, I rise in support of the Health Coverage Availability and Affordability Act and urge my colleagues to vote for it. It is a good bill.

Two years ago, when the First Lady's massive health care reform proposal was being considered and rejected by Congress, two things became clear. It was obvious that there was virtually no public support for a dramatic increase in the Government's involvement in our health care system. But it also became clear that there were quite a few health care issues on which there was widespread agreement.

This bill is the result of that consensus. It contains many of the reforms that are really needed in our health care system—reforms that people really want. It contains the reforms that we can all agree on. This bill does what is doable in health care reform.

The key element of this bill is something I have been working on for several years—legislation to ensure portability of health care insurance. Currently, too many people are locked out of health coverage because they have some sort of chronic health problem or preexisting condition. Our bill will solve the problem by eliminating preexisting condition exclusions for people with prior health insurance coverage. This is a long overdue change.

The Health Care Availability and Affordability Act does some other worthwhile things too. It will also improve access to health insurance by raising the health care deduction for self-employed from 30 to 80 percent, and by allowing small businesses to form insurance pools to get better rates for their employees. It will allow tax deductions for long-term health care coverage; allow terminally ill patients to receive tax-free accelerated death benefits from their insurance companies and create an exciting new concept called medical savings accounts.

I'm very excited about the potential for medical savings accounts. These accounts will

allow people to set money aside in tax exempt accounts to use for medical expenses. Later, unused funds remaining in the accounts could be used for other purposes. What better incentive could you ask for to make people better shoppers and wiser users of health care? The medical savings account is a great idea.

Unfortunately, because the President objected to the MSA concept, we had to scale back the availability of these accounts in this bill. In the final bill, MSA's will be allowed on a 4-year test basis and be limited to 750,000 policies. But I am confident that in less than 4 years, medical savings accounts will prove themselves and Congress will clearly recognize their value and expand their availability.

This is a good bill. It doesn't solve all our health care problems but it contains many worthwhile reforms and it is doable. I urge my colleagues to vote for it.

Mrs. COLLINS of Illinois. Mr. Speaker, HIPAA, HIPAA, Hurray. HIPAA stands for the Health Insurance Portability and Accountability Act, the short title of H.R. 3103 for which we now consider a conference report. Hurray. We finally have some health care reform. I say "some," because we still have a long way to go, but in this week of the 1996 summer Olympics, we at least have gotten out of the starting blocks to provide improved access to health care financing for more Americans.

The portability provisions agreed upon in this conference report of H.R. 3103, will allow people who lose or change jobs to continue their health insurance coverage. Now, even with some preexisting condition, health insurance plans can only limit for so long a person's waiting period before treatment for a preexisting condition could be covered—and, no longer can pregnancy, birth, and adoption be considered prohibitions to immediate coverage. These are good steps toward universal access and health insurance coverage for all Americans, which I have long advocated.

It looks like we finally have some relief from the special interests that control the health care delivery and financing system in this country that left over 37 million American uninsured for health care. It has been well documented that it is hard-working middle-income families who were being squeezed out of decent health coverage. In this time of rampant corporate layoffs, losing your job or even changing jobs can mean a devastating loss of health insurance coverage for you and your family.

Small businesses with 25 employees or less often found group coverage either unaffordable or unavailable if any of their workers were determined to be part of a high-risk category. Under this agreement, the small group employer market will be opened up. Title I of this conference bill provides for guaranteed availability of coverage to employees in the small group market. In layperson language, that means that each insurer that offers coverage in a small group market will have to make all health insurance policies available to all small employers and will have to accept for enrollment every eligible individual within the same employer—no longer will health insurance companies be able to pick and choose, or discriminate, who will be allowed to have health insurance.

Especially at a time of growing economic insecurity and instability, we have been challenged to find ways to address these problems—to make health coverage easier to buy

and keep. That has been my primary goal in my efforts to reform the health care financing system in America today. I believe that we must be vigilant on a wide variety of concerns to help ensure that any health care reform product that is passed by Congress satisfies certain criteria. Some of the important objectives include universal coverage, comprehensive benefits, strong cost containment, and guaranteed access to high quality care for low-income, unemployed, and part-time employed people. Also, it is critical that the unique health needs of women, minority, and elderly populations are addressed. There should additionally be some expansion of long-term care insurance market.

So, there is more work to be done to provide fair and open access to health care for all children, individuals, and families. Until and unless Congress can achieve meaningful health care reform to provide for universal access to health care financing, there must be Medicaid eligibility for the unemployed, uninsured families who receive public assistance.

Mr. Speaker, I am disappointed that the provisions for mental health parity did not survive the conference because I believe that every person has a right to receive comprehensive physical and mental care under health care financing. Many States provide for mental health care coverage in their health insurance plans and I believe that the Federal Government will eventually recognize the value for it and will ensure national uniformity in that area.

The health care reform covered in this conference agreement is a good start. I urge my colleagues to support this conference agreement.

Mr. COLLINS of Georgia. Mr. Speaker, I rise to support this health care bill that will make health care more available and affordable for millions of Americans.

This is a health care bill the American people have wanted for years. And this Congress was able to accomplish this without a Government takeover of health care.

Two key provisions of this reform bill will eliminate health coverage exclusions based on pre-existing conditions and expand the portability of health care insurance plans for workers.

American workers will no longer have to fear losing their health care coverage if they change jobs. And, people can change jobs without losing their health insurance even if they have a pre-existing condition. These are major breakthroughs in health care.

We created Medical Savings Accounts to allow small business employees and the self-employed to make tax deductible contributions to a savings account if they choose to purchase a high deductible health plan.

We increased to 80 percent the tax deduction self-employed individuals can claim for health insurance. We included tax deductions for nursing home and home health care insurance and approved accelerated death benefits which will provide Americans more access to health care.

Finally, the legislation fights fraud and abuse in the health care industry by creating new criminal penalties and by increasing funding for prosecutions and investigations.

I am pleased to learn that President Clinton announced he will sign this historic health reform legislation even though he had previously threatened to veto the measure.

This legislation is good, sound health care policy. It provides a comprehensive approach

to providing market-based health care reform that avoids the explosion of government bureaucracy.

Mr. COSTELLO. Mr. Speaker, I rise in support of the conference agreement on the Health Coverage Availability and Affordability Act. While this bill is not perfect, I am pleased we have reached a bipartisan compromise on this important legislation. The conferees improved the House-passed bill and I am hopeful this body will now pass this conference report so it may be sent to the President. By passing this bill, we will help millions of Americans relieve their anxiety about maintaining health insurance if they become unemployed or change jobs.

This bill makes great strides toward protecting the health insurance coverage of workers who face job-lock because of a fear of losing medical benefits. By increasing portability, the Congress is extending coverage to millions of working Americans who might otherwise lose their health care benefits.

This bill makes modest, basic changes to our health care system. It increases the portability of health insurance by prohibiting insurance companies and Health Maintenance Organizations [HMO's] from denying health care coverage to workers who move to another company or lose their jobs. Under the legislation, insurers may not exclude coverage for pre-existing medical conditions for more than 1 year.

The bill also raises from 30 percent to 80 percent the share of health insurance costs that the self-employed could deduct for tax purposes. While I believe that health insurance costs for the self-employed should be 100-percent deductible, this provision is an important step in giving small business entrepreneurs and family farmers more economic security.

In addition, the legislation establishes a test pool of Medical Savings Accounts where for 4 years up to 750,000 Americans who usually have high-deductible insurance policies could instead contribute to these accounts. These contributions could be used to pay medical expenses, but unused funds could accumulate or remain the property of the contributor. I am pleased we are giving MSA's a test run to see if, in fact, such savings accounts are equitable to everyone in insurance pools. I have strong reservation about jumping to such a large scale program without knowing if MSA's will work.

These incremental yet important reforms are the first step in fixing our health care system. We must next work on providing adequate and affordable health care for the uninsured and underinsured. This bill will help reduce the number of uninsured Americans and allow Congress to better target insurance reform in the future.

Mr. CASTLE. Mr. Speaker, I rise in strong support of the Health Coverage Availability and Affordability Act. This historic agreement will address the health insurance needs of millions of Americans. Those who want to change jobs, or who find themselves stricken with a costly illness, or who find themselves unemployed, will still be able to purchase affordable health insurance for themselves and their families.

The magnitude of the health insurance problem today is substantial—millions of Americans are without health insurance—39.7 million non-elderly Americans, or 17 percent of

non-elderly Americans, were without health insurance in 1994. This is in spite of the fact that the United States spends far more per capita on health care than any other major nation—according to 1993 estimates, national health expenditures totaled \$884 billion, or 13.4 percent of the gross domestic product.

There are many reasons for this high rate of uninsurance. Increasing numbers of health insurance companies refuse to insure those with pre-existing medical conditions or who work in high-risk jobs. Health care costs have driven up the cost of insurance, making it unaffordable. Rates for small businesses and the self-employed are extremely high due to their small risk pools. State mandates sometimes load up policies with unnecessary or unwanted benefits. Medical malpractice laws drive up the need for defensive medicine and expensive liability insurance for doctors.

I am delighted that the Congress was able to work in a bipartisan way to achieve important health insurance reforms to address some of these problems. This bill is a composite of sensible ideas which will have a substantial impact on hard working Americans who seek to retain or obtain health insurance coverage.

The conference report retains the best of the House and Senate proposals. It addresses the availability of health insurance by making sure health insurance is available for individuals moving from group to group or group to individual coverage. These portability provisions will provide important protections for the American people. It also guarantees the availability of insurance coverage to employees in the small group market, and assures people in group health plans that they cannot be excluded from coverage or from renewing their coverage based on their health status.

The issue of affordability is addressed by strong anti-fraud and abuse provisions—which are particularly important given that an estimated 1 in every 10 health care dollars is spent on fraud or abuse. Some of the reforms include establishing a national health care fraud and abuse control program to coordinate Federal, State, and local law enforcement to combat fraud with respect to health plans; establish a Medicare Integrity program; increase criminal penalties for fraud and abuse violations under Medicare and Medicaid; establish a program to encourage individuals to report suspected cases of fraud and abuse in the Medicare Program; among others.

In addition, the bill includes administrative simplification provisions which should also reduce costs. Uniform standards for health information would enable the private sector to reduce paperwork—which accounts for an estimated 1 in every 10 health care dollars spend—make it easier to identify fraudulent claims, and make it easier for consumers to compare health plans and services. And it raises the health insurance deduction for self-employed individuals from 30 percent to 80 percent by the year 2006, and provides tax incentives for the purchase of long term care.

The conference report also includes an important innovation—Medical Savings Accounts. I am extremely pleased

that the conferees agreed to a demonstration program. Medical Savings Accounts hold considerable promise, as they can make consumers more cost-conscious and thereby reduce health care costs. MSA's give consumers a clear incentive to take a more active role in their health care.

But before MSA's should be implemented on a grand scale, I think it makes sense to ensure MSA's don't have negative unintended consequences regarding the health insurance market or the health care choices that consumers make. For example, I imagine that none of us wants to see consumers forgoing all preventive care in order to build up their medical savings accounts. That is why the idea of a demonstration program is such a reasonable one.

This bill will make health insurance more affordable for millions of Americans. It will expand the opportunities Americans have to secure health care for their families, and will provide protection in these uncertain economic times. Health insurance reform is an idea whose time has finally come, and I hope this bill will pass with a wide bipartisan margin.

Mr. POSHARD. Mr. Speaker, I rise in strong support of the Kennedy-Kassebaum health insurance portability conference agreement, because this bill represents a bipartisan approach to providing health insurance portability to millions of Americans. For too long, workers and their families have been denied continued access to affordable and quality health insurance coverage simply because they lose their job or are found to be suffering from a pre-existing illness. This bill guarantees those individuals health coverage.

The bill also provides a long overdue increase in the deductibility of health insurance costs for this Nation's self-employed. I know that in my very rural congressional district, hundreds of farmers and their families have been shut out of being able to afford health insurance, because they were not able to deduct the cost of insurance at the same rate as corporations. While this bill does not level the deduction, it does move the deduction from 30 to 80 percent. This increase will provide the financial incentive to give farmers, the self-employed, and their families the ability to afford quality health care insurance.

Additionally, Americans have not had the opportunity to enroll in medical savings accounts. Coupled with catastrophic insurance to cover serious illnesses, these private, tax deductible accounts will pay for routine medical expenses. Medical savings accounts will encourage prudent choice by individuals in selection more cost-effective health care services. I believe the agreement's medical savings account pilot program will demonstrate the necessity of providing not only small business owners and employees with this choice, but all Americans.

For those living and working in the 19th Congressional District, this bill will:

Make it easier for people to keep their health insurance coverage should they leave or lose their job;

Prohibit health insurance companies from denying health coverage to individual with a pre-existing illness;

Require insurance companies to offer at least two health insurance plans comparable to that of the companies' other plans to people shifting from group to individual coverage;

Create a 4-year pilot program to test medical savings accounts on small business owners and employees;

Increase the deductibility of health insurance premiums for the self-employed to 80 percent from 30 percent;

Establish tax incentives to encourage the purchase of insurance for long-term care; and

Tackles fraud and abuse within the health care system.

As Co-Chair of the House Rural Health Care Coalition, I know this bill addresses many of the challenges we are facing in rural communities throughout America. I think our families and our businesses can look forward to meaningful changes in the way they purchase and use health insurance. This is a major step forward—but we must not forget the fact that millions of Americans are still without health insurance, and health care costs continue to climb.

We have demonstrated here today that by working together we can accomplish what many believe are far off goals. I encourage my colleagues on both sides of the aisle to use this bipartisan agreement as an example as we continue to overcome the many other challenges facing our nation's health care system, this Congress and the American people.

Mr. HALL of Texas. Mr. Speaker, I rise today in support of H.R. 3103, a health care reform bill that represents more than 6 years of hard work on the part of many Members of Congress, beginning with Senator Bentsen in the 102d Congress and continuing through the 103d Congress and now the 104th.

I've had the opportunity to work on health care reform over the past 4 years through the Commerce Committee and through The Coalition. Many of the provisions in the bill that we are considering today were included in previous work, and I want to commend my colleagues for finally bringing this legislation to the floor of the House for consideration.

Health care is one of the most important concerns of Americans, and this bill will help alleviate some of their greatest fears. Americans who want to pursue other job opportunities or who lose their job are now free from the worry of losing their health insurance, and those with pre-existing conditions are no longer faced with the nightmare of being unable to secure insurance coverage.

In addition, taxpayers will be able to purchase long-term care insurance and deduct this as a medical expense. Terminally and chronically ill citizens will be able to receive life insurance benefits prior to death without paying taxes on them. And some citizens will have the opportunity to try an alternative to traditional health insurance in the form of medical savings accounts, which I support.

Mr. Speaker, these are important reforms that will offer much-needed relief to all Americans. I believe that it will be one of the most important accomplishments of this Congress, and I urge my colleagues' support.

Mr. STOKES. Mr. Speaker, I rise in support of the long-awaited health insurance reform bill, H.R. 3103, entitled the Health Care Coverage Availability and Affordability Act. This measure was first introduced in the Senate by our colleagues, Senators KENNEDY and KASSEBAUM, over a year ago, on July 13, 1995. Yet,

for political reasons, the majority would not let the measure move through the legislative process.

In fact, it is possible that the measure would not have moved at all—if it had not been for President Clinton's leadership and commitment to meaningful health care reform. Each of us in this Chamber and in the Senate recalls President Clinton calling for the passage of the bill in his State of the Union Address in January.

While the majority acknowledged the President's instruction, their choke hold on the bill continued. In fact, because of continuing unnecessary roadblocks, the bill was not even voted on until late March.

It is because of the President's and the Democrats' continued pressure and steadfast commitment to meaningful reform that we can stand here today to vote on the conference to the health insurance bill.

While I am extremely concerned that H.R. 3103 does not include the mental health parity provisions which were in the Senate bill and which we know the American people want, and desperately need, and in fact which many of us had fought hard to have included in the measure for, we can be pleased that the bill increases the portability of health insurance, and gives families increased security with regard to maintaining their health care coverage. We can also be pleased that H.R. 3103 does address pre-existing health conditions. H.R. 3103 frees the American people from job lock, as the measure denies health insurance companies and HMO's from denying health care coverage to workers who change jobs and/or lose their jobs. These are critical provisions which those of us on this side of the aisle have worked tirelessly to secure.

More specifically, with regard to "group-to-group portability," the bill prohibits health insurance companies and HMO's from excluding coverage for pre-existing conditions for more than 1 year for individuals with a health condition for which medical advice, diagnosis, or treatment was given within 6 months prior to the individual becoming insured. The bill provides that this 12-month period be reduced by the period of time the individual was continuously covered by a group health plan in their previous job.

With regard to "group-to-individual portability," the conference agreement provides that certain individuals who previously had group coverage would be able to obtain individual health coverage. Under the agreement, insurance companies would be required to offer a choice of the two most popular policies they sell, or a choice of two policies that spread the risk.

With respect to long-term care, H.R. 3103 permits a tax deductibility of long-term care expenses, and allows those suffering from terminal and chronic illnesses to receive life insurance benefits prior to death without paying any taxes on such benefits.

However, with regard to the medical savings account provision, I remain extremely concerned as well. While I and many of my colleagues on this side of the aisle agreed with the Senate position that the measure should not include MSA's, the conference report does include a trimmed-back House proposal.

Instead of allowing for blanketed MSA's as the majority in the House had hoped, H.R. 3103 instead provides for a 4-year test period for medical savings accounts, and sets the

number of participants allowed in the program to not exceed 750,000. Only businesses of no more than 50 employees and/or the self-employed individuals are permitted to participate in the program.

This is definitely one of those provisions where the phrase "buyers beware" must be taken literally. After the 4-year period expires, people who participated in the MSA project could continue. However, no new accounts could be permitted unless new legislation was enacted to expand the time limit or to increase eligibility.

While I understand that the President is expected to sign the bill, it is incumbent upon each of us to follow the MSA provision very carefully, as it is expected to increase the cost of health care not reduce it. It is also incumbent upon each of us to continue to work to ensure adequate coverage for mental health.

Mr. Speaker, while H.R. 3103 definitely is not comprehensive health insurance reform, millions of Americans will benefit from the measure including small businesses and the self-employed. Serving as the line in the sand from where we can begin to make real inroads to meaningful health care reform, H.R. 3103 jump starts meaningful reform which is critically needed to ensure millions of Americans health care coverage that is accessible, affordable, and secure. While H.R. 3103 is not perfect, it is workable and I look forward to working with my colleagues to help further the enactment of meaningful health insurance reform. Vote "yes" on H.R. 3103.

Mrs. LINCOLN. Mr. Speaker, I rise today in support of the conference report for the Health Coverage Availability Act. This important legislation will address the millions of Americans who lose their insurance coverage because of job loss or because they suffer from a pre-existing condition.

Families in my home State of Arkansas have grown increasingly anxious about the availability, portability, and cost of their own private health coverage. And who would blame them? Consider these staggering statistics:

There are over 40 million Americans without health insurance.

Over 1 million working Americans have lost health insurance in the last 2 years alone.

Over 80 million Americans have preexisting conditions that could make it difficult for them to maintain health coverage when they change jobs.

The legislation before us today will help ease some of the fears and concerns our constituents face. The bill would prohibit insurance companies from denying health care coverage to workers who move to another company, or who lose their jobs or become self-employed. The conference report also bars insurers from excluding coverage for pre-existing illnesses for more than a year.

And I am extremely pleased to see that it would raise the amount of health insurance premiums self-employed people can deduct from their Federal income taxes from the current 30 percent to 80 percent. As many of you may know, I introduced the Health Insurance Equity Act which increases this deduction to 100 percent. Although the increase to 80 percent is substantial, I will continue to work to see this deduction increased to 100 percent. I believe that the small businessmen and farmers, who are the backbone of the district I represent, deserve the same tax benefits allowed larger businesses.



I am proud that this body has come together in a bipartisan fashion to produce this legislation that is worthy of our support. This conference report before us makes positive steps towards ensuring that the millions of Americans who are in need of health insurance will be able to afford and keep it.

Mr. CRANE. Mr. Speaker, in the last Congress, President Clinton set out to reform health care by taking decision making power away from the individual and placing it in the hands of a centralized bureaucracy. As a member of the Ways and Means Health Subcommittee, I am proud to be a part of the Congress that today is taking important steps towards reforming our health care system by taking power away from the bureaucrats and giving it back to individuals.

For example, the creation of Medical Savings Accounts [MSA's] will give individuals more rights and more responsibilities regarding their health care. I have been a strong supporter of MSA's, and I am pleased that Senate Democrats have agreed with the House and included MSA's in the conference report.

It should be noted that this is not a perfect bill by any means. I find it unfortunate that malpractice reform was dropped, I believe the MSA experiment is too restrictive, and I am concerned about the impact that guaranteed issue will have on the market as a whole. While there are unquestionably further improvements that can be made in our system and even in this bill, we are taking a major step forward.

When coupled with preexisting condition and portability reform, I believe MSA's and other provisions in this compromise represent a dramatic, but carefully measured reform of our health care delivery system. It is one that should be approved by Congress, applauded by pundits, welcomed by the American public, and signed by the President.

Mr. LAZIO of New York. Mr. Speaker, I rise today in strong support of the conference report to H.R. 3103, the Health Coverage and Affordability Act of 1996, of which I am a cosponsor.

Today, we are taking a long overdue step to help working class families across America, and in my home district of Long Island to acquire and keep their health care coverage.

For far too long, many Americans have worried that losing a job or having a preexisting condition would jeopardize the portability of their health insurance.

Because of this bill, workers will continue to have coverage if they change or lose their job—even with preexisting conditions.

As a result of our efforts today, health care will become more affordable. H.R. 3103 tackles the problem created by rampant fraud and lawsuit abuse that drives up the cost, and will increase penalties for those who commit fraud and abuse. Importantly, this bill also increases the health insurance deduction for self-employed individuals from 30 percent to 80 percent by 2006, and allows taxpayers to make tax-deductible contributions to a medical savings account.

An important feature of H.R. 3103 which Representative NANCY JOHNSON and myself championed, is a provision which will eliminate discrimination based on genetic information. This would allow thousands of men and women to undergo genetic testing needed to preserve their health without fear of losing

their health insurance or not being able to acquire it. This protection is essential for the women of Long Island, where instances of breast cancer are among the highest in the country. With H.R. 3103 in place, these women can be tested for BRCA-1, a gene linked to the disease, without fear of losing the insurance needed to meet their medical needs. Hopefully some of this testing may provide information regarding the cause of this disease, or a potential cure.

I urge my colleagues to support this bill and these reforms which will ease some of those worries of families who are already being squeezed by high taxes and falling wages by ensuring availability, affordability, and accountability to those who received health care through their jobs. The American people deserve this and we owe it to them to pass it by a wide bipartisan margin.

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

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

There was no objection.

The SPEAKER pro tempore. The question is on the conference report.

Pursuant to the provisions of clause 7 of rule XV, the yeas and nays are ordered.

Pursuant to clause 5 of the rule I, further proceedings on this question are postponed until the end of the vote on the conference report on H.R. 3517.

#### CONFERENCE REPORT ON H.R. 3517, MILITARY CONSTRUCTION AP- PROPRIATIONS ACT, 1997

The SPEAKER pro tempore. The pending business is the vote on the conference report on H.R. 3517.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the conference report.

Pursuant to the provisions of clause 7 of rule XV, the yeas and nays are ordered.

This vote will be followed by a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 396, nays 26, not voting 11, as follows:

[Roll No. 394]

YEAS—396

Abercrombie  
Ackerman  
Allard  
Andrews  
Archer  
Army  
Bachus  
Baesler  
Baker (CA)  
Baker (LA)  
Baldacci  
Ballenger  
Barcia  
Barr  
Barrett (NE)  
Bartlett  
Barton  
Bass  
Bateman  
Becerra  
Beilenson  
Bentsen  
Bereuter  
Berman  
Bevill

Bilbray  
Billirakis  
Bishop  
Bliley  
Blumenauer  
Blute  
Boehlert  
Boehner  
Bonilla  
Bonior  
Bono  
Borski  
Boucher  
Brewster  
Browder  
Brown (CA)  
Brown (FL)  
Bryant (TN)  
Bunn  
Bunning  
Burr  
Burton  
Buyer  
Callahan  
Calvert

Camp  
Canady  
Cardin  
Castle  
Chabot  
Chambliss  
Chenoweth  
Christensen  
Chrysler  
Clay  
Clayton  
Clement  
Clinger  
Clyburn  
Coble  
Coburn  
Coleman  
Collins (GA)  
Combest  
Condit  
Costello  
Cox  
Coyne  
Cramer  
Crane

Crapo  
Cremins  
Cubin  
Cummings  
Cunningham  
Danner  
Davis  
de la Garza  
Deal  
DeFazio  
DeLauro  
DeLay  
Dellums  
Deutsch  
Diaz-Balart  
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  
Franks (CT)  
Franks (NJ)  
Frelinghuysen  
Frisa  
Frost  
Funderburk  
Furse  
Gallegly  
Ganske  
Gejdenson  
Gekas  
Gephardt  
Geren  
Gibbons  
Gilchrest  
Gillmor  
Gilman  
Gonzalez  
Goodlatte  
Goodling  
Gordon  
Goss  
Graham  
Green (TX)  
Greene (UT)  
Greenwood  
Gutknecht  
Hall (OH)  
Hall (TX)  
Hamilton  
Hancock  
Hansen  
Harman  
Hastert  
Hastings (FL)  
Hastings (WA)  
Hayes  
Hayworth  
Hefley  
Hefner  
Heineman  
Herger  
Hilleary  
Hinchey  
Hobson  
Hoekstra  
Hoke  
Holden

Horn  
Hostettler  
Houghton  
Hoyer  
Hunter  
Hutchinson  
Hyde  
Inglis  
Istook  
Jackson (IL)  
Jackson-Lee  
(TX)  
Jacobs  
Jefferson  
Johnson (CT)  
Johnson (SD)  
Johnson, E. B.  
Johnson, Sam  
Jones  
Kanjorski  
Kaptur  
Kasich  
Kelly  
Kennedy (MA)  
Kennedy (RI)  
Kennelly  
Kildee  
Kim  
King  
Kingston  
Klink  
Knollenberg  
Kolbe  
LaFalce  
LaHood  
Lantos  
Largent  
Latham  
LaTourette  
Laughlin  
Lazio  
Leach  
Levin  
Lewis (CA)  
Lewis (KY)  
Lightfoot  
Linder  
Lipinski  
Livingston  
LoBiondo  
Longley  
Lowey  
Lucas  
Luther  
Maloney  
Manton  
Manzullo  
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  
Neal  
Nethercutt  
Neumann  
Ney  
Norwood

Nussle  
Oberstar  
Obey  
Olver  
Ortiz  
Orton  
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  
Rogers  
Rohrabacher  
Ros-Lehtinen  
Rose  
Roth  
Roukema  
Roybal-Allard  
Rush  
Sabo  
Salmon  
Sanders  
Sanford  
Sawyer  
Saxton  
Scarborough  
Schaefer  
Schiff  
Schroeder  
Schumer  
Scott  
Seastrand  
Serrano  
Shadegg  
Shaw  
Shays  
Shuster  
Sisisky  
Skaggs  
Skeen  
Skelton  
Slaughter  
Smith (MI)  
Smith (NJ)  
Smith (TX)  
Smith (WA)  
Solomon  
Souder  
Spence  
Spratt  
Stearns  
Stenholm  
Stockman  
Stokes  
Stump  
Stupak  
Talent  
Tanner  
Tate  
Tauzin  
Taylor (MS)  
Taylor (NC)  
Tejeda  
Thomas  
Thompson  
Thornberry  
Thornton  
Thurman  
Tiahrt  
Torkildsen  
Torres  
Torricelli  
Towns