

The SPEAKER pro tempore. The Clerk will report the resolution.

The Clerk read as follows:

H. RES. 411

Resolved, that the following named Member be, and is hereby, elected to the following standing Committee on the House of Representatives:

Committee on Banking; Ms. Lee of California to rank immediately after Mr. Meeks of New York.

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

There was no objection.

The resolution was agreed to.

A motion to reconsider was laid on the table.

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REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2005, WORKPLACE GOODS JOB GROWTH AND COMPETITIVENESS ACT OF 1999

Mr. REYNOLDS, from the Committee on Rules, submitted a privileged report (Rept. No. 106-491) on the resolution (H. Res. 412) providing for consideration of the bill (H.R. 2005) to establish a statute of repose for durable goods used in a trade or business, which was referred to the House Calendar and ordered to be printed.

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MOTION TO INSTRUCT CONFEREES ON H.R. 2990, QUALITY CARE FOR THE UNINSURED ACT OF 1999

Mr. BERRY. Mr. Speaker, I offer a privileged motion to instruct conferees on the bill (H.R. 2990) to amend the Internal Revenue Code of 1986 to allow individuals greater access to health insurance through a health care tax deduction, a long-term care deduction, and other health-related tax incentives, to amend the Employee Retirement Income Security Act of 1974 to provide access to and choice in health care through association health plans, to amend the Public Health Service Act to create new pooling opportunities for small employers to obtain greater access to health coverage through HealthMarts; to amend title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage; and for other purposes.

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

The Clerk read as follows:

Mr. BERRY moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 2990 be instructed.

(1) to take all necessary steps to begin meetings of the conference committee in order to report back expeditiously to the House; and

(2) to insist on the provisions of the Bipartisan Consensus Managed Care Improvement Act of 1999 (Division B of H.R. 2990 as passed by the House), and within the scope of con-

ference to insist that such provisions be paid for.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from Arkansas (Mr. BERRY) and the gentleman from California (Mr. THOMAS), each will be recognized for 30 minutes.

The Chair recognizes the gentleman from Arkansas (Mr. BERRY).

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

Mr. Speaker, it has been 3 months since the House passed a bipartisan Patients' Bill of Rights legislation. The American people still do not have protections they want and deserve. Mr. Speaker, last night, I offered the motion to instruct conferees. The conferees deserve the opportunity to meet on this legislation. We need to get to work on finishing the job the American people sent us here to do.

Last October, the House passed a strong bill. That is what I am asking the House to do now. Let the conferees meet. Let the Congress vote on a strong bill that will give the American people the patient protection they deserve and are asking for.

While we delay, millions of American families needlessly suffer from the consequences of allowing HMO bureaucrats to make medical decisions. Let us allow medical decisions to be made by doctors and patients, not someone behind a desk. Americans want a bill that has a strong independent review of HMO decision. They want a bill that is going to address the unfortunate case when the HMO causes injury or wrongful death, that they will be held responsible like any other business in America.

Congress needs to take action on passing the bipartisan legislation to provide the American people with basic protections and basic guarantees when it comes to managed care.

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

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

Mr. Speaker, this is, once again, the kind of political move that belies the argument that people want to come to a successful conclusion on a Senate-passed bill and a House-passed bill. We would have no ability whatsoever to reconcile the differences between the bills if the Senate were to insist on its position and, in fact, the House voted, as this measure indicates they want us to vote, to lock ourselves into our position.

Now, first of all, we know that motions to instruct are not binding; that Members do not have to follow the vote one way or the other. But it is a clear indication that somebody wants political game playing rather than a solution.

Mr. Speaker, I stand prepared as a conferee, as I am sure all the other conferees are prepared, to sit down and, over some very difficult subject matter, come to mutual agreement so that, as the Constitution requires, bills that differ in passing the House and Senate

can be reconciled, repassed by the House and Senate so the legislation can actually go to the President for his signature.

If somebody wants a patient protection bill with solid standards and with the acceptable practices that several years ago we voted very noncontroversially in the Medicare provisions, like emergency rooms, like no-gag rules, like the other provisions that we have already passed, then this is exactly the wrong motion to offer.

If Members want to keep a football kicking even after the Superbowl, if they want to play politics with the issue, this is exactly the kind of motion that they would offer.

So, Mr. Speaker, I am sorry that we are beginning this year with this kind of deceptive action, and I certainly would urge Members that what they ought to do is allow the conference to do its work, come to a successful conclusion, and not inhibit it by making demands that on their face cannot be met.

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

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. DINGELL).

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

Mr. DINGELL. Mr. Speaker, this is a very simple resolution. It is one upon which the House has, in substance, voted not once, but twice before. It is a good resolution. It simply says two things: One, that the conference should commence its business quickly; and two, that the conference should keep in mind and support the House-adopted position with regard to Patients' Bill of Rights.

I am rather distressed to hear the gentleman from California (Mr. THOMAS), my old friend, talk about this as being political. It is not. It is simply orderly business of the House provided for in the rules. It is a resolution which is going to expedite the process. There is no politics here.

The House has spoken on this matter not once, but twice. The people want it. The country needs it. The House should vote affirmatively on this so that we can proceed in an orderly and speedy fashion towards the adoption of a piece of legislation that the people have said is not only needed, necessary, but badly wanted and very, very useful to the people in the country.

Mr. Speaker, I urge a favorable vote on the resolution, I commend my good friend for his resolution and I urge my colleagues to vote affirmatively and to do so amicably and in the goodwill that is deserved.

Mr. THOMAS. Mr. Speaker, I yield 3 minutes to the gentleman from Georgia (Mr. NORWOOD), the cosponsor of the legislation. And I would tell the gentleman from Michigan (Mr. DINGELL) that my point is substantiated by the next speaker. Most of us referred to that bill as the Dingell-Norwood bill.

Mr. NORWOOD. Mr. Speaker, I thank the gentleman from California (Mr. THOMAS) for yielding me this time. Mr. Speaker, I want to be very clear. I certainly support the conference committee taking action on managed care reform as soon as possible, as Members on both sides of the aisle would agree to.

But we do have to ask ourselves why are we bringing this motion before the House again today? We have finally received a commitment from House and Senate leaders to produce a final bill by early April, which will include the ability to sue ERISA-governed HMOs that cause injury and death. This is a massive concession by many who have been opposed to restoring the rights to sue. They should be welcomed with open arms.

Instead, I fear we may be poisoning the negotiations by rewarding them with a political slap in the face. I do not know of any nonpolitical reason why we have the motion today. However, because I fully support patient protections, I will not vote against this motion. This is only our second day back to voting. People who have been our hard-core opponents are now offering an olive branch. We need to take it and make the best of it that we possibly can make.

For that reason, I will not vote for this new motion. For now I will simply vote "present." We need to encourage negotiation. The GOP leadership should be able to compromise in good faith on liability. Democratic leaders should be able to do the same on accessibility. I believe that President Clinton, the Republican leadership, the Democratic leadership, should accept immediately the 90 percent of the reforms that everyone agrees on that were in both the Norwood-Dingell and the Coburn-Shadegg bills, and all three should work out a compromise on liability and access.

Mr. Speaker, it can and it must be done, but now is not the time to embarrass anybody. Now is not the time for politics from either side. Now is the time for serious people to have a serious discussion about the policy, the health care policy in this Nation that affects every one of our constituents.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentleman from Maryland (Mr. CARDIN).

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

Mr. CARDIN. Mr. Speaker, it was last October when this House, this body acted on the Patients' Bill of Rights. Our colleagues ask why are we bringing this motion forward? We are bringing it forward because it is time for Congress to act. There is hardly a week that goes by that I don't receive letters and telephone calls from constituents that have been hurt by their HMOs, that have been denied access to emergency care and denied access to specialists, whose physicians spend more time on the telephone arguing with HMOs than treating their patients.

□ 1530

It is time for this Congress to act, and that is why my friend from Arkansas is offering this motion.

This bill has been in conference for too long. It is not a new issue. It has been with us now for several years. Let us schedule a meeting of the conference committee. Let us meet and act on the bill. We do not need to wait until April or May. This issue has been debated. People are being hurt. We know we need national legislation. It has been acknowledged in a bipartisan way by Democrats and Republicans alike.

So let us put the politics aside, and let us get down to work and bring this legislation forward. That is the essence of the motion of the gentleman from Arkansas (Mr. BERRY). I urge my colleagues to support the motion.

Mr. Speaker, I rise in support of this motion to instruct the conferees on H.R. 2990.

The American people have been waiting for years for Congress to enact meaningful, enforceable HMO reform. With more than 120 million Americans enrolled in managed care plans across the nation, we cannot afford to delay action any longer.

Mr. Speaker, our citizens worry that to save money, insurers are skimping on quality and endangering the health and lives of their members. Our papers and our mailboxes are filled with accounts of patients who are denied care on the basis of cost. Medical decisions are being made by insurance company accountants rather than by doctors and their patients.

Right now, our country has an illogical patchwork of state laws. This patchwork has prevented the enactment of national standards that guarantee all patients a set of basic rights. The right to be fully informed of treatment options, the right to emergency care based on a prudent layperson standard, the right to see a specialist, the right to be treated by the drugs that their doctor prescribes for their condition, the right to appeal health plan decisions to an independent review board, and the right of action when they are harmed by a health plan's decisions.

Our conferees have two bills before them that must be reconciled. Only the House bill, H.R. 2990, contains these important basic rights. Overwhelmingly, this body has supported not only the Norwood-Dingell Bipartisan Managed Care Improvement Act, but also my distinguished colleague from Michigan's motion on November 3 to instruct the conferees to adopt this bill as the final legislation.

Without further delay, it's time for this Congress to present a bill to the President that provides meaningful standards for all Americans in managed care plans. I urge adoption of this motion.

Mr. THOMAS. Mr. Speaker, I yield myself such time as I may consume to respond to my friend from Maryland by saying that the actual process is one of accommodation and compromise between the House and the Senate. And I certainly would concur if this resolution or motion to instruct had only the first section, which was to announce immediately a time for a meeting. But the gentleman well knows that the second section requires on the part of the House to, without change or amend-

ment, accept the bill that was voted on the floor of the House. That is pure unadulterated politics.

Mr. Speaker, I yield 2 minutes to the gentleman from Iowa (Mr. GANSKE), a doctor himself and someone who has worked long and hard on this issue.

Mr. GANSKE. Mr. Speaker, I thank my friends on both sides of the aisle who have supported patient protection legislation. We essentially have voted on this motion to instruct before, and I voted yes on that. But today I am going to vote present, and here is why.

Today, the Speaker has said that he wants the conference to convene in the next couple of weeks. The Speaker kept his word about bringing this issue to the floor when we did, and I trust that he will keep his word on getting this conference started.

Do I think, as one of the three co-authors of the bill that passed the House, that the House conferees should stick up for the bill that passed with a 275 vote margin? Of course I do. But I think that I am seeing some evidence of a softening of hard positions, and I think that it would be, as my colleague, the gentleman from Georgia (Mr. NORWOOD), said, if an olive branch is held out, we should take it in good spirit.

I think that we should move to getting this legislation passed this year, and that is why I am going to vote present. It does not indicate any weakening of my resolve on getting good patient protection legislation passed. I just simply think that at this point in time this resolution is not warranted. Why do we not wait to see what happens in the next few weeks?

Mr. BERRY. Mr. Speaker, could I ask how much time is remaining on each side?

The SPEAKER pro tempore (Mr. SHIMKUS). The gentleman from Arkansas (Mr. BERRY) has 26½ minutes remaining and the gentleman from California (Mr. THOMAS) has 23 minutes remaining.

Mr. BERRY. Mr. Speaker, I yield 1½ minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, I thank the gentleman for his leadership on this issue.

Too often an insurance clerk gets right in the middle of the relationship between doctor and patient, and the consequences of that interference can be absolutely disastrous. We want to do something meaningful about that problem. It is called a Patients' Bill of Rights.

The same Republican leadership that is up here today saying wait to the American people is the same leadership that fought tooth and nail to prevent us from ever taking up a Patients' Bill of Rights in the first place. The same folks that say wait today are the same people that came to this floor and voted for every amendment they could come up with to kill this Patients' Bill of Rights.

The same Republicans that are here today saying wait are the same Republicans that after their amendments

were defeated, they all voted against a meaningful Patients' Bill of Rights. The same Republicans that say wait today are the same Republicans that, after the Senate appointed its conferees, dillydallied around here, they waited, they delayed, they did anything they could except act. They waited until the week before we went out of session to even name conferees.

The same Republicans that say wait today are the same Republicans that refused to even appoint the gentleman from Iowa (Mr. GANSKE) and the gentleman from Georgia (Mr. NORWOOD), both doctors and Republicans who knew something about this issue and cared about patients. They would not even appoint them as conferees.

They say wait to the American people. We say do something to give them a meaningful Patients' Bill of Rights. Is there politics at issue here? You bet there is politics at issue today. It is the politics of inaction, which is the whole story of this worthless Republican leadership.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentlewoman from Maryland (Mrs. MORELLA).

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

Mrs. MORELLA. Mr. Speaker, I am not here to talk about the politics of the situation, except that this is the time. This session we must pass a bipartisan HMO reform bill.

I want to encourage the conferees to maintain the many noncontroversial provisions in H.R. 2723 in the conference report, such as the requirements that managed care patients have access to emergency care without prior authorization; access to specialized treatment when it is medically necessary in the judgment of a health professional; and access to approved clinical trials where the plan must pay for the routine patient costs associated with the trials.

Also, I want to encourage the conferees to exclude medical savings accounts in the FEHBP. I oppose MSAs because they would cause cherry-picking in the FEHBP, resulting in higher premiums for those who are less healthy as relatively healthy enrollees are included.

So I just ask the conferees to meet, to resolve it. I believe that the Speaker is going to have a bill before us that will be bipartisan and that we can all agree on.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, I rise in strong support of the gentleman's motion to instruct conferees, to act quickly, and to pass the bipartisan House bill.

This morning I read a letter on the floor that I received from David and Suzanne Miller, two of my constituents from Niles, Illinois. They asked, and I quote, "Why can't Congress just do what is right for the people whose well-

being has been entrusted to them?" Why indeed.

Last November we passed a bill that held out great promise for millions of patients in managed care plans. That bill, that particular bill, would make it easier for patients to enroll in clinical trials; give direct access to women for obstetrician-gynecological services; ensure that children could get to see their pediatricians and pediatric specialists; make sure patients undergoing treatment for serious illnesses can stay with their own doctors rather than being forced to switch; let health care professionals, not insurance company bean counters, make medical decisions; and, finally, hold health care plans accountable and let patients sue if they are injured by HMO decisions.

But, Mr. Speaker, it will do nothing if it is not enacted into law. Let us not let David and Suzanne Miller down or the millions of patients who count on us.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. DAVIS).

(Mr. DAVIS of Illinois asked and was given permission to revise and extend his remarks.)

Mr. DAVIS of Illinois. Mr. Speaker, one of my constituents, Miss Elizabeth Hines, stated very clearly my position on this issue when she wrote a letter to me saying, "As a registered nurse, I urge you to persuade your colleagues on the conference committee to move ahead and pass H.R. 2990, to honor the clear imperative from the American people for enactment of strong, comprehensive and enforceable protections embodied by the bipartisan Norwood-Dingell legislation. The final bill must include protection for nurses and other professionals who blow the whistle so that they can be advocates for their patients."

I agree with Miss Hines. We need to move now, not tomorrow, not next week, not next year. The American people are saying, "Pass it now."

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON).

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to revise and extend her remarks.)

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, let me thank the gentleman for his leadership and all those who stand here on behalf of the American people.

Not anywhere can we go in this country that people are not begging for a sensible health care delivery system. We passed this bill 4 months ago. There is no reason why the conference committee could not have acted back then. But we are desperate now and we do need this. People scream out for it.

I am a registered nurse, and I see the difference in the quality if we do not have any accountability. These companies dictate to physicians. We want to put the health care back into the hands of the caregiver, not the bureaucrat. Because, my colleagues, what happens

is they dictate to the physicians, they dictate to the nurses, but they do not want to take the responsibility for it.

Patients need rights. They need to be able to complain when they have been wronged by the system. We cannot get it until we get a good, aboveboard non-partisan approach to it. It is very, very important.

Mr. THOMAS. Mr. Speaker, I yield myself such time as I may consume to simply say that I find it ironic that the gentleman from Texas used the phrase "you Republicans," "you Republicans," "you Republicans," when, in fact, as the gentleman from Illinois said, this is a bipartisan bill.

I also find it interesting that the two individuals on the bill who made it bipartisan, the gentleman from Georgia (Mr. NORWOOD) and the gentleman from Iowa (Mr. GANSKE) were our first two speakers, and they said this does not make a lot of sense. They are not going to vote for it.

It seems to me that the bipartisan part of my colleagues' argument has been shattered. If we have a procession of Democrats offering 1 minutes saying this has to be passed now, but the Republicans who made it bipartisan say this does not make a lot of sense, it looks like politics is being played, then I think it is fairly obvious. The answer is, politics are being played.

Mr. Speaker, I yield 5 minutes to the gentleman from Arizona (Mr. SHAD-EGG), someone who has become very knowledgeable on this subject matter, has been a major contributor to the debate, and is a conferee.

Mr. SHADEGG. Mr. Speaker, I thank the gentleman for yielding me this time, and I want to make it very clear that I oppose this motion to instruct, and I urge my colleagues to defeat it.

I think it is important that we look at precisely what the motion to instruct does. There are two pieces to it, as my colleague, the gentleman from Michigan (Mr. DINGELL), pointed out. The first one is that all necessary steps be taken to begin the meetings.

On that point I think it is very important to note, and for all our colleagues to understand that, in fact, there has now been an agreement that a meeting of the conference committee will occur. It will occur either next week or the week after. It will precede the February break, which is the week after that. And so steps to begin meetings have in fact been agreed to, making the first point of the motion to instruct moot.

I guess I would add on that point that I myself agree with the concern that the conferees should meet and that we should begin the process, because I wholeheartedly agree it is critically important work.

But the second portion of the motion to instruct is the portion of the motion I think our colleagues should be concerned about and, quite frankly, which is the portion of the motion to instruct which makes it technically flawed. And that is that we instruct the conferees

that they insist that H.R. 2723 be included in the conference report. What that means is that we insist on the House position and the House position only.

Now, as a proud Member of the House, there might be occasions when I would like to insist on the House position and the House position only. But there is no one in this body, Republican or Democrat, who does not understand that in this conference committee if either the Senate or the House chooses to insist upon their position and their position only, the net effect will be tragic.

My colleague, the gentleman from Arkansas (Mr. BERRY), the proponent of this motion to instruct, said just a moment ago that people are suffering today and it would be tragic if we continued to delay because people will continue to suffer. Well, I think it is very important for our colleagues to understand that if either side, the House or the Senate, insists that it is their position in these negotiations or no position, then in fact what we will get is not a bill, it is not legislation, it is not relief for the American people, whom I believe are being abused, it is not legislation that will help them.

If we do as this motion to instruct requires, indeed demands, if we insist that it is our bill and our bill only, the Norwood-Dingell bill, which is bipartisan, if we insist that it is that bill and that bill only, then what we are saying is we do not intend to legislate on this issue this year; we do not intend to send the President a bill that he can and will sign, and we do not intend to help the American people.

□ 1545

Rather what we intend is to save for the election a political issue. I understand there are people in this body who want a political issue. I urge them to rethink their position. The reality is we need a compromise between the House and the Senate version, and we need legislation to help the American people.

And on that point, I would note that my colleagues, the gentleman from Iowa (Mr. GANSKE) and the gentleman from Georgia (Mr. NORWOOD), who were plowing this ground long before I, and who know it well, stood up and noted that on the critical issue of liability, we have made great strides in just the last 3 weeks.

Just a few weeks ago, barely a week and a half ago, Mr. LOTT indicated that any legislation which passes this year must include a reasonable liability provision holding HMOs that hurt people accountable in a court of law for their conduct; that is a tremendous stride forward.

And I compliment the gentleman from Iowa (Mr. GANSKE) and the gentleman from Georgia (Mr. NORWOOD) for acknowledging that. But if we are making progress, then why step back from that? Why insist our way or no way? I suggest that is a tragic mistake

being advocated by those who do not want to help the American people on this issue, but who rather want a political issue to go forward on.

And, again, the net effect of insisting our way or no way is that people will continue to suffer, the very goal this motion to instruct is designed to alleviate.

There is another critical important issue to be discussed here, and that is the contents of the bill on the issue of access. My colleagues on the other side, when the bill passed the House floor, every single one of them said, we do not want to accept nor will we embrace a single provision of H.R. 2990 that addresses the problems of access to care by the uninsured.

There are several pieces in H.R. 2990 that would help America's uninsured get care. While I heard some movement in the Senate side on the issue of liability, I have not heard today any movement on the House side on the issue of access to care. I think that would be a tragic mistake.

This is a once-in-a-lifetime chance for this Congress to do something, not just about HMOs and their abuses, but about America's 44 million uninsured. Clearly, we need to do something about that. Indeed in his State of the Union address just last week, the President talked about access to care. He proposes three solutions.

To sum it up briefly, the President in his State of the Union address proposed that we expand government-run health care from two ends, that we expand Medicaid to younger people and that we expand SCHIP. I would suggest that that is the best answer. But that the best answer is one that has a lot of bipartisan support and that is a tax credit, a refundable tax credit.

And I would note that just last week, our Majority Leader ARMEY and Senator BREAU, a knowledgeable expert on the other side of this issue, proposed irrefundable tax credit. There are great things that can be done on health care this year. We can support a patients' bill of rights. We can enact legislation that will help the American people, but not by this motion to instruct, not by an arbitrary demand that it be our way or no way.

Mr. BERRY. Mr. Speaker, I yield such time as she may consume to the gentlewoman from California (Ms. WATERS).

(Ms. WATERS asked and was given permission to revise and extend her remarks.)

Ms. WATERS. Mr. Speaker, I rise in support of H.R. 2990.

I rise in strong support of the motion to instruct the conferees to begin meetings of the House-Senate managed care conference committee and insist upon the provisions of the Dingell-Norwood Managed Care Reform bill. The Dingell-Norwood bill was passed by the House of Representatives by a strong bipartisan vote on October 7, 1999. Nevertheless, the Republican leadership has made no progress whatsoever towards the enactment of this critical legislation. There has not even

been a single meeting of the conference committee since the bill was passed.

The Dingell-Norwood Managed Care Reform bill, also known as the Patients' Bill of Rights, would protect patients and their families from irresponsible actions by HMO's. It would prevent health insurance companies from rewarding doctors for limiting access to health care, and it would hold managed care plans legally accountable when their decisions to withhold or limit health care result in injury or death. The Patients' Bill of Rights would ensure that medical decisions are made by health care professionals and not bureaucrats.

Health care should be provided by doctors—not HMO bureaucrats! It is time that Congress hold health insurance companies accountable and protect the rights of American families to quality health care.

I urge my colleagues to support this motion to instruct the conferees and send the Patients' Bill of Rights to the President's desk without any further delay.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. PALLONE) who has done great work on this issue and continues to provide great leadership, to try to help the American people get health care.

Mr. PALLONE. Mr. Speaker, I want to thank my colleague from Arkansas for those kind remarks. And let me just say, I listened to the previous Republican speaker on the other side of the aisle, and after I listened to what he said, I am more than ever convinced why we need this motion to instruct. He said, well, we are going to schedule the conference. It will be scheduled sometime in February or early March.

Well, the bottom line is it has not been scheduled. The bottom line is that it has not been scheduled. It is 4 months since we passed this bill. I am tired of hearing about it is going to be scheduled, it is going to happen. I hope he is right. But I think that we must insist that we move to the conference straight with.

The other thing is there is a tremendous amount of frustration on the part of Democrats and myself on this side of the aisle because so many efforts have been made by the Republican leadership over the last 2 or 3 years to sabotage the effort to pass the Patients' Bill of Rights.

For 2 years, we saw both Houses of Congress pass what I considered bad bills, it did not really do any reform. And now the gentleman suggested somehow we have to wait on the access provisions and the larger issues of dealing with the uninsured or other health-care issues have to be brought into this. Again, I think that is nothing more than an effort to try to delay and delay the Patients' Bill of Rights.

We know that there is almost unanimous support amongst the American people for this legislation the way the House passed it. We must insist on the House version. Because that is the only thing that is going to be signed into law. That is the only thing that will pass both Houses overwhelmingly, go

to the President and be signed into law.

If they mess up this legislation with the Senate version that has the MSAs, even one of my Republican colleagues talked about how bad that is, the health marts and all these other poison pills that have been placed in this legislation and get to those other issues, all that means is that they are going to ruin any possibility of passing the Patients' Bill of Rights in the way it was passed in the House, the way the American people want it passed.

So I would maintain, after listening to my colleagues, I feel all the more we need this motion to instruct. We need to go to conference forthwith. We need to insist on the House version because that is the only thing that is going to pass.

Let us get passed what we can get passed and show the American people that we can accomplish something that helps them rather than dillydallying for the rest of this year and the rest of this Congress.

Mr. BERRY. Mr. Speaker, may I inquire how much time is remaining on each side?

The SPEAKER pro tempore (Mr. HASTINGS of Washington). The gentleman from Arkansas (Mr. BERRY) has 19 minutes remaining, and the gentleman from California (Mr. THOMAS) has 16 minutes remaining.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. GREEN).

(Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, it has been 4 months since we passed the bipartisan Norwood-Dingell bill and nothing has been done. We have worked hard to reach that consensus, but the opposition continues to delay the real reform with gimmicks and watered down proposals that will wind up doing nothing for patients.

Not only is the conference committee stacked with Members who voted against the bill, Mr. Speaker, there has not been one meeting since the bill was passed 4 months ago. This is unacceptable, Mr. Speaker.

We have 48 million Americans who belong to self-funded health insurance plans that have very little protection from neglectful and wrongful decisions made by their insurance plans.

Now, I would like to have access like my colleague from Arizona talks about, but it does not do any good to have access if we do not have a plan that is worth anything, it is not worth the dollar that their employer or they pay for it. It is not worth it.

We cannot stand by and allow the delay and the maneuvering to continue to pass a weak bill. Millions of people need help and are suffering from the consequences and decisions not made by doctors but made by clerks. What I have heard is that some of the folks who are making those decisions do not even have the training that a first-year

medical student may have even before they enter.

So we need to pass a strong bill. I am pleased that my colleague from Arkansas is offering this motion to instruct conferees. We are going to be here every week until we see some action from the conference committee. And 4 months is too long.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. STRICKLAND).

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

Mr. STRICKLAND. Mr. Speaker, it has been over 100 days since this House passed the Patients' Bill of Rights, 100 days. Nothing has happened.

I have here in my hand a little booklet "How Our Laws Are Made." We give this booklet to schoolchildren so they will understand.

I suggest the leadership of this House read this book. It is rather simple. The House passes a bill. The Senate passes a bill. And then conferees are appointed, and they come together and come up with a consensus that is then sent to the President for his signature.

We have done step one. We have done step two. It is time for step three.

I urge the leadership of this House to read this pamphlet and to get on with the business of the people of this country.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. Mr. Speaker, I do not know if it is a miracle or a coincidence, but for over 100 days after the House passed the bill there was no meeting scheduled of the conferees. Then last night we filed this motion calling for a meeting of the conferees, and we hear there is a meeting going to be scheduled.

It sounds to me like a trip to Lourdes took place and a miracle occurred, and we accept the miracle very happily.

I have no doubt that there are people in good faith on both sides that want to pass a real accountability bill for managed care. But I worry that we might be like the fans of the Tennessee Titans, like my friend the gentleman from Tennessee (Mr. FORD), who believes that if they had time for just one more play the other night, they would have tied the game and gone on to win the Super Bowl.

I do not want to be standing here in September or October and saying, if we just had one more week, just a little more time, we could have done what the huge majority of Americans want us to do.

Let us get to work right now. Let us have the conference meet, and let us pass a real Patients' Bill of Rights.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentleman from North Carolina (Mrs. CLAYTON).

Mrs. CLAYTON. Mr. Speaker, I thank the gentleman from Arkansas (Mr. BERRY) for his leadership in this.

Actually, this resolution should be encouraged from both sides of the aisle. Because health care for families and their children is the most pressing issue, and we should have to make sure we respond to this, not waiting and delay. We should be eager that this is here.

This is an opportunity to respond to a pressing need. All across America, in thousands of communities, families are trying to struggle how to get the health care they already paid for. They want to make sure that their adults and their children have emergency care. They want to make sure they have specialty care. Women and children want to have protective care. And certainly we want to have long-term continuity of care.

Patients want to know that their doctors are free to make medical necessity decisions, not just decisions based on how much to save the HMO. Good medical decisions by a physician is good for business, and it certainly should be good for the American people.

I urge the support of this resolution.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentleman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, we have begun a new year, some say a new millennium, and it is a new session of the Congress. Yet working families have come no closer, no closer, to reclaiming control of their medical decisions.

It is long past due that we enact the Patients' Bill of Rights. Let us put health-care decisions where they belong, in the hands of doctors and families.

Every single Member of this House has heard the heart wrenching accounts of the prescriptions and the procedures that have been denied. Quite frankly, that is why we were able to take that giant step forward last year when we passed a bipartisan Patients' Bill of Rights. It is a balanced bill. It would protect patients' rights without reducing health care coverage.

Unfortunately, the Republican leadership of this House has worked long and hard to try to kill managed care reform. It continues to stand in the way of this bill. Four months, 4 months they have taken, they stacked the deck against patient care when they chose to negotiate the final bill.

The fact of the matter is they are in charge, they could bring this bill up anytime they want. They are stalling. Let us stop.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Tennessee (Mr. FORD).

Mr. FORD. Mr. Speaker, I thank the gentleman from Arkansas (Mr. BERRY) for all his leadership.

I want to take just a personal privilege and thank the gentleman from New Jersey (Mr. PALLONE). When this bill is eventually signed into law, and we hope it resembles the Norwood-Dingell bill, the gentleman from New Jersey (Mr. PALLONE) should be standing

right next to the President. There has not been a greater stalwart in the House in seeing this passed.

I thank the gentleman from Arkansas (Mr. BERRY) and all the others, but the gentleman from New Jersey (Mr. PALLONE) has been a great leader.

Cynicism abounds about what we do in this Congress and what we do not do. We passed a bill here in the Congress some 100 days or more, so many other colleagues have said, with clear instructions as to where this body stood on this issue, reflecting where the American people, regardless of what their political or party affiliations might be.

I was delighted to hear my friend the gentleman from California (Chairman THOMAS) say that we ought to adhere to what both the gentleman from Iowa (Mr. GANSKE) and what the gentleman from Georgia (Mr. NORWOOD) have said. I would hope that if some of my colleagues on this side choose to vote "present" on this bill, and I have not made my mind up, that they might change their opinion on this and support the Norwood-Dingell bill itself, urge the conferees, the lead Senator on the Senate side, Mr. FRIST, and all the others to do what is right on this bill, protect consumers and return medical decision making back to the doctors.

We have an opportunity here today, I say to both my friend from Iowa (Mr. BOEHNER) and the gentleman from California (Mr. THOMAS), to do right by the people and restore some confidence in this House in our ability to do our job.

□ 1600

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

I would only note that the gentleman who just spoke said that he hopes the bill that comes out of conference resembles Dingell-Norwood. If this motion to instruct passes, it has to look exactly like it. So I think it is fairly clear that, just as the gentleman from Ohio holding up the Constitution said, that what we need is a consensus. I think if anybody looks up "consensus," it means an agreement by all parties. This motion to instruct says Members can only vote the bill that came off the floor. The gentleman from New Jersey said that is the only bill that will go to the President, which means, I guess, that they are going to be opposed to any reasonable compromise, or something that resembles Dingell-Norwood.

Once again, I think it clearly underscores what we are about is politics.

Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. WHITFIELD).

Mr. WHITFIELD. Mr. Speaker, this obviously is quite an emotional issue. When people talk about patients' rights, all of us want to protect patients' rights. I can understand how the gentleman from Texas and other speakers on the other side would say this is a partisan issue, because we can make it quite a partisan issue. But the point that I would like to make is that poli-

tics is the art of compromise. As the gentleman from Arizona said, many on that side of the aisle have taken the position, it is either our way or it is no way. They also would make the argument that government can best solve this problem.

Yes, I think government has a part and an important part in trying to solve this problem. But I would also remind everyone that this patient protection bill, we get the impression that it would affect every patient in America. That is really not true. It affects only those covered under ERISA plans, health plans provided by certain employers. Those employers have a vested interest in helping their employees with good health care. That is why they have initiated many of these plans. The reason that we want some flexibility for these conferees on the House side is that what the Senate passed is drastically different than what the House passed. It would be unwise, it could not work, if our conferees cannot have any flexibility whatsoever.

So if the other side really wants to try to solve this problem and have a meaningful bill that can protect patients under ERISA plans, then we need to defeat this motion. They can go to conference; they can have disagreements. We can come back and vote on it again. But to tie their hands before they even get there I think is not only a disservice to the House, not only a disservice to the conferees, but a disservice to the patients whose rights we are trying to protect.

Mr. BERRY. Mr. Speaker, I yield such time as he may consume to the distinguished gentleman from Michigan (Mr. DINGELL), who without his leadership we would not have passed this bill. He has provided the leadership to get this issue this far in the Congress and hopefully to serve the American people well very soon in their effort to obtain good health care.

Mr. DINGELL. Mr. Speaker, I want to thank my dear friend for his kindness to me for yielding this time. I do not need much. I would like to hear more from my distinguished friend from Arkansas.

We have here a chance simply to support what has been done by the House in two prior votes and to do so with regard to a matter which was decided in a thoroughly bipartisan fashion with leadership from Members not necessarily in the leadership of both sides but on both sides of the aisle. I would observe that we have a chance here to instruct the conferees again. There is strong need for this because I would note to my colleagues that the leadership on the other side of the aisle has given no comfort whatsoever to those of us who favor this legislation. They have included no strong friends on either the Senate band of conferees or the conferees from the House side on the Republican side of the conference.

How much better it would have been had we moved more speedily. How much better would it have been had we

considered these matters in a fashion more consistent with the vote which was cast earlier by the House by including Members from the other side of the aisle who were in support of this. If the leadership wants to really demonstrate a measure of bipartisanship, they can show it. They can instruct the parties to the conference to move speedily. They also can construct a pattern of conference members who will give comfort to Members on this side.

I, for example, would be much more comfortable if I were to see the distinguished gentleman from Georgia (Mr. NORWOOD) or the distinguished gentleman from Iowa (Mr. GANSKE) or other Members on the Republican side who worked so hard in such a careful and thoughtful bipartisan fashion and see to it that the conferees in fact fairly represented the will of the House.

Clearly, events to this time show no comfort to any of us who believe in this piece of legislation. The conferees are rigged against us, over-long delay in appointing those conferees and exclusion of the two principal leaders on the Republican side. Until that kind of action is taken by the leadership on the Republican side, there will not be much comfort on this side of the aisle, and there will be strong reason in the minds of almost every Member who has supported this legislation to see to it that this resolution and other matters which can be done to move the process forward towards the House-passed bill are taken.

It is possible to say any number of things to the contrary, but nothing which is either factual or which will bear weight in the minds either of the average Member of this body or the ordinary citizens of the country.

Mr. BERRY. Mr. Speaker, I yield 1 minute to the gentleman from Tennessee (Mr. FORD).

Mr. FORD. Mr. Speaker, just to respond briefly to my dear friend, the gentleman from California (Mr. THOMAS), all we want on this side are for meetings to be scheduled, for an opportunity for a consensus to be reached to actually be realized. Sure I would like the compromise or the consensus to look like the Norwood-Dingell, but I am not alone. 250 of my colleagues wanted the same thing, including three out of the five Republicans from my own State, the gentleman from Tennessee (Mr. WAMP), the gentleman from Tennessee (Mr. DUNCAN), and the gentleman from Tennessee (Mr. JENKINS). Unfortunately I cannot convince either of my Senators, Senators FRIST or THOMPSON, to support it; but hopefully if we can arrange the meetings, we can find a consensus.

My other colleague mentioned how this would only affect a small number of people, that we ought to be concerned with the uninsured. There is serious and vast concern on this side of the aisle for the uninsured, but why should we ignore the 160 million plus that this bill would cover? I support

State tax relief. That would affect a small number of people. I support the capital gains tax relief. That would affect a small number of people. I support special ed, fully funding at the federal level. That would affect a small number of people. Do not act as if we are unaccustomed in this Congress to passing bills or offering public policy that would not affect everyone in America.

We have a chance to do what is right. Schedule the meetings and allow an opportunity or a forum for a consensus to be reached. Do not play games, leadership on the Republican side. Do what is right for the American people.

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

I tell my friend, the gentleman from Tennessee, that if this resolution was the first section only, which reads, "Take all necessary steps to begin meetings of the conference," that would have been a voice vote and it would have been agreed to, in my opinion, unanimously.

The concern obviously, as indicated by the two cosponsors of the bipartisan legislation, the gentleman from Iowa (Mr. GANSKE) and the gentleman from Georgia (Mr. NORWOOD), is that by adding the second provision, it clearly means there is more of an interest in politics than in getting the conference going. The gentleman himself has been ambivalent in terms of his statement as to whether he is really going to support this resolution or not. I think he and I would agree both of us could support the first item. It is the addition of the second item that makes it partisan, and indeed I will enjoy watching the gentleman from Tennessee's mental wrestling bout with himself as to whether he decides to make it partisan by voting "yes" or that his conscience controls and he votes "no."

Mr. FORD. I will vote "yes."

Mr. THOMAS. Mr. Speaker, it is my pleasure to yield 5 minutes to the gentleman from Ohio (Mr. BOEHNER), someone who has been involved extensively in this information, the chairman of a subcommittee which is crucial to the resolution of this issue.

Mr. BOEHNER. Mr. Speaker, I want to thank my colleague from California for yielding me this time and remind my colleagues that this motion to instruct conferees is a nonbinding motion. It is within the rules of the House to allow the minority to bring the issue to the floor and to have a debate; but we all know that, any of us that have been in this body for some time, that it is an opportunity to make political hay. After all, it is an even-numbered year.

Now, we all know in even-numbered years that all of the Members of the House are up for reelection or there is going to be an election and all the seats are going to be contested. What that means to me in most cases, unfortunately, is that the rhetoric in this body will certainly increase. I think it is a little early in the year for that to

occur, but obviously it is not too early for some.

We have had an awful lot of debate here, and we have heard mention about the 100 days that we have not acted on this bill. All of my colleagues know that we have been in recess, out of session, back in our districts for the last 2½ months. Since the week before Thanksgiving, we have been home with our families and our constituents trying to deal with what is happening out in the real world. To expect that Members were going to come back here over Christmas, as an example, to deal with this issue certainly is not realistic.

Having said all of that, the chairman of the conference, Senator NICKLES, has announced that the conferees are going to meet before the February recess. The Speaker of the House and the majority leader of the House, have made it clear that they want this issue on the floor of the House before the Easter recess.

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

Mr. BOEHNER. I yield to the gentleman from Tennessee.

Mr. FORD. Mr. Speaker, most Americans have to go to work every day. I know they appreciate the fact that we were out to enjoy time at home, being with our families.

Mr. BOEHNER. Reclaiming my time, certainly all of us, even though we were not here in Washington, were back in our districts working. Part of our job occurs in our districts. I am sure the gentleman from Tennessee was back in his district working diligently, every day, as I was around my district. So we are going to have this bill back on the floor. But one of the concerns that I have heard raised here subtly today I heard raised more pointedly yesterday in a different forum when we talked about the need for patients' rights, and we all understand that there is a reasonable way we can approach this.

But beyond the issue of patients' rights, we all know the number one issue in the health care system in America today is the fact that over 44 million Americans have no health insurance at all. We have to be very careful as we move to enact patients' rights that we do not increase the number of uninsured. We ought to follow the Hippocratic oath that says first do no harm. But as we try to provide better access for people who have no health insurance, one of my colleagues on the other side of the aisle yesterday actually termed it a poison pill for patients' rights. We have heard other references here today, rather subtle, that that can wait, that we can deal with that later.

Ladies and gentlemen, if we are going to move reasonable patients' rights to help the American people who are stuck in managed care, the least we can do is to do something to help the 44 million Americans who have no health insurance whatsoever. Why can we not provide association health plans for

them, refundable tax credits for them, medical savings accounts if it will help? Anything that we can do to help employers provide more insurance to their employees, we ought to be doing it.

But the reason I think that we are hearing access provisions, helping the uninsured, it being described as a poison pill, it is kind of a code word, kind of a code word to what the real plan here is, because I think, as I said before, this is an election year; and I think some of my colleagues on the other side of the aisle would just as soon have this as a political issue in November than actually do something on behalf of the American people.

I am just listening, and I am watching and I am wondering why we are dealing with this motion to instruct on the floor today.

□ 1615

But I can tell you this: this conference will produce a reasonable approach to patients' rights and a reasonable approach to helping insure the 44 million Americans who have no health insurance. That bill will come back here to the floor of the House, and then I want to see where my colleagues are, whether they will be willing to stand up and deal with this issue in a balanced way. The time of truth will come very shortly.

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

Mr. Speaker, I want to acknowledge and express my appreciation for the gentleman from Georgia (Mr. NORWOOD), the gentleman from Iowa (Mr. GANSKE), the gentleman from Michigan (Mr. DINGELL), the gentlewoman from Connecticut (Ms. DELAURO), the gentleman from New Jersey (Mr. PALLONE), and all the others that have worked on this bill, that have worked so hard to see that the American people get the kind of health care that they are paying for. A majority of the Members of the House voted for the Norwood-Dingell bill. Fifty-two Republicans voted for this bill. If we are not going to conference this bill now, when are we going to conference it?

Mr. Speaker, it is time that we move forward with the legislation that the American people have said they want, that we move forward with the legislation that the House has said it wants, in a bipartisan way. It is time that we deal with this issue and take the politics out of it.

If this resolution offends those that voted for it only 3 months ago, then they should express that today. This is their opportunity. If they thought it was the wrong thing to do, to support this bill, then this is their opportunity to say, I do not think we need the Norwood-Dingell bill, and we should know that.

This is a good bill. It is time for us to do this for the American people. I urge every Member to vote for this resolution and bring this issue to conference. Let us get the job done that the American people sent us here to do.

GENERAL LEAVE

Mr. BERRY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and to include extraneous material on the motion to instruct conferees on H.R. 2990.

The SPEAKER pro tempore (Mr. SHIMKUS). Is there objection to the request of the gentleman from Arkansas? There was no objection.

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

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

Mr. Speaker, if you listened to the debate today, virtually the first day that we are back, and the argument, as the gentleman from Ohio clearly pointed out, that for a majority of the days since this legislation passed we were not in session, it was over the holidays and we were in our districts working, that there really is only one purpose to this resolution.

If my colleague from Arkansas (Mr. BERRY) had presented a resolution with the first provision, as I said, it probably would have passed unanimously. If you are shopping for future motions to instruct after this one is defeated, I would suggest perhaps that you look at information that was made available to us during that period when we were in recess, information that hospitals and doctors today are killing close to 100,000 Americans. Now, if the Hippocratic Oath is "do no harm," it seems to me not killing the patient falls in that category.

I listened carefully until the time was yielded back to see if one Member on the other side of the aisle thought that we ought to try to speed up the process to get an ability to get a handle on almost 100,000 Americans being killed in hospitals and by doctors every year. If you are looking for a Patients' Bill of Rights, if you are looking for patient protection, it ought to start with the most fundamental protections, and that is do not kill anybody.

But I listened in vain. All I heard was the usual rhetoric about taking their bill, as the gentleman from New Jersey (Mr. PALLONE) said, the only bill that will be successful, and that it has to be done now "on our terms," clearly underscores the fact that this is a political endeavor.

Two of the cosponsors of the bipartisan bill, the two Republicans, said this is not the thing to do, not now, it is not appropriate. I would support their position. It is not the thing to do; it is not appropriate.

Those gentlemen, understanding that they are in a very difficult situation, my father used to tell a story about a dog and fleas, but I do not remember the details so I will not be able to elaborate on it, but it seems to me that those of us who want responsible patient rights protection should do the responsible thing, and that is rather than vote present on this measure, vote no.

I would urge everyone on both sides of the aisle who want to speed up this

process, to reach a consensus, to reach something that looks like the Dingell-Norwood bill, to vote no. By voting no, you actually enhance the opportunity for a true bipartisan agreement. If you vote yes, you guarantee the atmosphere around here becomes more partisan.

Let us lower the partisan rhetoric. Let us increase the accommodation and compromise, and we will deliver a reasonable and appropriate product.

Mr. Speaker, I would urge all my colleagues to vote no on this motion to instruct.

Mr. CLAY. Mr. Speaker, I rise in support of the motion to instruct conferees regarding the Bipartisan Consensus Managed Care Improvement Act.

Since this bill passed almost 4 months ago, the Republican leadership has purposefully delayed the start of the conference, giving more time to special interests seeking to undermine the strong support for patient protections demonstrated by the lopsided House vote in favor of the Norwood/Dingell bill. Well, Mr. Speaker, this tactic is clearly failing.

Just 2 weeks ago, a survey by the Kaiser Family Foundation found overwhelming public support for a strong patient's rights bill. The survey found that almost three out of four registered voters (72 percent) want strong protections against managed care abuses.

Despite this strong public support, it has unfortunately become necessary for the Members of this body to once again send a message to the Republican leadership that Americans want the freedom to choose their health care providers. They want to have treatment decisions made by physicians and not insurance company bureaucrats. They want health insurance companies held responsible for the physical injuries they cause.

Mr. Speaker, I urge the Republican leadership to stop stalling this critical managed care reform legislation.

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

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Arkansas (Mr. BERRY).

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

Mr. BERRY. 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.

The vote was taken by electronic device, and there were—yeas 207, nays 175, answered "present" 28, not voting 24, as follows:

[Roll No. 6]

YEAS—207

Abercrombie	Baird	Becerra
Ackerman	Baldacci	Bentsen
Allen	Baldwin	Berkley
Andrews	Barcia	Berman
Baca	Barrett (WI)	Berry

Bilbray	Holden	Obey
Bishop	Holt	Olver
Blagojevich	Hooley	Ortiz
Blumenuauer	Horn	Owens
Bonior	Hoyer	Pallone
Borski	Inlee	Pascrell
Boswell	Jackson (IL)	Pastor
Boucher	Jefferson	Payne
Boyd	John	Pelosi
Brady (PA)	Johnson, E. B.	Phelps
Brown (FL)	Jones (OH)	Pickett
Capps	Kanjorski	Pomeroy
Capuano	Kaptur	Price (NC)
Cardin	Kennedy	Rahall
Clay	Kildee	Rangel
Clayton	Kilpatrick	Reyes
Clement	Kind (WI)	Rodriguez
Clyburn	Klezcka	Roemer
Condit	Klink	Rothman
Conyers	Kucinich	Roybal-Allard
Costello	LaFalce	Rush
Coyne	Lampson	Sabo
Cramer	Lantos	Sanders
Crowley	Larson	Sandlin
Cummings	Leach	Sawyer
Danner	Lee	Schakowsky
Davis (FL)	Levin	Scott
Davis (IL)	Lewis (GA)	Serrano
DeFazio	Lipinski	Sherman
DeGette	Lofgren	Shows
Delahunt	Lowe	Siskiy
DeLauro	Lucas (KY)	Skelton
Deutsch	Luther	Slaughter
Dicks	Maloney (CT)	Smith (WA)
Dingell	Maloney (NY)	Snyder
Dixon	Markey	Spratt
Doggett	Martinez	Stabenow
Dooley	Mascara	Stark
Doyle	Matsui	Stenholm
Duncan	McCarthy (MO)	Strickland
Edwards	McCarthy (NY)	Stupak
Engel	McDermott	Tanner
Eshoo	McGovern	Tauscher
Etheridge	McIntyre	Taylor (MS)
Evans	McKinney	Thompson (CA)
Farr	McNulty	Thompson (MS)
Filner	Meehan	Thurman
Forbes	Meek (FL)	Tierney
Ford	Meeks (NY)	Towns
Frank (MA)	Menendez	Trafficant
Frost	Millender-	Udall (CO)
Gejdenson	McDonald	Udall (NM)
Gephardt	Miller, George	Velazquez
Gibbons	Minge	Visclosky
Gonzalez	Mink	Watt (NC)
Gordon	Moakley	Waxman
Green (TX)	Mollohan	Weiner
Gutierrez	Moore	Wexler
Hall (OH)	Moran (VA)	Weygand
Hall (TX)	Morella	Wise
Hastings (FL)	Murtha	Woolsey
Hill (IN)	Nadler	Wu
Hilliard	Napolitano	Wynn
Hinchey	Neal	
Hoeffel	Oberstar	

NAYS—175

Aderholt	Crane	Hastings (WA)
Archer	Cubin	Hayes
Armey	Cunningham	Hayworth
Baker	Davis (VA)	Hefley
Ballenger	Deal	Hergert
Bartlett	DeLay	Hill (MT)
Barton	Diaz-Balart	Hilleary
Bateman	Dickey	Hobson
Bereuter	Doolittle	Hoekstra
Biggert	Dreier	Hostettler
Bilirakis	Dunn	Houghton
Bliley	Ehlers	Hulshof
Blunt	Ehrlich	Hutchinson
Boehner	Emerson	Hyde
Bonilla	English	Isakson
Burr	Everett	Johnson (CT)
Burton	Ewing	Johnson, Sam
Buyer	Fletcher	Kasich
Callahan	Fossella	Kingston
Calvert	Fowler	Knollenberg
Camp	Gallegly	Kolbe
Canady	Gekas	Kuykendall
Cannon	Gilchrest	LaHood
Castle	Gillmor	Largent
Chabot	Goode	Latham
Chambliss	Goodlatte	Lazio
Chenoweth-Hage	Goodling	Lewis (CA)
Coble	Goss	Lewis (KY)
Coburn	Granger	Linder
Collins	Green (WI)	Lucas (OK)
Combest	Greenwood	Manzullo
Cox	Hansen	McCrary

McInnis	Reynolds	Stump
McIntosh	Riley	Sununu
McKeon	Rogan	Sweeney
Mica	Rogers	Talent
Miller (FL)	Rohrabacher	Tancredo
Miller, Gary	Ros-Lehtinen	Tauzin
Moran (KS)	Royce	Taylor (NC)
Nethercutt	Ryan (WI)	Terry
Ney	Ryun (KS)	Thomas
Northup	Salmon	Thornberry
Nussle	Scarborough	Thune
Ose	Schaffer	Toomey
Oxley	Sensenbrenner	Upton
Packard	Sessions	Vitter
Paul	Shadegg	Walden
Pease	Shaw	Walsh
Peterson (MN)	Shays	Wamp
Peterson (PA)	Sherwood	Watkins
Petri	Shimkus	Watts (OK)
Pickering	Shuster	Weldon (PA)
Pitts	Simpson	Weller
Pombo	Skeen	Whitfield
Portman	Smith (MI)	Wicker
Pryce (OH)	Smith (TX)	Wilson
Radanovich	Souder	Young (AK)
Ramstad	Spence	
Regula	Stearns	

ANSWERED "PRESENT"—28

Bachus	Ganske	McHugh
Barr	Gilman	Metcalf
Boehrlert	Hunter	Norwood
Bono	Jenkins	Roukema
Brady (TX)	Jones (NC)	Saxton
Cook	Kelly	Smith (NJ)
Cooksey	King (NY)	Weldon (FL)
Foley	LaTourette	Wolf
Franks (NJ)	LoBiondo	
Frelinghuysen	McCollum	

NOT VOTING—24

Barrett (NE)	Gutknecht	Sanchez
Bass	Hinojosa	Sanford
Brown (OH)	Istook	Tiahrt
Bryant	Jackson-Lee	Turner
Campbell	(TX)	Vento
Carson	Myrick	Waters
DeMint	Porter	Young (FL)
Fattah	Quinn	
Graham	Rivers	

□ 1644

Messrs. BATEMAN, WELLER, CAMP, PORTMAN, CANNON, DICKEY, and Mrs. WILSON changed their vote from "yea" to "nay."

Mr. BACHUS changed his vote from "yea" to "present."

So the motion to instruct was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Ms. SANCHEZ. Mr. Speaker, during rollcall vote No. 6 on February 1, 2000, I was unavoidably detained. Had I been present, I would have voted "yea."

Stated against:

Mr. PORTER. Mr. Speaker, I was absent for the vote on the motion to instruct the conferees on H.R. 2990, the Bipartisan Consensus Managed Care Improvement Act of 1999. Had I been present I would have voted "nay."

Mr. GUTKNECHT. Mr. Speaker, I was unavoidably detained earlier today and was not present for rollcall vote No. 6. Had I been present, I would have voted "no."

□

PERSONAL EXPLANATION

Mr. TIAHRT. Mr. Speaker, today I was unavoidably detained and missed rollcall vote Nos. 4, 5, and 6. Had I been present, I would have voted "yes" on H.R. 764, Child Abuse Prevention and Enforcement Act; "yes" on H.R. 1838, the Taiwan Security Enhancement

Act; and "no" on the motion to instruct conferees on H.R. 2990.

□

PERSONAL EXPLANATION

Mr. DEMINT. Mr. Speaker, due to the untimely passing of one of my district staff members, I was detained from rollcall votes both yesterday and today. Had I been present today, I would have voted "yea" on passage of H.R. 764, the Child Abuse Prevention and Enforcement Act (rollcall vote 4), "yea" on passage of H.R. 1838, the Taiwan Security Enhancement Act (rollcall vote 5), of which I am a cosponsor, and "no" on the motion to instruct conferees on H.R. 2990 (rollcall vote 6).

In addition, had I been present yesterday, I would have voted "yea" on both rollcall vote 2 and rollcall vote 3.

□

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 72

Mr. GALLEGLY. Madam Speaker, I ask unanimous consent to have my name removed as a cosponsor of H.R. 72.

The SPEAKER pro tempore (Mrs. BIGGERT). Is there objection to the request of the gentleman from California?

There was no objection.

□

PRESIDENTIAL DETERMINATION 99-37 REGARDING EXEMPTIONS UNDER RESOURCE CONSERVATION AND RECOVERY ACT—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Commerce.

To the Congress of the United States:

Consistent with section 6001(a) of the Resource Conservation and Recovery Act (RCRA) (the "Act"), as amended, 42 U.S.C. 6961(a), notification is hereby given that on September 20, 1999, I issued Presidential Determination 99-37 (copy enclosed) and thereby exercised the authority to grant certain exemptions under section 6001(a) of the Act.

Presidential Determination 99-37 exempted the United States Air Force's operating location near Groom Lake, Nevada, from any Federal, State, interstate, or local hazardous or solid waste laws that might require the disclosure of classified information concerning that operating location to unauthorized persons. Information concerning activities at the operating location near Groom Lake has been properly determined to be classified, and its disclosure would be harmful to national security. Continued protection of this information is, therefore, in the paramount interest of the United States.

The determination was not intended to imply that in the absence of a Presidential exemption, RCRA or any other

provision of law permits or requires the disclosure of classified information to unauthorized persons. The determination also was not intended to limit the applicability or enforcement of any requirement of law applicable to the Air Force's operating location near Groom Lake except those provisions, if any, that would require the disclosure of classified information.

WILLIAM J. CLINTON.

THE WHITE HOUSE, January 31, 2000.

□

□ 1645

AGREEMENT BETWEEN THE UNITED STATES AND THE REPUBLIC OF LATVIA CONCERNING FISHERIES—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore (Mrs. BIGGERT) laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Resources and ordered to be printed:

To the Congress of the United States:

In accordance with the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.), I transmit herewith an Agreement between the Government of the United States of America and the Government of the Republic of Latvia extending the Agreement of April 8, 1993, Concerning Fisheries Off the Coasts of the United States, with annex, as extended (the "1993 Agreement"). The present Agreement, which was effected by an exchange of notes at Riga on June 7 and September 27, 1999, extends the 1993 Agreement to December 31, 2002.

In light of the importance of our fisheries relationship with the Republic of Latvia, I urge that the Congress give favorable consideration to this Agreement at an early date.

WILLIAM J. CLINTON.

THE WHITE HOUSE, January 31, 2000.

□

BIENNIAL REVISION TO UNITED STATES ARCTIC RESEARCH PLAN—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Science:

To the Congress of the United States:

Pursuant to the provisions of the Arctic Research and Policy Act of 1984, as amended (15 U.S.C. 4108(a)), I transmit herewith the sixth biennial revision (2000-2004) to the United States Arctic Research Plan.

WILLIAM J. CLINTON.

THE WHITE HOUSE, February 1, 2000.