

Auxiliary; Non-Commissioned Officers Association; PAC Pennsylvania Eastern Division; Polish American Congress; Polish Army Veterans Association (S.W.A.P.); Polish Falcons of America; Polish Falcons of America—District II; Polish Home Army; Polish National Alliance; Polish National Union; Polish Roman Catholic Union of North America; Polish Scouting Organization; Polish Western Association; Polish Women's Alliance; RR Donnelley & Sons, Company; Scottish Rite of Freemasonry—Northern Masonic Jurisdiction; Scottish Rite of Freemasonry—Southern Jurisdiction; and Sons of The American Legion.

The Orchard Lakes Schools; The Retired Enlisted Association (TREA); The Travelers Protective Association; The Uniformed Services Association (TUSA); U.S. Marine Corps Combat Correspondents Association; U.S. Pan Asian American Chamber of Commerce; Ukrainian Gold Cross; Women's Army Corps Veterans Association; Women's Overseas Service League; and Woodmen of the World.

THE FEDERAL EMPLOYEE HEALTH BENEFITS ACCESS ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 1995, the gentlewoman from Colorado [Mrs. SCHROEDER] is recognized during morning business for 5 minutes.

Mrs. SCHROEDER. Mr. Speaker, I had been wondering when to introduce the bill that I introduced last year. When I got a letter today explaining the AMA's position on health care and preexisting conditions I decided this was the day.

You see, the AMA has a dictionary where they are talking about menopause as a preexisting condition. But when they were asked why they were defining that, they said they were only saying what the insurance companies were saying, and the insurance companies are saying that is why they consider menopause a preexisting condition and are denying payment.

If this continues, pretty soon women are going to be a preexisting condition, and no woman is going to get health care. But we know that this is going on with men, with women, with children, with families, and we have a true, true health care crisis.

This letter is what inspired me today to reintroduce my Federal employee health benefits bill that I introduced last year. It is very simple. It only says every American should be entitled to the same choices that we as Members of Congress have, the President has, and over 9 million Federal employees, retirees and their families have.

That means once a year you get a catalog of a hole series of choices. You are in a very large group. There are no preexisting conditions. Whether it is menopause or anything else, you can be in that pool, and it has been tremendously cost effective. I think that this is one thing we could certainly do that would make life a lot better for small employers, for self-employed people, and for many Americans.

One of the things we learned from the health care debate was that most Americans are really very poor con-

sumers of health care. And why not? They have no choice anyway. Their only choice is what their employer can get, if he can get anything, or what they can get, if they can get anything. They do not have the catalog and the options we all have once a year under open season.

Now, this does not cost the Federal Government anything. All you do is get the catalog, figure out what you want, and then you have to pay the premium or you and your employer share the premium, or whatever works out, whatever your negotiated position is. But it gets you a wide range of choices. It gets you much better prices. It gets a much better cost relationship, and I think it is time we do it.

It is in the spirit of this Congress, which has been putting itself under the laws it makes for other people, and it is time we now open the door to many of the benefits that we have, that we now know because of the last 2 years' historic health care debate that other people do not have. This would be a terrific stress reliever for an awful lot of American families who are either locked into their job because they cannot get health care, or lost their job and cannot get health care, or many, many other things.

So I really hope that this body takes this bill very seriously, and that we pass it out of here, and we at least give people choices. That makes all the sense in the world.

Mr. Speaker, I would ask to put this letter from the American Medical Association in the RECORD on preexisting conditions and menopause.

Mr. Speaker, today I am introducing the Federal Employee Health Benefits Access Act. The purpose of this bill is simple: to give the general public access to the same health care benefits as Members of Congress.

We recently passed legislation requiring Congress to comply with the same laws that we pass for the rest of the country. Well, it is about time we gave everyone the same health care we get.

The Federal Employee Health Benefits Program provides health care to nearly 9 million Federal employees, retirees, and their families. It is a proven plan and model for the rest of the country. Enrollees are offered coverage at group rates, are not barred from coverage on the basis of a preexisting health condition, and are free to enroll in a plan of their choice during an annual open season.

My bill requires health carriers under the Federal Employee Health Benefits [FEHB] Program to offer to the general public the same benefits that Federal employees and members of Congress receive. This means that small businesses and individuals will have access to the same deductibles, maximums, coverage, treatment, and quality care that every Member in this Chamber gets. Under the bill, health care plans available to the general public would be community rated and would not result in an increase cost or less of benefits to Federal employees.

FEHB access allows Americans to choose the plan that is right for them. It does not require a standard package of benefits. Rather, it maintains one of the most important features

of the current FEHB Program—the ability to pick a plan that fits the needs of each individual or family.

The Federal Employee Health Access Act also contains some important cost savings provisions.

First, it requires that insurance carriers use standardized claims forms. This will reduce administration waste as well as save time and money.

Second, it requires insurance carriers to provide enrollees with information about advanced directives or "living wills." The use of living wills gives patients an opportunity to make critical decisions about their treatment. It can also save millions of unnecessary medical bills.

And finally, my bill establishes a demonstration project that allows enrollees the option to choose arbitration in order to settle malpractice disputes. Individuals who choose this option would either pay reduced premiums, copayments, or deductibles. Many health insurance plans already require participants to use alternative dispute resolution for malpractice claims. But, unlike my plan, they are not voluntary and they do not pass any of the savings on to enrollees.

The Federal Employee Health Benefits Access Act is a common sense proposal that makes health care available and affordable to every American. If it works for Members of Congress, why can't it work for the rest of the country?

I urge my colleagues to cosponsor the Federal Employee Health Benefits Access Act.

AMERICAN MEDICAL ASSOCIATION,

Chicago, IL, February 13, 1995.

Dr. CAROL C. NADELSON, M.D.,
Editor in Chief, American Psychiatric Press, Inc., Washington, DC.

DEAR DOCTOR NADELSON: Thank you for your recent letter demonstrating the misuse of an American Medical Association [AMA] statement on menopause. I appreciate having the benefit of this information.

The statement quoted by the insurance company is not AMA policy, but rather is a definition taken from one of the AMA's many consumer books. The purpose of the AMA's consumer books is to educate the public about common medical conditions, not to serve as rationale for classification of conditions by the insurance industry. While the cited definition is supported by the medical literature, the AMA regrets that its statement is being used by the insurance industry to deny payment for treatments. In addition, I wish to assure you that the AMA supports equal rights for men and women and does not advocate any position that would lead to the discrimination of women in terms of their health care.

Again, thank you for sharing your concerns with me. I hope this information is helpful.

Sincerely,

JAMES S. TODD, M.D.

SUPPORT RISK ASSESSMENT AND COST-BENEFIT ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 4, 1995, the gentleman from Georgia [Mr. NORWOOD] is recognized during morning business for 5 minutes.

Mr. NORWOOD. Mr. Speaker, I rise today in support of H.R. 1022, the Risk Assessment and Cost-Benefit Act. This