

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (during the vote). There are 2 minutes remaining in this vote.

□ 1342

So the motion to instruct was agreed to.

The result of the vote was announced as above recorded.

PERSONAL EXPLANATION

Mr. WELDON of Florida. Mr. Speaker, due to the launch of the Space Shuttle Discovery earlier today, I was unable to be present for several votes. Had I been present, I would ask that the official RECORD reflect that I would have voted in favor of the following bills: H.R. 2977—Paul Kasten Post Office Building Designation Act; H.R. 3200—Servicemembers' Group Life Insurance Enhancement Act of 2005; and H.R. 3283—United States Trade Rights Enforcement Act.

Also, I would have voted in favor of the Obey Motion to Instruct Conferencees on H.R. 2361—Department of the Interior, Environment, and Related Agencies Appropriations Act for FY 2006.

PAUL KASTEN POST OFFICE BUILDING

The SPEAKER pro tempore. The unfinished business is the question of suspending the rules and agreeing to the resolution, H.R. 2977.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from California (Mr. ISSA) that the House suspend the rules and agree to the resolution, H.R. 2977, on which the yeas and nays are ordered.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 422, nays 0, not voting 11, as follows:

[Roll No. 423]

YEAS—422

Abercrombie	Boehner	Carnahan
Ackerman	Bonilla	Carson
Aderholt	Bonner	Carter
Akin	Bono	Case
Alexander	Boozman	Castle
Allen	Boren	Chabot
Andrews	Boswell	Chandler
Baca	Boucher	Chocola
Bachus	Boustany	Clay
Baird	Boyd	Cleaver
Baker	Bradley (NH)	Clyburn
Baldwin	Brady (PA)	Coble
Barrett (SC)	Brady (TX)	Cole (OK)
Barrow	Brown (OH)	Conaway
Bartlett (MD)	Brown (SC)	Conyers
Barton (TX)	Brown, Corrine	Cooper
Bass	Brown-Waite,	Costa
Bean	Ginny	Costello
Beauprez	Burgess	Crenshaw
Becerra	Burton (IN)	Crowley
Berkley	Butterfield	Cubin
Berman	Buyer	Cueilar
Berry	Calvert	Culberson
Biggert	Camp	Cummings
Bilirakis	Cannon	Cunningham
Bishop (GA)	Cantor	Davis (AL)
Bishop (NY)	Capito	Davis (CA)
Bishop (UT)	Capps	Davis (FL)
Blackburn	Capuano	Davis (IL)
Blumenauer	Cardin	Davis (KY)
Blunt	Cardoza	Davis (TN)

Davis, Jo Ann	Johnson (IL)	Obey	Thompson (CA)	Visclosky	Westmoreland
Davis, Tom	Johnson, E. B.	Oliver	Thompson (MS)	Walden (OR)	Wexler
Deal (GA)	Johnson, Sam	Ortiz	Thornberry	Walsh	Whitfield
DeFazio	Jones (NC)	Osborne	Tiahrt	Wamp	Wicker
DeGette	Jones (OH)	Otter	Tiberi	Wasserman	Wilson (NM)
Delahunt	Kanjorski	Owens	Tierney	Schultz	Wilson (SC)
DeLauro	Kaptur	Oxley	Towns	Waters	Wolf
DeLay	Keller	Pallone	Turner	Watson	Woolsey
Diaz-Balart, L.	Kennedy (MN)	Pascrill	Udall (CO)	Watt	Wu
Diaz-Balart, M.	Kennedy (RI)	Pastor	Udall (NM)	Waxman	Wynn
Dingell	Kildee	Paul	Upton	Weiner	Young (AK)
Doggett	Kilpatrick (MI)	Pearce	Van Hollen	Weldon (PA)	Young (FL)
Doolittle	Kind	Pelosi	Velázquez	Weller	
Doyle	King (IA)	Pence			
Drake	King (NY)	Peterson (MN)			
Dreier	Kingston	Peterson (PA)			
Duncan	Kirk	Petri	Boehlert	Feeney	Payne
Edwards	Kline	Pickering	Cox	Gibbons	Sanders
Ehlers	Knollenberg	Pitts	Cramer	Gillmor	Weldon (FL)
Emanuel	Kolbe	Platts	Dicks	Oberstar	
Emerson	Kucinich	Poe			
Engel	Kuhl (NY)	Pombo			
English (PA)	LaHood	Pomeroy			
Eshoo	Langevin	Porter			
Etheridge	Lantos	Price (GA)			
Evans	Larsen (WA)	Price (NC)			
Everett	Larson (CT)	Pryce (OH)			
Farr	Latham	Putnam			
Fattah	LaTourette	Radanovich			
Ferguson	Leach	Rahall			
Filner	Lee	Ramstad			
Fitzpatrick (PA)	Levin	Rangel			
Flake	Lewis (CA)	Regula			
Foley	Lewis (GA)	Rehberg			
Forbes	Lewis (KY)	Reichert			
Ford	Linder	Renzi			
Fortenberry	Lipinski	Reyes			
Fossella	LoBiondo	Reynolds			
Fox	Lofgren, Zoe	Rogers (AL)			
Frank (MA)	Lowey	Rogers (KY)			
Franks (AZ)	Lucas	Rohrabacher			
Frelinghuysen	Lungren, Daniel	Ros-Lehtinen			
Gallegly	E.	Ross			
Garrett (NJ)	Lynch	Rothman			
Gerlach	Mack	Royal-Allard			
Gilchrest	Maloney	Royce			
Gingrey	Manzullo	Ruppersberger			
Gohmert	Marchant	Rush			
Gonzalez	Markey	Ryan (OH)			
Goode	Marshall	Ryan (WI)			
Goodlatte	Matheson	Ryun (KS)			
Gordon	Matsui	Sabo			
Granger	McCarthy	Salazar			
Graves	McCaul (TX)	Sánchez, Linda			
Green (WI)	McCollum (MN)	T.			
Green, Al	McCotter	Sanchez, Loretta			
Green, Gene	McCrery	Saxton			
Grijalva	McDermott	Schakowsky			
Gutierrez	McGovern	Schiff			
Gutknecht	McHenry	Schwartz (PA)			
Hall	McHugh	Schwartz (MI)			
Harman	McIntyre	Scott (GA)			
Harris	McKeon	Scott (VA)			
Hart	McKinney	Sensenbrenner			
Hastings (FL)	McMorris	Serrano			
Hastings (WA)	McNulty	Sessions			
Hayes	Meehan	Shadegg			
Hayworth	Meek (FL)	Shaw			
Hefley	Meeks (NY)	Shays			
Hensarling	Melancon	Sherman			
Herger	Menendez	Sherwood			
Herseth	Mica	Shimkus			
Hinchey	Millender-	Simmons			
Hinojosa	McDonald	Simpson			
Hobson	Miller (FL)	Skelton			
Hoekstra	Miller (MI)	Slaughter			
Holden	Miller (NC)	Smith (NJ)			
Holt	Miller, Gary	Smith (TX)			
Hooley	Miller, George	Smith (WA)			
Hostettler	Moore (KS)	Snyder			
Hoyer	Moore (WI)	Sodrel			
Hulshof	Moran (KS)	Solis			
Isaac	Nadler	Souder			
Jackson (IL)	Napolitano	Spratt			
Jackson-Lee	Neal (MA)	Stark			
Jefferson	Neugebauer	Stearns			
Jones (TX)	Ney	Strickland			
Jenkins	Northup	Tauscher			
Jindal	Norwood	Taylor (MS)			
Johnson (CT)	Nunes	Taylor (NC)			
	Nussle	Terry			
		Thomas			

NOT VOTING—11

Boehlert	Feeley	Payne
Cox	Gibbons	Sanders
Cramer	Gillmor	Weldon (FL)
Dicks	Oberstar	

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. HEFLEY) (during the vote). Members are advised that 2 minutes remain in this vote.

□ 1350

So (two-thirds having voted in favor thereof) the rules were suspended and the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

APPOINTMENT OF CONFEREES ON H.R. 2361, DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS ACT, 2006

The SPEAKER pro tempore. Without objection, the Chair appoints the following conferees on H.R. 2361: Messrs. TAYLOR of North Carolina, LEWIS of California, WAMP, PETERSON of Pennsylvania, SHERWOOD, ISTOOK, ADERHOLT, DOOLITTLE, SIMPSON, DICKS, OBEY, MORAN of Virginia, HINCHEY, OLVER, and MOLLOHAN.

There was no objection.

PROVIDING FOR CONSIDERATION OF H.R. 525, SMALL BUSINESS HEALTH FAIRNESS ACT OF 2005

Mr. BISHOP of Utah. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 379 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 379

Resolved, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the bill (H.R. 525) to amend title I of the Employee Retirement Income Security Act of 1974 to improve access and choice for entrepreneurs with small businesses with respect to medical care for their employees. The bill shall be considered as read. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate on the bill equally divided and controlled by the chairman and ranking minority member of the Committee on Education and the Workforce; (2) the amendment in the nature of a substitute printed in the report of the Committee on Rules accompanying this resolution, if offered by Representative KENDRICK of Wisconsin or his designee, which shall be in order without intervention of any point of order, shall be

considered as read, and shall be separately debatable for one hour equally divided and controlled by the proponent and an opponent; and (3) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Utah (Mr. BISHOP) is recognized for 1 hour.

Mr. BISHOP of Utah. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from California (Ms. MATSUI), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

This resolution provides for a structured rule and provides for 1 hour of debate equally divided between the chairman and ranking minority member of Committee on Education and the Workforce, waives all points of order against consideration of the bill, and makes in order an amendment in the nature of a substitute offered by the minority. This is a good and a fair rule. It allows the House to focus the debate and the vote upon two different approaches aimed at helping America's small businesses to offer health coverage to its employees, and to debate and examine the proper role of the Federal Government in the health care arena.

Amendments not made in order were offered and discussed by the committee, so it is appropriate, I think, not to duplicate that committee action here on the floor.

H.R. 525 is the Small Business Health Fairness Act of 2005, sponsored by the distinguished gentleman from Texas (Mr. SAM JOHNSON), and is virtually identical to legislation passed in the 108th Congress, then H.R. 660, which passed this House by a 90-vote margin of 252 to 162. So I commend the subcommittee chairman, the gentleman from Texas (Mr. SAM JOHNSON); the chairman of the full committee, the gentleman from Ohio (Mr. BOEHNER), for once again moving this bill through the committee process.

Mr. Speaker, H.R. 525 is a modest bill. It does not seek to address every aspect of health care in America. It does not seek to mandate Federal control into every aspect of medical treatments. To the chagrin of some of my friends on both sides of the aisle, it does not move our country in the direction of government control and tax-payer-funded universal health care.

What it does do, and this is really the bottom line, is make health insurance more affordable to small business and thereby increase the total number of Americans and families that are insured.

H.R. 525, if enacted, will result in more Americans and more American families being covered by private health insurance, and that is a worthy goal that we should all be working to achieve.

Mr. Speaker, I would like to point out that large corporations and unions

already enjoy, many through ERISA, the same insurance-risk pooling features and already enjoy the cost efficiencies built into this health coverage package for their workers and their members. This bill, therefore, is about achieving a measure of fairness towards small business, an effort for the mom and pop businesses and industries to be treated the same way as giant corporations and union organizations.

The small guy will have nothing the large guy does not already have, with specific regulations placed in the bill to ensure against unfair pooling practices. It has bipartisan support from a wide range of groups, from the U.S. Chamber of Commerce, the National Federation of American Business, the American Farming Bureau, Associated Builders and Contractors, the Latino Coalition, the National Black Chamber of Commerce, the National Association of Women Business Owners and the National Restaurant Association, as well as many others.

In the course of this debate, Mr. Speaker, there will be many who will be giving facts and figures. I do not wish to go into those right now. But I wish to make sure that this is part of a larger picture.

As politicians, we oftentimes talk about the Nation or issues being at a crossroads. We do that a lot because it is a very dramatic phrase, and it makes us seem more important because we are in the middle of it. But I do believe in the issue of health care and insurance we are as a Nation in the crossroads. We can take one direction which would be to have greater government control, especially on the Federal level which ultimately would lead to a single-payer Federal program where decisions, right or wrong, would be made here.

Indeed, I think the substitute that will be ordered is illustrative not in topic but in spirit of this, where there is greater government control, greater regulations being put in there so that one wonders if the issue is really health insurance or if the issue is control.

The other approach that we are in the crossroads of and could take would be an approach to try and add market forces into the system to try and move some type of reforms along the way. This bill is not a panacea for all of our health care issues; but it is a step for certain groups who are currently excluded, often by well-intended decisions of the government.

I clearly understand both sides of these particular issues. I was a State legislator who did both while I was down there. There were requirements in health care which I thought were good at the time, which I also knew were costly at the time; and I also realize in hindsight, in helping one group of very vulnerable people, we actually hurt a different group of very vulnerable people.

For example, in my State, family health care is covered for everyone

until the age of 25. When I joined this august body, all of the sudden the limitation was now at age 22, not 25; and I immediately realized I had three sons who had no health insurance whatsoever. I still have two sons who are out there in that risky group with no health insurance whatsoever.

I clearly realized from personal experience that all the mandates of coverage of health care systems are useless to those who cannot get or cannot afford insurance in the first place.

My oldest son finally got a job with a large corporation. I was very relieved that now he has insurance until a couple of weeks ago when he came and talked to me about joining a friend in an entrepreneurial enterprise, in which case they would start their own business. I should have been excited about his attitude; but the first question out of my mouth was, Well, what about your insurance?

We make decisions here that have far-reaching effects in creating a society of limitations instead of visions as they should be. With all sorts of good intentions, government also has helped create people whose options are shut to them when all they want really is hope and the freedom to choose some kind of options. Sometimes it is a matter of control of those options, which is frightening for any government level to try and give up.

This bill does not try to create mandatory efforts. It tries to create options. It tries to create options from which people can choose. People who are not now covered have a chance to be covered in some way with insurance. Regardless of how one votes on this issue in the past or in the future, this is a fair rule. With that, I urge my colleagues to support this rule.

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

Ms. MATSUI. Mr. Speaker, I thank the gentleman from Utah (Mr. BISHOP) for yielding me this time, and I yield myself such time as I may consume.

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

□ 1400

Ms. MATSUI. Mr. Speaker, today I rise in opposition to this rule and the underlying measure of H.R. 525. This country leads in medicine and technology. When combined with increased education and awareness, we have made diseases more preventable and treatable. We have made huge strides, for example, diagnosing and treating breast cancer. Women are now going in for annual mammograms. In and of itself, mammograms do not prevent breast cancer, but they can save lives by finding breast cancer as early as possible.

For example, mammograms have been shown to lower the chance of dying from breast cancer by 35 percent in women over the age of 50. And studies suggest for women between 40 and 50, they may lower the chance of dying of breast cancer by 25 to 35 percent.

Having worked on educational campaigns for over a decade, I know that it has not been easy to convince women that they should be asking their doctor for a mammogram, nor, I might add, has it been easy to ensure that health insurance companies cover the cost of these mammograms. But through the tireless efforts of doctors, survivors, and advocates, the insurance companies relented.

Today we are increasingly catching and treating breast cancer in the early stages, yet the legislation we are debating here on the floor today would effectively roll back these advances, and, even worse, doctors would now have to tell the 28-year-old woman who thinks she has found a lump in her breast that her health care insurance does not cover a mammogram to better see the abnormality; that her health care coverage is no longer subject to minimum standards established by her State because she is covered by an associated health plan, an AHP, which is located in a different State with far more relaxed laws on health care coverage.

Too many Americans are already without sufficient health care coverage. They are being forced to accept health care that does not provide what they need when they fall ill, whether it is breast cancer exams, diabetes medication, or childhood vaccinations. Why would we increase the number of these individuals without adequate health care coverage?

Some may claim that these standards for health care treatments, like those that require insurance companies to cover mammograms, are nothing but burdensome regulations, but these safeguards go to the heart of what responsible health care is all about: providing necessary care to those in need. And AHPs would not even reduce the cost of the premiums. Under the legislation we debate today, AHPs could skim off a small minority of small businesses, those with younger and healthier workforces. As a direct result, 80 percent of small businesses would see an increase in their health care premiums.

Mr. Speaker, I truly question what we are doing today. Why would we create a situation that increases the already skyrocketing health care costs for four out of five small businesses? Sadly, this is what we are doing. We are putting our small businesses in the awkward position of not being able to offer health care coverage to that young woman facing the possibility of breast cancer, or offering access to a health care plan that will not cover her diagnosis and certainly not a treatment.

We could do better by that young woman and our Nation's small business owners. Congress could pass the Democratic substitute offered by the gentleman from Wisconsin (Mr. KIND) and the gentleman from New Jersey (Mr. ANDREWS), which would allow small business employees to access the same

quality health care coverage which Federal employees enjoy. The substitute's Federal partnership would allow this plan to be offered at an affordable price. This alternative would truly have a positive impact, ensuring that Americans have access to affordable and quality health care. I urge my colleagues to support it.

Unfortunately, the legislation we debate on the floor, H.R. 525, which would create AHPs will most likely worsen health care situations. Mr. Speaker, if we, Members of Congress, would not accept a health plan that does not include minimum coverage, why then should the American people?

We have an opportunity today. We can support the Democratic alternative and pass legislation that actually addresses the critical health care problems facing small business owners, or we can pass the legislation in front of us that does the opposite. It should not be a difficult decision. Mr. Speaker, I urge all Members to votes against the rule and the underlying bill.

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

Mr. BISHOP of Utah. Mr. Speaker, I yield 2 minutes to the gentlewoman from West Virginia (Mrs. CAPITO).

Mrs. CAPITO. Mr. Speaker, I thank my friend and colleague on the Committee on Rules, the gentleman from Utah (Mr. BISHOP), for yielding me this time; and I rise today in support of the rule and the underlying legislation, the Small Business Health Fairness Act.

Mr. Speaker, a trip to the doctor should not bust the family budget. Too many of America's small business employees go without health insurance or pay a big chunk of their paycheck for health care. This House has acted on four separate occasions in a bipartisan way to pass reforms that will allow small business owners to provide their employees with affordable health insurance options, yet our efforts to help reduce the ranks of the uninsured has not gone forward.

This crucial legislation allows small business owners to have similar purchasing power for health insurance as large corporations. The creation of association health plans will permit small business owners to band together through a trade association or other method to purchase health insurance for them and their employees. The ability to provide health insurance is critical for our small businesses to remain competitive.

Mr. Speaker, workers are frustrated with paying the high cost of health care. Congress needs to finish this job and pass association health plans into law. I urge my colleagues to support the rule and the underlying legislation.

Ms. MATSUI. Mr. Speaker, I yield 2½ minutes to the gentlewoman from California (Ms. LEE).

Ms. LEE. Mr. Speaker, I want to thank the gentlewoman for yielding me this time and for her leadership and consistent work on behalf of the American people regardless of what issue

and what bills we are dealing with today. I want to say that I join her today in opposition to this rule and to the underlying bill. It is fundamentally flawed not only for what it does, but for what it fails to do.

Mr. Speaker, if this bill were made law, we would still have well over 44 million people in our country uninsured. Something is wrong. Something is fundamentally wrong where in the wealthiest Nation in the world we have 44 million uninsured. Where, quite frankly, is the morality in that? Under this bill, of the 45 million uninsured Americans in this country, only 600,000 people would move into coverage, while 10,000 workers with coverage would be pushed off of their current plans.

Not only does this bill fail to provide any significant coverage for the uninsured, it also puts women and girls at risk by preempting very strong State laws. Specifically, the bill overrides contraceptive protections in 21 States that currently ensure access to contraceptives and treatments for sexually transmitted diseases. Clearly, Mr. Speaker, this bill puts women and girls at risk and makes empty promises to millions of uninsured Americans in desperate need of health care.

Instead of considering this bill, we should be debating the real question: How do we begin to put people before profits in our own health care system? Millions of Americans are calling on Congress to address this question by debating and voting on meaningful proposals, like universal health care, re-importation of prescription drugs, and allowing HHS to negotiate drug prices for Medicare recipients. It is time for Congress to wake up and take a hard look at our broken health care system. It is time for us to make a real effort at reform.

Mr. Speaker, H.R. 525 does nothing to expand health care to those who need it the most, and it undermines vital protections for women and girls. As a former small business owner, I know from years of experience the difficulties small businesses face due to a lack of consistent cash flow to afford these payments. Profitability for small businesses to afford health care contributions should really be addressed, and that is what we should be talking about today.

What this bill should do is assist small employers or employees in affording premium payments. I am sure that is why 69 local Chambers of Commerce, the National Governors Association, 41 attorneys general, Blue Cross/Blue Shield, and over 1,300 business, labor and community organizations oppose H.R. 525. This bill is bad for the health of our country.

Mr. BISHOP of Utah. Mr. Speaker, I am pleased to yield 3 minutes to the distinguished gentleman from Ohio (Mr. BOEHNER), the chairman of the Committee on Education and the Workforce.

Mr. BOEHNER. Mr. Speaker, uninsured working families are looking to

Congress for answers to help give them access to quality health care, and before us today is a bipartisan bill that should give them hope.

The economic picture remains bright, and more Americans are finding work every day. Earlier this month, the Department of Labor reported that 3.7 million new jobs have been created since May of 2003, marking 25 consecutive months of positive job growth for the U.S. economy. Unfortunately, there are still millions of working families without health insurance. They need access to quality health care, and they are asking for our help. The bill we will consider on the floor later today responds directly to their needs.

It is simply unacceptable that more than 45 million Americans lack health insurance today. Studies indicate that 60 percent of these uninsured Americans either work for a small business or are dependent upon someone who does. Many of these Americans work for small employers who cannot afford to purchase quality health insurance benefits for their workers. That is the crux of the problem. More Americans are finding new jobs, but many small businesses cannot afford to offer health insurance because of rising premium costs.

Our primary goal here in Congress, Mr. Speaker, should be creating affordable options to help the uninsured. With health care costs continuing to rise sharply across the country, more and more employers and their employees are sharing the burden of increased premiums. Employer-based health insurance premiums rose by 11 percent last year, following a 15 percent increase in 2003. As costs escalate, the ranks of the uninsured could continue to increase as well.

The Small Business Health Fairness Act before us represents a bipartisan solution to this problem. By creating association health plans, the bill gives small businesses the opportunity to band together through bona fide trade associations and purchase quality health insurance for their workers at a lower cost. In the last year, we have seen how large corporations are now starting to band together to provide health care to their part-time workers. Small businesses and their workers deserve the same opportunities.

This bipartisan bill would increase small businesses' bargaining power with health care providers, giving them freedom from costly State-mandated benefit packages and lowering their overhead costs by as much as 30 percent, which are benefits many large corporations and unions already enjoy. By pooling their resources and increasing their bargaining power, association health plans will reduce the cost of health insurance for employers and allow more small businesses to provide health care to their workers.

Last year, the House passed this measure on a bipartisan basis with the support of 37 of my colleagues on the other side of the aisle. Unfortunately,

the other body has yet to act on this bill. But there remains hope. Senator ENZI, who chairs the Senate Committee on Health, Education, Labor, and Pensions, has expressed a strong interest in working on this proposal, and I am more optimistic than ever that the Senate will address this problem.

This measure is supported by President Bush, the Labor Department, Republicans and Democrats, and, moreover, a poll conducted last year reveals that 93 percent of Americans support AHPs as an option for providing affordable health care for American workers. Small businesses deserve the chance to obtain high-quality health insurance at an affordable price for their workers, and AHPs are a prescription for helping the uninsured.

Mr. Speaker, I think the rule before us today is a fair rule, and I urge my colleagues to support it.

Ms. MATSUI. Mr. Speaker, I yield myself such time as I may consume to comment that only 1 out of every 14 people enrolled in an AHP will be newly insured. Overwhelmingly, this is a bill that shifts the already insured into plans with lower coverage.

Mr. Speaker, I yield 4 minutes to the gentlewoman from New York (Mrs. McCARTHY).

Mrs. McCARTHY. Mr. Speaker, I oppose this rule and the underlying bill because it will result in preempting State laws and in a reduction in health care. AHPs would be exempt from having to provide certain critical services, preempting State laws which require coverage.

Mr. Speaker, this Nation spends millions and millions of dollars on cancer treatments. We also spend millions of dollars just on research and development. This bill would take away a tool that is used to save lives.

□ 1415

The gentlewoman from California (Ms. WOOLSEY) and I offered an amendment to this legislation both in committee and again last night in the Committee on Rules. The amendment would have prohibited employers from joining AHPs if it would mean a reduction in coverage for breast and cervical cancer services. Unfortunately, the amendment was not accepted.

Almost every State has recognized the need to cut health care costs and still provide quality services to their citizens. The States know that without guaranteeing these services, patients will not receive the health care they need. Members have to remember the attorneys general fought in their States to make sure that women would have this care. Why did they fight for it? Because the insurance companies would not offer it.

According to the American Cancer Society, over 211,000 new cases of breast cancer will be diagnosed in the United States in this year alone. In New York State, there will be 14,000 new cases of breast cancer diagnosed this year alone. Breast cancer is a po-

tentially fatal, but very treatable, disease. However, early detection is the key to proper treatment. Mammogram screenings are essential for the early detection of breast cancer. Timely screening can prevent 15 to 30 percent of all deaths from breast cancer among women over 40 years old.

Currently, New York and 48 other States require insurance companies to cover mammogram screenings. The U.S. Department of Health and Human Services has stated that mammograms save women's lives. Former Secretary Tommy Thompson stated, "The Federal Government makes a clear recommendation for women over 40 to have mammograms, get screened for breast cancer with mammograms every 1 to 2 years. The early detection of breast cancer can save lives."

Preventive screening for cervical cancer is also vital for women's health. Over 10,000 new cases of cervical cancer will be diagnosed this year, and nearly 1,000 of those cases are residing in my home State of New York. Nearly 4,000 women will die in 2005 from cervical cancer.

Preserving the coverage of mammograms and cervical screenings will help save the lives of our wives, mothers and daughters, and also keep down the cost of health care in this country. I know many of my colleagues on both sides of the aisle have supported similar measures while in their home States as legislators. They have shown commitment to their home State, and now it is time to show commitment to the Nation.

As a nurse, I know first hand the importance of early detection. I have seen the hardships cancer patients endure. Since I have been here, I have done outreach within my district to get women in for their cervical exams and women over 40 in to get their mammograms. This is very important, and we should not miss this opportunity to save lives. For this reason, I oppose the rule and the underlying bill.

Mr. BISHOP of Utah. Mr. Speaker, I yield 1½ minutes to the gentleman from Nebraska (Mr. OSBORNE).

Mr. OSBORNE. Mr. Speaker, I appreciate this opportunity to speak on behalf of the rule and the underlying legislation.

Mr. Speaker, I would like to just mention a personal story. I have a son-in-law who manages 150 stores. They are part of a franchise and are spread across 40 different States. If they have to purchase health care store by store, it is prohibitively expensive. Their costs are going up 10 to 20 percent a year. One of the previous speakers said it may not add a whole lot of people, but what is happening is we are losing more and more people out of health care plans each year because small businesses simply cannot afford it.

If they can band together, those 150 stores, and pool their resources and have 500 employees in a pool, they have a chance to keep their health care. I think it is critical.

Mr. Speaker, 60 percent of all Americans work for small businesses, and this is key to this legislation. Small businesses are particularly important to rural areas like Nebraska. The measure would do three things: one, increase small business' bargaining power with health care providers; number two, give them freedom from costly state-mandated benefit packages. In many cases, the State regulations simply stifle the health care packages. And, number three, lower their overhead cost by as much as 30 percent.

Republicans and Democrats alike have joined together in each of the last two Congresses to pass this legislation. I urge support of the underlying rule and the bill.

Ms. MATSUI. Mr. Speaker, I yield 4 minutes to the gentleman from Wisconsin (Mr. KIND).

Mr. KIND. Mr. Speaker, I rise in opposition to the rule even though it has made in order a substitute that the gentleman from New Jersey (Mr. ANDREWS) and I will be offering.

The reason I rise in opposition is because this is such an important issue that we really should have an open and fair and reasonable debate on the floor of the House of Representatives. Eight of the Democratic amendments offered last night were effectively blocked. Instead, we have a closed rule that will allow some time for general debate on the AHP underlying bill, an hour on the substitute, and that is it.

I think we can all stipulate that when we go home, this is clearly the overriding issue we hear from our constituents: the rising cost of health care and the inability, especially in small businesses, to be able to afford and access quality health care which is crucial to a growing and vibrant economy.

There is a reason why we are here year after year debating the same issue, and that is because the underlying bill is bad policy. It is recognized as bad policy by over 1,400 organizations nationwide that have come out and publicly opposed it, including the National Governors Association, both the Democratic and the Republican Governors associations; including 41 of the States attorneys general; the National Association of Insurance Commissioners; the National Conference of State Legislatures, all of whom recognize this does not make sense, it is bad policy and we should offer something more than just a broken promise or false hope to small businesses and their employees hoping to obtain coverage.

There should be an unwritten rule when we are debating any type of health care policy changes, and that is following the Hippocratic Oath that our doctors and health care providers follow: first, do no harm.

Unfortunately, the AHP bill before us today does plenty of harm. And, again, it has been recognized by independent studies both within the congressional body and outside. In fact, a recent Mercer Study indicates that adoption of this AHP legislation could raise the

ranks of the uninsured by over 1 million people. You would think that alone would be enough for a "no" vote on this underlying bill. Any policy that is going to increase the number of uninsured, which is roughly between 45 and 48 million today, is something that we should resist.

It also shows that those who do not join AHPs and are not part of an association, who have health coverage for their employees, the premiums are going to increase for those people by 23 percent. This is consistent with what the Congressional Budget Office has shown in their study that shows that adoption of this bill would leave 20 million of the workers with higher premium payments overall.

Also, recently there was a study out of Georgetown University that shows that adoption of this bill, and again it is consistent with past GAO studies, would increase the likelihood of greater fraud and abuse within the associated health plan system. The GAO in a study showed that there are 144 illegal AHPs operating affecting every State in the Union with unpaid claims affecting over 200,000 workers today.

The underlying bill is going to take oversight and accountability away from the States where it has traditionally resided with oversight powers and audit responsibilities, put it in the Department of Labor with insufficient resources and no accountability and no oversight at all. Because of that, the State attorneys general in a letter stated: "The elimination of the State role and replacement with weak Federal oversight is a bad deal for small businesses and consumers."

Finally, as the gentlewoman from New York (Mrs. McCARTHY) has indicated, it does preempt consumer protection which has been traditionally guaranteed by the States if they found that necessary.

So there are a lot of reasons why the underlying bill before us today is bad policy. That is one of the reasons it has had a difficult time moving through the Senate. We are going to have a substitute offered that the gentleman from New Jersey (Mr. ANDREWS) and I and others who support think is a viable and reasonable approach to deal with the growing health care crisis that so many of our small businesses and their employees are facing. It is a bill that does allow the purchasing pool concept to go forward, but it is modeled after what Federal employees currently have under their health care plan. And it also does not preempt State law.

Mr. Speaker, I ask my colleagues to defeat the rule so we have an honest debate and support the substitute and vote "no" on the underlying bill.

Mr. BISHOP of Utah. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. KELLER), a member of the committee who has gone through this discussion many times.

Mr. KELLER. Mr. Speaker, I support the rule, and I support H.R. 525. The

number one problem facing small businesses today is the skyrocketing cost of health insurance. Association health plans are a big part of the solution.

I met with many small business people in my hometown of Orlando, Florida, and they told me they need association health plans. I agree with them, and here is why: of the 45 million Americans without health insurance, 60 percent are small business employees and their families. They do not have health insurance because their small business employers cannot afford it.

If we would allow these small businesses to join together, they could have the same bargaining power as large Fortune 500 corporations, which could lower their health insurance premiums by up to 30 percent. Association health plans will increase access to health care for millions of Americans now without insurance.

It certainly is an issue that is personal to me. I had the happy privilege of flying down to Orlando, Florida, with President Bush on Air Force One on March 18 of this year. He asked me what, if anything, he could do to help small businesses in my area. I told him what the small businesses told me: the number one thing they want is association health plans, and he pledged to support it and use his bully pulpit to help it get through the Senate.

I also authored a Small Business Bill of Rights that passed this House back in April. It called for the passage of association health plans, fixing the death tax, and cracking down on frivolous lawsuits. This House is on record as supporting that. It is time for us to take the lead today and help small business people provide health insurance to their employees. Vote "yes" on the rule and vote "yes" on H.R. 525. I urge my colleagues to do these things.

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

Mr. BISHOP of Utah. Mr. Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACKBURN).

Mrs. BLACKBURN. Mr. Speaker, increasingly, one of the things I hear from small business owners back in Tennessee is they want Congress to open the way, just to open the way and set the stage for more affordable health care choices.

Over 90 percent of the jobs in Tennessee are small business jobs. It is the largest employer in my district.

Mr. Speaker, one of the things that we hear is that these employers want to do the best they can for their employees. They feel like they are a part of their family. The gentleman from Texas (Mr. SAM JOHNSON) really should be applauded for introducing the Small Business Health Fairness Act of 2005. It is one of those things that will help small businesses, as we have heard from so many of the speakers, to pool together and to purchase association health plans through their national trade groups.

I have joined him as a co-sponsor of the legislation, and I believe we do

have that opportunity to extend affordable, quality health care to millions of Americans. Every small business owner knows that providing quality health care is one of the most costly items in running a business. It is a very difficult part, handling the mountains of paperwork and finding the right policies. We have the power to help by passing this commonsense legislation. I ask my colleagues to support the rule and to support the underlying legislation.

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

Mr. BISHOP of Utah. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. HENSARLING).

Mr. HENSARLING. Mr. Speaker, today I rise in strong support of the rule for H.R. 525, the Small Business Health Fairness Act of 2005, offered by the gentleman from Texas (Mr. SAM JOHNSON).

Mr. Speaker, if we do not act soon, America will face a health care crisis. Health care costs are skyrocketing. We all know it; and, unfortunately, so do the ranks of America's uninsured. As usual, government is part of the problem. More freedom and more competition is part of the solution.

With nearly half of the 45 million uninsured Americans employed by small businesses, or dependent upon someone who is, H.R. 525 will help more Americans get access to the affordable health insurance they need.

□ 1430

H.R. 525 would allow the creation of association health plans to help alleviate the enormous health care burden on America's small businesses. They will empower small businesses to join together to bargain with insurance carriers to get health care coverage for their workers at an affordable cost. No affordable cost, no insurance. Under current law, large employers that self-insure are exempt from State mandates while small businesses are not. This increases the cost of health insurance up to 13 percent and bars up to one-quarter of the uninsured from acquiring health care.

Mr. Speaker, that is not right. Small businesses and their employees should have the same right to quality health care insurance that large corporations and unions already enjoy. The Congressional Budget Office estimates that association health plans could actually reduce premiums for small businesses up to 25 percent. That could mean an average savings of \$1,000 to \$2,000 for the average family health plan offered by a small business. That means more people covered, more lives saved.

I urge all my colleagues to support the rule for H.R. 525 and the underlying legislation. With association health plans, we can dramatically reduce the number of uninsured Americans while increasing health care access, affordability, and choice.

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

Mr. BISHOP of Utah. Mr. Speaker, I yield myself such time as I may consume.

I must admit that much of the opposition gloom-and-doom predictions are based on assumptions of what people and companies will choose to do and, therefore, the government should make those mandates. I am pleased that this particular piece of legislation is based on the assumption that people have the ability to make good choices for themselves without the assistance of the heavy hand of government.

Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Texas (Mr. SAM JOHNSON), the sponsor of this bill.

Mr. SAM JOHNSON of Texas. Mr. Speaker, I am pleased to be here today to support the rule to govern H.R. 525, the Small Business Health Fairness Act of 2005. As costs continue to escalate annually at unprecedented rates, our employers are being forced to drop health care coverage, or not be able to afford it at all. Our small businesses share a large part of that burden because they are forced to shop for health insurance in the costly small group market. Large employers bring bargaining clout to the table when they work with insurance companies. Small businesses have fewer employees and thus have little or no bargaining power. Not only that, but large employers and unions are exempt from burdensome State mandates. These mandates dictate what health plans must cover and which vary from State to State. Small employers do not have that luxury.

We know that more than 60 percent of the over-40 million uninsured Americans either work for a small business or are dependent upon someone who does. The clear course of action here is to help our small businesses afford health coverage by giving them the same opportunity.

Association health plans, or AHPs, do just that. Small businesses would be able to group together in bona fide trade associations. AHPs would then be able to use economies of scale to their advantage and provide more affordable health care for working families while avoiding the administrative cost of State mandates. AHPs are expected to save small business owners and their employees as much as 30 percent on their health insurance.

This bipartisan bill makes sense. The time to act is now. I urge a "yes" vote on this rule.

Ms. MATSUI. Mr. Speaker, I yield 3 minutes to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. Mr. Speaker, I thank my friend from California for yielding me this time.

I hear the phrase "burdensome State mandates." A woman has a C section and gets to stay in the hospital for at least 48 hours. A woman has the right under a health insurance policy to get a mammogram paid for by the insurance company every year. A diabetic

has the right to get insulin provided and other blood care paid for by their insurance company. These are the burdensome mandates that we hear talked about on the floor. One of my other friends talked about the heavy hand of government. That heavy hand of government in this case is evidently shared by Republican Governors around the country, because the National Governors Association opposes this bill. Republican and Democratic Governors have looked at this bill and said laws that they have passed that many of our friends on the majority side voted for in State legislatures around the country, laws that protect C sections, mammograms, diabetic care, substance abuse care, mental health care, these laws should not be repealed and thrown aside by the heavy hand of government at the Federal level. That is what this is really about.

Amendments that would have addressed these issues, that would have let us discuss these issues on this floor, were prohibited by the rule that we are debating right now. I would suspect that maybe one of the reasons they were prohibited is because Republican attorneys general and Republican Governors around the country would have supported such amendments because they oppose the good work that is undone by this bill. Members should oppose this rule and eventually, after debate, oppose the underlying bill.

Mr. BISHOP of Utah. Mr. Speaker, I am pleased to yield 3 minutes to the gentleman from Georgia (Mr. GINGREY).

Mr. GINGREY. I thank the gentleman for yielding me this time.

Mr. Speaker, I rise today in strong support of H. Res. 379 and the underlying bill, H.R. 525, the Small Business Health Fairness Act of 2005. My good friend, the gentleman from New Jersey, just spoke about some mandates regarding OB care and, of course, there are mandates that have been passed in the several States, all 50, in fact, that are very compassionate sounding. The gentleman from New Jersey is right. Many of us have, as former members of State legislatures, voted for mandates.

I am one of them. In fact, in the State of Georgia, there was a mandate, because of managed care intrusion and the requirement that everybody go through a gatekeeper and not to a specialist, that women in the State of Georgia, if any health insurance policy was written, they would have direct access to their OB-GYN. Certainly, as an OB-GYN specialist, I liked that mandate. In fact, I think I voted for that one. But shortly after that along came the dermatologists and they wanted direct access to everybody who had an itch, to have to be able to go, demand to be seen by a specialist, a dermatologist, rather than their family practitioner.

I want to tell you about a couple of other mandates in the State of Georgia. There was one to require that every woman would have the right to

have a blood test to be screened for ovarian cancer. It is called CEA-125. Any cancer specialist would tell you that that screening test for ovarian cancer is absolutely worthless. A better mandate would have been to say that anybody over age 30, any woman, could have an ultrasound done every 6 months to look at the ovaries, but that would be astronomically expensive. Another mandate in the State of Georgia says that every baby born in a hospital in the State of Georgia has to be screened for sickle cell anemia, even when they are a part of an ethnic group where the percentage of sickle cell anemia is zero. Nada. These mandates just go and on, and you have got them in all 50 States.

Clearly, we need to do something about that because they are driving up the cost of health care. We need to give people the opportunity to join their other employees in trade associations.

This is a good bill. It will reduce the rolls of the uninsured by 8 million people. I commend it to my colleagues on both sides of the aisle. I urge you to support this rule and pass the Sam Johnson legislation. It is a good bill. It will get people the protection they need and provide health care for so many who do not have it.

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

Earlier this month, the Los Angeles Times ran a story that I think cuts to the heart of this discussion. It is the story of a husband and wife living in Southern California. After successfully battling bone cancer 7 years earlier, Doug did what so many Americans would like to do. He started a small business making boat parts. Soon, he was approached by an AHP offering a \$400-a-month health insurance policy which even included special cancer coverage.

Tragically, a few months after he purchased the policy, his cancer returned and it became quite clear that the quality of that association plan was not what Doug or his wife, Dana, expected. It turned out that this particular plan covered less than 18 percent of Doug's \$550,000 treatment cost. Doug and Dana rapidly found themselves buried under hundreds of thousands of dollars in bills. And as his wife recounted to the Los Angeles Times, at several points before the cancer ultimately claimed his life, Doug begged her to divorce him so that she would not be responsible for his debt.

I cannot believe this is the solution we are offering to small business owners like Doug and Dana. The American people deserve better.

Mr. Speaker, this bill offers no health care solutions for small business owners. It raises premiums on 80 percent of small businesses; will increase the number of uninsured by 1 million people; and reduce coverage for another 7 million individuals who are most in need of care. My friends on the other side might find these facts inconvenient, but that does not make them less

true. And it will accomplish all of this by loosening or removing consumer protections and by walking away from State mandates that guarantee treatment for diabetes and screenings for breast cancer.

We can do much, much better than this for America, Mr. Speaker. I urge Members to oppose the rule, oppose the underlying bill, and support the Kind-Andrews substitute.

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

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

I appreciate those who have spoken on the bill today. I appreciate the gentleman from Georgia (Mr. GINGREY), a member of the medical profession, who so eloquently talked about some of the realities of this particular bill and what we are looking at. And I appreciate the gentlewoman from California and her wonderful and kind way in which she handled the rule on the minority side.

Just as a means of criteria of what we are going through as far as the rule itself, every amendment that was proposed for this particular rule was discussed thoroughly and voted upon in the committee, with the exception of obviously the motion to recommit. With the debate we have had in previous years, every element of this bill has been thoroughly debated both on the floor and in committee, this year as well as in years past.

I have to admit, Mr. Speaker, my favorite Senator, even though I am not supposed to have one, is the junior Senator from Kentucky who is the only one to have won 100 games in both the American and the National League. Because of that, I have his baseball cards. I hope he does very well over there because if they continue to rise in value, that may be the only way I pay for my health care in the future.

I was reading on the airplane coming back yesterday of a story of Senator BUNNING when he was a pitcher for the Detroit Tigers and he was facing the Yankees. The Yankees sent out Bob Turley to be the first base coach because he was great at picking off signals. Sure enough, he knew what the signals were. His signal would be every time a fastball was coming, he would whistle at the batter. Hank Bauer is the first batter up there. Fastball, he whistled, Bauer hit a screamer into left field. The second batter is Tony Kubek. Fastball, whistle, he hit what would have been extra bases into right field except the second baseman caught the ball in self-defense.

The third hitter up is Mickey Mantle. By this time the pitcher is upset with what is going on and takes a couple of steps to Turley and says, "Next time you whistle, I'm going to drill the batter." He takes a couple of steps to the batter and tells him the same thing. Sure enough, a fastball, the whistle, Mantle does not swing. The next pitch is a slider which hits Mantle right in the legs. He is upset, takes a couple of

steps towards the mound, but the catcher and the umpire direct him to first base.

The next batter up is Yogi Berra. Once again, fastball, the whistle comes, Yogi does not take it, but then remembering what happened, he steps out of the batter's box, cups his hands and yells back at Senator BUNNING who is the pitcher at this time and says, "He may be whistling, but I ain't listening."

Mr. Speaker, there are a lot of people who have been whistling at us on this particular issue. Every time I go to a town hall meeting, I face people who want some kind of relief in the ability of getting insurance. I get letters from them all the time. When small businesspeople come to my office, they are talking repeatedly about this particular issue. They are all whistling, asking for some kind of relief.

I realize I talked about my three sons who did not have insurance. My two that still do not will not have it under this bill because the provisions do not allow them to participate. But my next-door neighbor who is trying to make a living in a shop down on Main Street that does not have insurance could under the provisions of this bill. Those are real-life people who need this kind of assistance and help, and they cannot get it any other way. The status quo does not offer this kind of assistance. This is one of those few rays of hope that they will have. These people are truly whistling at us. Our job as Congress is to finally listen.

Mr. Speaker, I urge support of the rule on the underlying bill, H.R. 525.

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

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

□ 1445

PROVIDING FOR CONSIDERATION OF H.R. 22, POSTAL ACCOUNTABILITY AND ENHANCEMENT ACT

Mr. SESSIONS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 380 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 380

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 22) to reform the postal laws of the United States. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed one hour equally divided and controlled by the chairman and ranking minority member of the Committee on Government Reform. After general debate the bill shall be considered for amendment under the five-