

Barbara Barton of Grand Rapids suffers from MS. She was forced to leave her job in order to reduce the stress that worsened her symptoms, which included temporary blindness and difficulty walking. Ms. Barton was forced to wait 6 months to get health coverage, since MS is classified as a preexisting condition. Under this bill, she would have been eligible to move to an individual health insurance plan immediately.

Fear of losing health coverage for Mr. Al Miller's preexisting condition prevents his wife from seeking a higher-paying job. The Millers are from Charlotte, MI. Mr. Miller has MS.

Mr. Michael Peel of Flint recently changed jobs and is covered under COBRA has a 2-year-old son with a number of physical ailments. He and his wife are expecting their second child and fear they will not be able to get coverage under Mr. Peel's new job that does not exclude his preexisting condition.

Steven West of Nashville, MI, spoke to me about problems he and his wife Lori have experienced in attaining health insurance coverage for their son, Jacob. Jacob has multiple birth defects. Steven has been able to negotiate coverage at his current job, but fears that he is trapped there by Jacob's needs. Steven has an opportunity to move to a better job, but has been unable to do so because the health coverage would not take care of Jacob.

Mr. President, these are just a few real people in my home State of Michigan who stand to benefit from this legislation, there are thousands like them. I want to commend my colleagues Senator KASSEBAUM and Senator KENNEDY for forging a bipartisan approach to addressing this critical issue. While I would prefer for the Senate to be passing more far-reaching health reform today, perhaps covering all American children, for example, I believe this bill is an important step forward and I urge its enactment.

Mr. MACK. Mr. President, I would like to thank my colleagues for postponing final passage of the Health Insurance Reform Act until my return. The legislation which we will pass today is the straightforward health insurance reform which my constituents have been telling me they want for many years.

The American people rejected the big-government, big-bureaucracy social experiment which the Clinton administration developed—in secrecy, I might add—in 1994. People don't want a one-size-fits-all, government-controlled health insurance system. Americans won't tolerate having a Government board deciding for them which procedures are medically necessary and appropriate. And we know from leading economists that price controls produce shortages, black markets, and reduced quality. Therefore, most Americans and those of us who serve them in Congress rejected the Clinton health care plan.

Two years later, under Republican leadership, we are addressing the aspects of health insurance reform which most people outside the beltway want us to address. We will provide portability of health insurance, which will help put an end to job lock. Insurers will no longer be able to deny coverage due to preexisting conditions. As a cancer survivor, I know personally how important this provision of health insurance reform is to patients.

The legislation ensures guaranteed renewability of policies, with the exceptions of fraud and nonpayment of premiums. It will help the self-employed by increasing the deductibility of health insurance premiums. It facilitates the establishment of voluntary coalitions of small businesses and individuals to negotiate and purchase health insurance. Finally, the legislation provides tax incentives for the purchase of long-term care insurance, and tax-free treatment of accelerated life insurance benefits for those with chronic or terminal illnesses.

I am especially grateful to Senators KASSEBAUM and KENNEDY for agreeing to include genetic information in this important legislation.

I cochaired a hearing with Senator FEINSTEIN last September to examine the issue of genetic information and health insurance. We listened to patients, researchers, biomedical ethics experts, consumer advocates, and others who made the case that Congress must address this complex issue now.

Why now? Because the scientific data and technology for genetic testing are here; but the social, ethical, and legal ramifications have only begun to resonate beyond the scientific community. Put another way: The science of human genetics research is on the Concorde. Yet the legal, social, and ethical debate about how to handle the information in our society has been stuck at Kitty Hawk trying to get off the ground.

This legislation takes an important first step by clarifying that employer-based plans cannot deny coverage, or charge higher premiums, to individual employees based upon their health status, including health status based upon genetic information. While this may not have significant implications today, it certainly will by the end of the decade when international scientists complete the mapping of the entire human genome.

There is still more which needs to be accomplished in this area, such as ensuring the privacy of medical records and prohibiting employment discrimination based upon an applicant's genetic information. Senator HATFIELD, Senator FEINSTEIN, and I look forward to working with our colleagues to enact our legislation to address these concerns.

Today is an historic moment in our Nation's history. We will ensure that all Americans have access to health insurance coverage while maintaining the freedom to choose providers and

benefits. We will preserve our system with the highest quality of care and continue to foster research, innovation, and competition. We will provide employers with the positive incentives to provide health insurance coverage for their employees, and provide tax equity for the self-employed to acquire insurance for themselves and their families.

All of this will be accomplished under the system which has served as the bedrock of every great stride our Nation has made—not through higher taxes, more Government, and more bureaucracy, but rather through free markets and free choice.

Mr. THOMPSON. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. INHOFE. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. INHOFE. Mr. President, I ask unanimous consent I be allowed to speak briefly as if in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

TERM LIMITS

Mr. INHOFE. Mr. President, I have been watching and listening with a great deal of interest to the debate on term limits. I think there are a lot of us who believe that, regardless of the arguments that come forth on term limits, there are not many minds that will be changed in this Chamber. But many of us have been concerned about the term limits issue long before we got to Congress. I know I became interested in it back in the 1970's, long before I was a Member of Congress.

I think a lot of the reason is that you look and you see the things that are going on in this country, and you see that there is a necessity to change the way we have been doing business.

One argument that has not been used during the course of this debate, that I have heard anyway, is the argument that if we had term limits, it would deter a lot of people from getting into a legislative position for perhaps the wrong reasons. I think quite often people with whom I have served who came here to Congress directly out of college never really had a real job in terms of the real world and did not have any idea of how tough it was out there.

I look at a lot of the things that passed, such as the deficit that has piled up over the years. Certainly, in my position, I look at this as if this is a moral issue, and it is not going to be changed until we are able to change the type of individuals that serve here.

We have excellent people serving here in Congress, but the thing that has always been a problem with me is that people who come to Congress, never having been exposed to the real

world, have a different set of values and have a different outlook on life than we have.

I would agree with some of the previous speakers that we ought to have a situation in America where Members of Congress should all have to go out and make a living under the laws that they pass, and we would not have these problems.

Someone not too long ago said that we have an overregulated society here. We certainly do. It is overregulation which mostly came about by people who have been in Congress for their entire adult life. This is something that can be changed.

I am not optimistic that anything is going to happen with this today. But I will say this. There is going to be a record that will be established so that people who are running for office will know that the public will know how they stand on this very contentious issue. Over in the other body, in the House of Representatives, there is a Contract With America; 9 of the 10 items were passed over there. The tenth one that was not passed was term limitation.

I believe it is something that is very healthy for our system, something that we all need to get on the record, and I think we will have that opportunity today. I believe that is in the best interest of this country.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mrs. KASSEBAUM. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

HEALTH INSURANCE REFORM ACT

The Senate continued with the consideration of the bill.

Mrs. KASSEBAUM. Mr. President, first before we go to the closing statements on the health insurance reform bill, I would like to yield the floor 5 minutes to the Senator from Minnesota.

The PRESIDING OFFICER. The Senator from Minnesota, [Mr. GRAMS] is recognized for 5 minutes.

Mr. GRAMS. Thank you very much, Mr. President.

Mr. President, I rise today to offer my strong support for the Health Insurance Reform Act, and I commend the distinguished chairman from Kansas and the Senator from Massachusetts for drafting legislation which seeks to ensure affordable, accessible health insurance for all Americans.

In September of 1993, President Clinton and the First Lady presented a sweeping health care reform proposal which they believed would resolve the health care problems facing many in our country. They said we needed to make insurance portable . . . they said

we needed to protect individuals with pre-existing conditions . . . and they said we needed to bring down the rising costs of health insurance. I agreed with the problems identified by the President, however, I strongly disagreed with the solutions he proposed.

Crafted during a year of closed-door meetings by the White House's Health Care Task Force, the Clinton plan set in place global budgets, price controls, tax increases, reduced choice and rationing—all housed within a massive, new layer of Federal bureaucracy. Fortunately, Americans recognized the President's plan for what it really was—a government takeover of the Nation's health care system, and they had the good sense to reject it.

Mr. President, I believe government-controlled health care failed in 1994 because the President underestimated the ability and desire of Americans to make their own health care choices, free from government intrusion or control. Only by empowering consumers, rather than the Government, will we allow the marketplace to evolve into a quality, cost-effective, and responsive health care provider, able to offer affordable insurance to all Americans.

While socialized medicine failed in 1994, Americans did embrace four important concepts which emerged from the health care debate: health insurance should be accessible, it should be affordable, it should be portable, and pre-existing conditions shouldn't disqualify anyone from obtaining health insurance. Those principles lie at the heart of the Health Insurance Reform Act.

It is estimated that 43 million Americans went without health insurance in 1995. According to the Minnesota Health Care Commission, the number of uninsured Minnesotans has remained stable for the last 5 years at approximately 400,000 individuals, or nearly 9 percent of the State's population. That is below the national average of close to 15 percent uninsured but still too high.

Mr. President, what keeps health insurance out of the reach of so many? The two main barriers are access and affordability.

A majority of Americans under the age of 65 are insured through their workplace. Many job providers, however—small employers in particular—find themselves shut out of the health insurance market when it comes to obtaining affordable coverage for their employees.

And even insurance obtained through a job doesn't last forever, because few Americans stay with a single employer throughout their entire work career. Each year, 18 million Americans change insurance when a family member moves between jobs, often stranding them without insurance and usually forcing them to find new coverage. Many who are unwilling or unable to risk going without insurance just stay put. A Washington Post/CBS News survey found that one quarter of all Amer-

ican workers experience "job lock"—they are staying in jobs they would otherwise leave because they are afraid of losing their health coverage.

Another flaw of our insurance system is that it offers little protection to individuals or their family members suffering from major health disorders. Because they are victims of what are known as "preexisting conditions," these Americans are denied insurance because of the cost they represent to the system.

Americans who play by the rules, who buy health insurance when they are healthy, should be allowed to keep it when they get sick. This is why I supported Senator JEFFORDS' amendment which would have raised the lifetime cap on insurance policies.

Individuals buy health insurance to not only ensure treatment for relatively minor problems—strep throat and the occasional broken bone, for example—but also to protect themselves against crippling accidents or catastrophic illness. It is important that these individuals continue to be covered by their private insurance company. If they are dropped, their only alternative is to spend-down their assets in order to qualify for Medicaid.

This moves more patients into the Medicaid program, overloading the taxpayers and a system that is already buckling under heavy costs.

This is unfair to those individuals who have played by the rules, and I will continue to work with the Senator from Vermont to address this issue.

Expanding access to insurance, allowing individuals to move between jobs with insurance policies that can move with them, and preventing insurance companies from denying coverage based on a preexisting condition, is precisely what the Health Insurance Reform Act attempts to provide.

The Federal Government's General Accounting Office estimates this legislation would open the door to health insurance for 25 million more Americans.

Americans will no longer be forced to decide between taking a new job or losing their medical coverage—the Health Insurance Reform Act guarantees health care that is always there, regardless of where an employee works or even if they work at all.

My own State of Minnesota embarked on reforming its health care delivery system long before most of the rest of the country.

For three decades, we have debated these very same issues and worked long and hard to achieve portability, renewability, and the elimination of pre-existing condition exclusions, thereby increasing the number of insured.

Minnesotans have been innovative and progressive in reform of our health care marketplace.

We have celebrated success and we have endured failure.

While our system is far from perfect, our legislators, our health care community, and our constituents continue