waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and for other purposes, with a Senate amendment thereto, disagree to the Senate amendment, and request a conference with the Senate thereon.

The SPEAKER pro tempore (Mr. WALKER). The gentleman from Texas [Mr. ARCHER] is recognized for 1 hour.

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

Mr. Speaker, this is the customary motion to go to conference. I believe the minority has a motion to instruct conferees.

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

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas [Mr. ARCHER].

The motion was agreed to.

MOTION TO INSTRUCT OFFERED BY MR. DINGELL

Mr. DINGELL. Mr. Speaker, I offer a motion to instruct conferees.

The Clerk read as follows:

Mr. DINGELL 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 House bill H.R. 3103 be instructed—

(1) to recede to the Senate amendment except with respect to section 305 of the Senate amendment; and

(2) with respect to such section (A) to consider whether the enactment of such section would result in an increase in premiums for private health plans and (B) if so, to provide for concurring with such section with an amendment that adjusts such section to provide for the maximum coverage of mental health services under health plans without increasing such premiums.

The SPEAKER pro tempore. The gentleman from Michigan [Mr. DINGELL] will be recognized for 30 minutes in favor of his motion. Does the gentleman from Texas [Mr. ARCHER] wish to be recognized in opposition to the motion?

Mr. ARCHER. I do, Mr. Speaker.

The SPEAKER pro tempore. The gentleman from Texas [Mr. ARCHER] will be recognized for 30 minutes in opposition to the motion.

The Chair recognizes the gentleman from Michigan [Mr. DINGELL].

Mr. DINGELL. Mr. Speaker, I yield myself 5 minutes.

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

Mr. DINGELL. Mr. Speaker, here we go again. Once again our friends and colleagues on the Republican side have spent days and weeks behind closed doors. Our colleagues have been negotiating with themselves. They have been excluding Members on this side of the aisle. They have been excluding the President. They have been using their usual highly partisan style, strategy and technique.

They have stuck a controversial and objectionable medical savings account provision in their bill to serve the Dole for President campaign and to assist special interest friends in the health insurance industry.

Mr. Speaker, our motion to instruct is simple: It tells the House conferees, ''Do not reinvent the wheel.'' We have before us a good bill which came from the Senate. It was totally noncontroversial. It properly rejected a broad medical savings account provision as unwise and fiscally irresponsible. The instruction tells House conferees that with the exception of one provision on which further analysis may be needed, simply recede to the Senate.

On that one provision, an important bipartisan amendment to provide mental health parity offered by our friends and colleagues, Mr. DOMENICI and Mr. WELLSTONE, it instructs the conferees to study the issue and to consider whether the provision would raise health insurance premiums. If the provision is found to raise premiums, the motion tells the conferees to do their best to adjust it to provide for the maximum possible mental health coverage without raising premiums and within the scope of the conference.

Make no mistake, my colleagues: The conference committee is about to be appointed, but it is one which already has its decisions made. All the important decisions are in place. Once more, the extremist Republican majority has told the American people and the President of the United States, ''It's our way or the highway.''

The Congress has an opportunity this year to enact a noncontroversial, a bipartisan, a consenus health insurance reform bill, a small one but an important one, a bill that would make health insurance more widely available to the American people. Some 28 million people will benefit from the enactment of this legislation. It is a bill which would assure portability, guaranteed access and renewal. It would limit preexisting condition exclusions, and set up purchasing pools for small business.

This is a bill which was so broadly supported that it passed the Senate of the United States 100 to nothing. The Republican majority is not content, however, to stop here with a good bill. They could not resist playing politics with the health and security of the American people. And in spite of the President's good faith offer to negotiate a carefully constructed pilot program on MSA's, they just could not resist sending a bill that will have to be vetoed.

The beneficiaries of this will be the health insurance industry, and then only a part of it. The people who will suffer from this choice are the American people. Some 28 million Americans will not get the benefits of this legislation.

My Republican colleagues locked the doors. They locked out the American people. They ignored the will of the other body, which voted against MSA's, and they crowbarred this curious provision into the bill.

As they have done over and over again in this Congress, they bent the rules and, quite frankly, they are in the process of making a mockery of the conference structure of the two bodies.

Mr. Speaker, who is going to pay in the end for this partisanship? It is going to be the American people, 28 million of whom will be denied the benefits of significant improvements in health insurance and major reform.

Let us have a real conference with genuine bipartisan dialog and negotiation. Bring the President into the process in good faith, not by distorting the process by making the agreement beforehand and then telling the President to fly off.

A Presidential signature is going to be difficult. Let us get the Presidential signature. Let us enact the legislation. Let us support the motion to instruct.

□ 1130

Mr. ARCHER. Mr. Speaker, I yield 3 minutes to the gentleman from California [Mr. THOMAS], the respected chairman of the subcommittee of the Committee on Ways and Means.

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

Mr. THOMAS. Mr. Speaker, it is with great pleasure and a certain amount of pride that I take the floor this morning, finally, as we appoint the conferees to meet with the Senate on our health insurance package.

I find it somewhat ironic that this package passed the House some time ago, passed the Senate on April 16, but it is not until June 11 that we are naming conferees. That is simply because the Senate stalled. The Senate would not go forward. The Senate Democrats wanted to play politics with health care once more.

We discovered, Mr. Speaker, that the President's mediscare tactics over the last year cost the American people more than $100 billion when we compare the 1995 Medicare trustees report with the 1996 Medicare trustees report. If we follow the wishes of the former chairman of the Committee on Commerce and pass this motion to instruct, we are once again going to be part of an operation that delays and obfuscates.

Mr. Speaker, the gentleman said that the negotiations that we have been carrying on with the Senate tried to crowbar provisions into the package. One man's crowbar is another's compromise and accommodation, and I just find it totally ironic that the gentleman from Michigan, given his history of rather cavalier and arrogant management of conference reports, would, in fact, make such a comment.

He alluded to the fact that the Senate package passed the floor 100 to 0. If that is the case, why is the motion to instruct not to go with the Senate program? Oh no, he knows there were

flaws in the Senate bill. So on the one hand he says we have to go with the Senate, they are wise, they were bipartisan, they passed it 100 to 0, but, oh, by the way, in the motion to instruct, we do want to make changes in the Senate provision.

Well, let me tell my colleagues, the House and the Senate coming together has created historic legislation. We believe the President will be compelled to sign this package. We changed the language in the fraud and abuse area so that someone committing a bookkeeping error would not be liable to the penalties. Rather it is deliberate ignorance or reckless disregard of the law, rather than a simple bookkeeping error.

Mr. Speaker, we have cleared away a lot of the paperwork logjam that has been there way too long. We cleaned up the long-term care insurance area, changing the Tax Code to allow seniors to deduct this off of their medical expenses. That has been left to languish far too long. And on MSA's, the agreement between the House and the Senate is to begin on January 1 with employers of less than 50 employees. Currently, out of the 29 million in that category, only 3 million have health insurance. The MSA's will afford health insurance for millions of Americans if we disregard the motion to instruct.

Mr. DINGELL. Mr. Speaker, I yield myself 30 seconds.

The distinguished gentleman from California has referred to me in a most kindly fashion. He has also alluded to the fact that the deal has already been cut. I would note that this is interesting from the standpoint of the business at hand.

He has also said some other things. He has tried to blame the Democrats in the Senate for the action of the Republican Presidential nominee, the gentleman from Kansas, Mr. DOLE, who is the majority leader over there until this afternoon, I am told, at which time he will be leaving. But it will be noted that this good majority leader has not, during the time that the gentleman from California complains, appointed the conferees.

Mr. Speaker, I yield 3 minutes to the distinguished gentleman from California [Mr. STARK].

Mr. STARK. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, the press reports indicate that Republicans have reached a deal among themselves and at long last, after 2 months, they want to appoint conferees, which I presume is for taking pictures and presenting us with a done deal. Not exactly what I would consider an open and fair legislative process.

My colleagues across the aisle have purposely turned their backs on the best opportunity of the year for a bipartisan bill that would have been developed openly and fairly. It is completely backward from the normal process and is designed to end run the will of a majority of the Senate in opposition to medical savings accounts.

Mr. Speaker, we do not know many, many of the important deals of the back room deal. If it is like previous ones that handed billions of dollars to the American Medical Association in exchange for support of an ill constructed and conceived Medicare bill, or if it is similar to a payoff of the supporters of GOPAC and the Republican Party to pay off the Golden Rule Insurance Co., we can be pretty sure that those deals are in there.

The Senate passed a good bill. It did a better job on mental health amendments, which provided parity, which I assume the Republicans do not care about mental health. It did not deal roughshod with malpractice, and recognizes that 80,000 people are killed in hospitals each year. It weakened antifraud, or the Republican bill weakens antifraud and the Senate did not. The Senate did away with the MEWA's and is a better bill all around.

The Senate bill provides 80 percent deductibility for the self-employed. It covers all companies, not just those with less than 50 workers, and it is a better protection for the purchase of an individual insurance policy.

Mr. Speaker, for individuals, for U.S. citizens, the Senate is a better bill. The House bill is better for large contributors to the Republican Party. The House bill is a better bill for rich doctors. The House bill is a better bill for insurance companies. It is not as good a bill for individuals in this country.

It would be in the best interest of our constituents, of all people in this country, to go back, accept the Senate bill and recognize that we have thereby done a good job.

Mr. ARCHER. Mr. Speaker, I yield myself such time as I may consume. I rise in opposition to the motion to instruct.

Mr. Speaker, it seems ironic to me that the minority wants us to abandon all of the bipartisan work that occurred in the House of Representatives and simply accept the Senate bill. It is also interesting that the only part of the Senate bill that they do not want us to accept at face value is the provision on mental health.

Amazing. They want us to dump malpractice reform, which is driving up the cost of health care for all Americans. But, of course, that is what the trial lawyers want. So they want that to be totally dumped.

They want us to dump the ability of small businesses to be able to pool together to get their insurance prices down so that they can compete with large companies. They want that thrown overboard.

They want all of the revisions that will help to cut the cost of paperwork and administrative redtape dumped.

They want us to dump the provisions that will help those who are in terminal illness from being able to have accelerated death benefits out of their insurance policies, like those on AIDS, so that they can expend that money for their health care in the last 2 years of their lives.

They want the elderly to be dumped and the ability that we provide in the House bill for them to be able to have long-term care deductibility on their insurance premiums.

They want all that to be thrown over and accept at face value everything in the Senate bill except the provision that the Senate put it to help those who have mental illness.

Mr. Speaker, this is a weird motion to instruct, and I think the House should clearly turn it down because it exposes the minority for what they really are. They do not want real health care reform, they just want issues.

We have a very good bill in the House, passed overwhelmingly by a bipartisan vote, and we will work from that to negotiate with the Senate so that we can end up with a better bill than what the Senate has created.

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

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from New Jersey [Mr. PALLONE].

Mr. PALLONE. Mr. Speaker, it is a sad day today in the House of Representatives on health care reform. We know that this process began in the President's State of the Union address where he called upon this House, on a bipartisan basis, to pass the Kennedy-Kassebaum bill, with the goal essentially of expanding insurance coverage basically for people who have preexisting conditions, who have not been able to get health insurance, or for those who have trouble because they lose their health insurance when they lose their job or transfer from job to job.

We had a bipartisan consensus to move on these two issues, portability and preexisting conditions, to expand insurance coverage. But, instead, from the very beginning, the Republican leadership insisted on these medical savings accounts, which is nothing more than a special interest way of providing catastrophic health care coverage that most Americans, except for the healthy and the wealthiest among us, will not be able to take advantage of.

It was all done because essentially it was a payback. The Golden Rule Insurance Co. has made big contributions to the GOP, and they would reap big profits if the MSA proposal becomes law. They have given about $1.2 million basically to various GOP causes. So from the very beginning there were not conferees appointed because we know that the other side, the Republicans, wanted to include the MSA's, and they still have.

Mr. Speaker, with this proposal today, our understanding is that when the conference is done they will simply ratify a proposal that still allows these MSA's to be included. It is a shame, because the Kennedy-Kassebaum bill was

crafted to keep premiums affordable because it would not impact the insurance risk pool by encouraging healthy individuals to drop coverage.

The MSA provision does the opposite. It is the poison pill. It basically makes it so that only the healthy and the wealthy can take advantage of this catastrophic coverage, and Americans who do not choose to join the MSA's, because of the high risks involved, will see their health insurance premiums increase.

The end result then, Mr. Speaker, is health insurance premiums increase for the average American. And instead of having more people insured, which was the very purpose for the President's call back in his State of the Union address, we will have less Americans insured.

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

The gentleman's comments are just not founded on facts. The Rand Corp. has done a study about medical savings accounts, the Journal of American Medicine has come out with a study, and both of them say there will not be adverse selection. Both of them do not support in any way the gentleman's comments that this would help the rich or this would help only those who are healthy. Not so at all. All of the empirical data puts that down.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Connecticut [Mrs. JOHNSON], the respected chairman of the Subcommittee on Oversight of the Ways and Means Committee.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I thank the gentleman for yielding me this time.

Mr. Speaker, this is an extraordinary opportunity for this House and this Congress. We have the opportunity in the conference process to come to agreement on a bill, and we can already see the agreement out before us that will guarantee to the working people of America the right to move from job to job without losing their health insurance due to preexisting conditions.

Why would we want to limit conferees' ability to merge the fraud and abuse provisions of the House and Senate bill and choose those provisions that are really strongest but also most protective against small minor mistakes and making those as criminal?

Why would we want to tie the conferees' hands and not let them include administrative simplification provisions worth billions and billions of dollars in savings to our health care system?

Why would we not want them to consider a compromise in the medical savings account that does not open up the right to medical savings account to the big givers of the Republican Party, as my colleague, the gentleman from California [Mr. STARK], claims, but rather only opens it up to the employees of small businesses, 50 or under?

Frankly, Mr. Speaker, those folks are not big givers to either party. They are just folks who do not have health insurance and need an opportunity to have this choice.

□ 1145

It is a small, modest compromise. It requires a study, and it requires a congressional vote after 3 years before an expansion. It is just the right kind of compromise that the House and Senate are capable of coming to to move forward with the public business so that we can guarantee portability to America's workers, so that we can guarantee long-term deductibility of long-term insurance premiums; truly the right answer to controlling Medicaid spiraling costs, absolutely the right answer to make long-term health care premiums deductible.

That is in this. As important a reform as this Congress has ever considered in the health care area. We have the opportunity to serve the public well.

Mr. Speaker, I oppose the special instructions of the gentleman from Michigan [Mr. DINGELL].

Mr. DINGELL. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Maryland [Mr. CARDIN].

Mr. CARDIN. Mr. Speaker, I congratulate the gentleman from Michigan [Mr. DINGELL] for the work he has done on health care reform. I am pleased that we are finally going to conference on this health reform bill.

Since the President's State of the Union Address, there has been bipartisan support in passing legislation that would eliminate preexisting conditions for people who lose their jobs and need to change from one group plan to another, or from a group plan to an individual plan.

We have wanted portability, both Democrats and Republicans have asked for us to move this legislation, and I am pleased that at last we are going to conference in order to get this done.

Mr. Speaker, I support the motion of the gentleman from Michigan to instruct the conferees, and let me give two reasons that I hope that the final bill that we will vote on will contain.

First, mental health parity. Mental health parity is important to help start to remove the historical discrimination against mental illness in this Nation. There has been a lot of talk that that may increase the premium cost. Let me give the experience of the State of Maryland.

Mr. Speaker, we have enacted mental health parity in our State that is effective against State-regulated health insurance plans. We have found no appreciable increase in premium costs as a result of establishing parity.

Mr. Speaker, when consumers have reasonable access to health care, we find that we have more cost-effective health care; we do not force people into more costly circumstances. We have found in-patient care actually decline as a result of providing mental health parity. We would hope that the final bill that comes to the floor from conference will include mental health parity.

The second reason I support the gentleman's proposal is the MEWA provision that allows employers to join together but preempts the abilities of our States to regulate. We talk about we want the States to do more, but the MEWA provisions in the House bill would prevent our States from regulating. The State of Maryland has enacted small market reforms. The MEWA provisions would prevent that.

Mr. Speaker, I urge my colleagues to support the motion.

Mr. ARCHER. Mr. Speaker, I yield 6 minutes to the gentleman from Illinois [Mr. HASTERT], a gentleman who has contributed so much to the development of health care policy in the House.

Mr. HASTERT. Mr. Speaker, it is interesting to hear the debate, especially from the other side of the aisle. It is also interesting to hear the rhetoric from the other side of the aisle that tries to create a class warfare on a piece of legislation that is really for what the American people want.

If my colleagues would look at this bill, this does not treat any special interests, it does not take any upper-income group and give them a special deal. What it does is allow working Americans, people who work for small businesses, people who are self-employed to, have a choice.

Is that so wrong to do, to give people choices on what they want with their health care future; what they want to do to choose a health care policy that best suits them and their family? A health care choice that they have the opportunity to begin to take care of their long-term health care future if they wish to do that? That is exactly what is in this bill.

Mr. Speaker, we give portability and affordability. That was our goal: To let people have the ability to get health care insurance, even when they change jobs, group to group or group to individual. That they are not denied health care because they or their family have a preexisting condition. That is out of this bill. We are there. They have the ability to have that portability. They have the ability to move from job to job.

Also, one of the things that we do here is long-term care so seniors who worry about their golden years and beyond those times when maybe they are able to take care of themselves, that they are not thrown out into the issue that they have to give up all of their resources that they are able to take their life insurance, in fact if they had a catastrophic health care problem that they could convert that life insurance tax free into long-term care insurance, and also treats long-term care insurance in a tax issue that is just like any other health care insurance. It is tax deductible. Does that not make sense? I think it makes a lot of sense.

Deductibility, for those people who have never had the break in small business, where big businesses can go and

deduct their health care insurance as an expense against their business, small business has never had that. Sometimes we have given them 25 percent; sometimes it has been zero, because the Congress has not acted, and then now it is 30 percent.

Mr. Speaker, we try to move that to parity. We try to give those people, and we do in this bill, 80-percent deductibility, so small-business people have the ability to go out and buy insurance and get the same break that big businesses get.

Fraud and abuse: The American people know that fraud and abuse is one of the biggest issues out there, that one out every 10 health care dollars gets wasted. Wasted. And any senior citizen will tell you that waste, fraud, and abuse is rampant in our system.

Mr. Speaker, we address waste, fraud, and abuse in this issue. We take that issue down and say that we are going to draw the line of those few people in the health care providers that take advantage of the poor, that take advantage of the old, that take advantage of people who need health care and get slicked into something that they cannot afford.

Mr. Speaker, I have to say that the gentleman from New Jersey [Mr. PALLONE], who spoke a few minutes ago, made this big issue and talked about class warfare and something for the rich. I just have to say that that is just not so.

Now, I would never accuse that gentleman of not telling everything that he knows, but let me say this: He offered the same motion on the floor when we discussed health care reform, this same piece of legislation, and it was defeated overwhelmingly in this House. And now he is coming back from a second bite of the apple, I think that is a little bit much.

Mr. Speaker, let us talk about medical savings accounts. Medical savings accounts in this bill give the people who are small-business people the ability to give their employees a choice. Now, I thought in a democracy such as the United States of America, that choice is really what democracy is all about, small ''D'' democracy.

Choice is what people can choose. Choice puts the market in. Choice gives the ability to go out and buy the best program for the best amount of money.

Now, if we think government is smarter than the people, if we insist on big government programs, then we would want to deny people choice. We want to deny them the ability to do the right thing. This piece of legislation gives people choice. It allows them to do the right thing for themselves and their family.

Mr. Speaker, I salute the gentleman from Texas [Mr. ARCHER], chairman of the Committee on Ways and Means, and the gentleman from Virginia [Mr. BLILEY], chairman of the Committee on Commerce, for doing the right thing in this bill, coming out with a piece of legislation that really gives us true health care reform, something that we have not seen in this Chamber for 20 years. It is time we pass it and it is time we pass it in the House version.

The SPEAKER pro tempore. Without objection, the gentleman from New Jersey [Mr. PALLONE] will be recognized to yield the time previously allocated to the gentleman from Michigan [Mr. DINGELL].

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Washington [Mr. MCDERMOTT].

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

Mr. MCDERMOTT. Mr. Speaker, what we are engaged in here today is basically a sham. The Republicans have met by themselves and decided what this bill is going to contain. And much of what the gentleman from Illinois [Mr. HASTERT] says is correct. There are a lot of good things in this bill.

But, Mr. Speaker, this proposal is designed to be vetoed by the President. Now, if we answer 10 issues and all of them are good, we have portability, and we make it so that preexisting conditions cannot prohibit consumers from getting insurance and so forth, if we had 10 issues that were good and we knew we could get them, but we had one other issue that the President said, ''If you put that in, I am going to veto it,'' why would we put it in except unless we wanted the President to veto it?

The Republicans have no intention of passing this bill. They stuck that poison pill of medical savings accounts in simply because they know the President has given his word. He has told them in advance, ''If you put that in, gentleman and ladies, I am going to veto this bill.'' So, they do it anyway.

Now, the question then is why, after 2 years of fighting, do they have a secret conference committee make the decisions and put a bill out here on the floor that they know the President is going to veto?

Mr. Speaker, my answer is that they have no intention of doing anything to fix the American's problem with health care in this country. There are now 44 million people in this county, and the number is growing every single day, and yet they refuse to make the very small changes of portability and getting rid of preexisting conditions.

In fact, Mr. Speaker, they are going to kill the mental health provisions. As a psychiatrist, I know that people who have mental health problems in their family have a very difficult time getting coverage. And this bill that the Senate put together was a good proposal. It ought to be accepted, but, in fact, they have put in a poison pill.

Mr. ARCHER. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, I would ask the gentleman from Washington why is it that in this motion to recommit the only thing in the Senate bill that is not protected is the mental health provisions? The only thing that this motion to recommit says to the conferees that they can take out of the Senate bill is the mental health provision, the very thing that the gentleman says is so important? Why is that in this motion to instruct?

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

Mr. ARCHER. I yield to the gentleman from Washington.

Mr. MCDERMOTT. Mr. Speaker, I thank the gentleman for giving me an opportunity to respond to that. On our side, we figured out that we have to make compromises to get things through.

Mr. ARCHER. Mr. Speaker, to say that the gentleman wants to compromise that, and not take the Senate language, but not compromise anything else, why is that the only part that the Democrats are willing to compromise? That seems very strange.

The gentleman, particularly because of his background, I would think would want that to be taken out of this motion to instruct.

Mr. Speaker, I yield 1½ minutes to the gentleman from California [Mr. THOMAS].

Mr. THOMAS. Mr. Speaker, I would ask the gentleman from Washington if he would like to come to the mike. I will give him time on my time to respond to a question I would like to ask him, because in his statement he was quite emphatic that if the medical savings accounts as we are beginning to work them out with the chairwoman on the Senate side from Kansas, that if, in fact, we work out something that is acceptable to the gentlewoman from Kansas, that the President is going to veto it.

Mr. Speaker, the gentleman from Washington spoke with such certainty that this was a poison pill. I guess I would ask the gentleman if it is included and the President signs it, what does it tell the gentleman about the President? Why is he so certain the President is going to veto the package if it has the compromised MSA language in it?

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

Mr. THOMAS. I yield to the gentleman from Washington.

Mr. MCDERMOTT. Mr. Speaker, I think the President has made it pretty clear that if my colleagues on the other side of the aisle put the medical savings accounts in, and this proposal is not some kind of pilot program. The gentleman knows that. It goes for 3 years, then it becomes open to the whole world. My view is that the gentleman is going to continue and——

Mr. THOMAS. Mr. Speaker, reclaiming my time, I was amazed as to how certain the gentleman from Washington was that the President would veto it. I think that certainty does not come from knowledge; it comes from fear that the President will, in fact, sign the legislation because it is a reasonable compromise and is going to

leave a lot of people who have been very unwilling to be reasonable out on the limb.

Mr. Speaker, we are going to test that hypothesis very soon because I believe the President will sign this very responsible health insurance reform package.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Connecticut [Ms. DELAURO].

□ 1200

Ms. DELAURO. Mr. Speaker, today will be remembered as a sad day in this Congress, a day when we missed an opportunity to help millions of working families. Once again congressional Republicans serve up legislation to help wealthy special interests. This bill, which started off as a good bipartisan bill that would have helped working families, people who move from job to job, to maintain their health insurance, prohibit preexisting condition, add parity for mental illness, this bill has been hijacked by Speaker GINGRICH and by Majority Leader DOLE.

Under the banner of reform, the House passed a bill that raises health care costs, hurts consumers and increases the number of uninsured. By including medical savings accounts, skimming the healthy and the wealthy out of the traditional insurance pool, we will see in fact insurance costs go up. Do not take my word for it. Take the American Academy of Actuaries, not a liberal group by any stretch of the imagination. They estimated that this skimming process would result in a 61 percent increase in health care premiums for those who remain in traditional plans.

Let me tell my colleagues why do we have such bad policy here in the House. We will find out in a second here when we know that the company that provides most of these medical savings accounts, the Golden Rule Insurance Co., has been the third largest donor to Republican political campaigns, more than a million dollars to the Republican Party over the last 4 years. That is why we see this addition to this bill.

Sadly, this is a bad piece of legislation. Let me repeat, under the banner of reform this bill as passed will raise health care costs. It hurts consumers and it will increase the number of uninsured. We had a wonderful opportunity to pass help for working families in this country. Because of special interests, the Republican majority has denied that opportunity to working families today.

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

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Texas [Mr. BENTSEN].

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

Mr. BENTSEN. Mr. Speaker, I rise in support of the motion to instruct because it puts us on a fast track to real bipartisan market-based health care reform by adopting the Senate bill.

Mr. Speaker, my Republican colleagues have been negotiating amongst themselves and would now have us buy what we might call a pig in a poke, sight unseen, take it or leave it. We do not know but we think they have made some beneficial corrections to the original Republican bill, including the dropping of MEWA's or an unregulated small business insurance product and allowing for full deduction of health insurance costs for the self-employed which was actually in the Democratic substitute which I offered along with the gentleman from Michigan [Mr. DINGELL] and the gentleman from South Carolina [Mr. SPRATT]. We think that is good, but we do not know if it is real in there.

Unfortunately, we have fiddled away several months in order for the Republicans to force an iffy and untested, unsure tax incentive on the entire Nation. While there may be merit in the medical savings accounts, we really do not know and we should not hold up portability and preexisting condition discrimination for a pilot project. That is why the Republican Senate rejected the Dole MSA amendment when this bill was considered in the other body.

It is unclear and we do not know whether MSA's will result in a dilution of the insurance pool. We do not know whether or not employers will choose to substitute lesser benefits for their employees. We do not know what the real fiscal impact will be. So it comes down to a basic fact of why not pass what we all agree upon and get it done and come back and look at that. But our colleagues do not want to do it.

I would also add, Mr. Speaker, that we do not know whether or not this bill would still contain duplicative medigap insurance premiums which would cause senior citizens who pay twice for what they are getting only once. Quite frankly, what we ought to do is to go back and pass a guarantee of issue of medigap insurance for senior citizens since the Republican Medicare plan seeks to force seniors to managed care anyway. But we do not know what that bill is going to do with that. Mr. Speaker, the fact of the matter is they have been dealing amongst themselves. Let us pass a bill that we all agree upon and let the American people have a victory for once.

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

As I listen to the comments from the other side of the aisle, I can only conclude that the Democrats really want to have it both ways. They want to talk about special interests, but they do not want to talk about the special interests and the trial lawyers who will not let us have medical malpractice reform. They do not want to talk about that. They want to talk about secret agreements. Yet the reason that we have not gone to conference after all these weeks is because in the other body one Senator has prohibited, prevented the appointment of conferees. In the other body, we are told, well, you have to reach an informal agreement amongst yourselves before we can consider the appointment of conferees.

We should not be able to have this argument both ways.

Then their argument is that, oh, well, of course, this is going to be vetoed because there is a poison pill in here, and that poison pill is medical savings accounts. God forbid that we let people choose their own health care and spend their own money in order to determine what the best value of health care is for each individual, the ultimate in portability. When you have a medical savings account, if you do change jobs, you clearly carry it with you. It is yours. It is the ultimate in portability.

If it is a poison pill, how can it be that 80 percent of the American people by polls, survey after survey, support medical savings accounts? Why is it poison when 80 percent of the people say, give me that choice in my individual life?

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

Mr. PALLONE. Mr. Speaker, I yield 2 minutes and 30 seconds to the gentleman from Michigan [Mr. LEVIN].

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

Mr. LEVIN. Mr. Speaker, there is a lot of smoke screening going on here. The issue is not malpractice insurance. I think the Republicans are ready to drop that. The issue is MSA's and whether they will be included. There is a good reason. The reason it was held up, the whole conference on the other side, was because the majority leader, as I understand it, wanted to stack the conference with Members who are in favor of MSA's.

Let me just indicate the problems with MSA's, as they came through the House. First of all, there is a health policy issue. That is, if you allow people to go into these, the healthier people, they are likely to raise the premiums for everybody else. That is the problem. There is a second problem and that relates to tax policy.

As they passed the House, here is what people could do, and I understand the gist of this remains in the agreement that none of us have seen. That is, people, especially wealthier people who would benefit, could put moneys into MSA's, they could accumulate income from those investments; they would not be taxed. At a certain age they could withdraw that without penalty. I think it was 59 here. Maybe it has been raised. If they kept the moneys until death, it would not be subject to taxation upon death.

So essentially what we have is an incentive for wealthier people. It is kind of an IRA for wealthy people.

By the way, they could take the money, they could keep it in there and spend other income on health care. That is why we say, just as my colleague tied Medicare to tax breaks for very wealthy people, we are tying what

is needed here, and that is portability and protection against preexisting conditions to a proposal that is mainly going to be a tax benefit for wealthier people. It is not a choice issue. It is that issue. And my colleague has never faced up to it.

That is why we are questioning MSA's in addition to the health policy. We need to respond to this. Otherwise we are going to have our opposition and a veto from the President.

Mr. ARCHER. Mr. Speaker, I yield 1 minute and 30 seconds to the gentleman from Illinois [Mr. HASTERT].

Mr. HASTERT. Mr. Speaker, I have a great deal of respect for the gentleman from Michigan, but he is just uninformed or he does not know what he is talking about. When he talks about smoke screen, it is the incredible smoke screen that is coming up on the other side of the aisle.

Medical savings accounts can accrue, true. But when you withdraw, if you withdraw that medical savings account for anything except health care, you pay a 15-percent penalty. Nobody is going to try to accrue this money and then try to pull it out with a 15-percent penalty. That is far above what advantage they get in the tax benefit. Also it is not for rich people. This is for small business people and self-employed people. That is the way the bill was written. Those people who work day in and day out with the sweat of their brow so that they can afford health care for their family and they can have a choice of health care for their family.

Finally let me say, when a person is 65 years of age, yes, he can withdraw that money and pay his taxes on it or he could withdraw that money and put it into long-term care. Boy, is that not a problem in this country? Or he can withdraw that money and pay for a catastrophic health care problem in his family. That is certainly a problem, especially if you are over 56 years of age. What the Members on the other side of the aisle are doing is trying to deny senior citizens the ability to have health care security and long-term health care security. That is where the smoke screen is, Mr. Speaker.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes and 30 seconds to the gentleman from Massachusetts [Mr. MARKEY].

Mr. MARKEY. Mr. Speaker, these are very simple instructions. It says, say yes to Kennedy-Kassebaum. Say yes to portability. Say yes to a ban on preexisting conditions. That is what our instructions here today are to the negotiators. Let us get this done.

It says no to medical savings accounts and no to medical malpractice caps. It says no to all of the special interest feeding frenzy which is now building up around this bill.

American families are concerned about job lock; they cannot move with their medical insurance. They are afraid that they have preexisting conditions that will make it impossible for them to ever get new insurance, so we are trying to protect them. But now what happens is all the special interests ride in with this very important bill and they try to turn it into a goodie grab bag for all of their special interest concerns.

Kennedy-Kassebaum is not perfect, but it is a very good bill; and it is what the American people want: portability, preexisting conditions protected against.

My mother always said that half a loaf is better than none. I support Kennedy-Kassebaum, even though it is really a couple of slices and I know that the American people want a whole loaf so that they have not only health insurance which is accessible but also affordable. But we cannot get that done this year. There will be no bill.

Unfortunately, the leadership, the House and Senate leadership has taken a couple of good, wholesome slices of health insurance reform and slapped a whole lot of extraneous junk food on top, creating a health care hoagie of medical savings accounts, caps on medical malpractice awards and other unhealthy additives. These anchovies and olives and onions are certain to tickle the taste buds of a very few special interests but cause heartburn for millions of consumers.

Mr. Speaker, the House and Senate Republican leadership has taken a noncontroversial health care bill and turned it into a special interest feeding frenzy. That is wrong, just plain wrong.

We should put the needs of American families above the demands of the gluttons of Gucci Gulch outside the Committee on Ways and Means.

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

Again, it would be very good if we could stick to the facts. What this motion to instruct does is it takes a whole Senate bill, dumps everything in the House bill, takes the whole Senate bill, except for one thing, help for the mentally ill. It says, no, the mentally ill can be thrown overboard, but everything else that is in the Senate bill, you have to accept.

□ 1215

It says no to small-business pooling that will let them compete with major corporations. That is what it says no to. That is in the House bill, not in the Senate bill. It says no to paperwork simplification. It says no to fraud and abuse. We cannot attack fraud and abuse. We got a very touch good provision in the House bill; the Senate does not. Says no to long-term care facilitation so people can protect themselves in that way.

It says yes to the trial lawyers; no malpractice reform.

This will likely be the only health care bill that passes the Congress this year.

Why should the American people be kept waiting for things that they want, that are so popular with them?

The American people need this bill. For the first time, working Americans will be able to leave their jobs without having to worry about losing their health insurance due to a preexisting condition.

We should move quickly to enact a conference report that powerfully fights fraud and abuse in the health care system. It has often been said that could be as much as 10 percent of health care costs. The Senate bill does not have that; the House bill rightfully does in this one health care train that will leave the station this year.

This bill can create new criminal penalties against those who engage in health care fraud and a national health care fraud and abuse control program to coordinate Federal, State, and local law enforcement actions.

We can end the discrimination in the Tax Code against more than 3 million small self-employed business people, increasing the deductibility of health insurance to 80 percent for the self-employed and giving them the opportunity to select, if they wish, medical savings accounts.

We can make health care more affordable to senior citizens by passing into law two of the Contract With America items that allow tax deductions for long-term health care needs, like nursing home and health care coverage in long-term care. Also, terminally ill patients receive benefits by allowing them to receive tax-free, accelerated death benefits on their insurance policies while they are terminally ill.

And, finally, we can pass a bill that includes the ultimate and best in portability, which is medical savings accounts. MSA's are a valuable option in the health care market because they put people in control of their own health care decisions. They are popular with 80 percent of the American people. The only reason I can believe that they have been made so controversial by the other side, because they are not controversial with the American people, is because they are the single biggest bulwark to the Federal Government taking over our entire health care system, and so many on the other side would like nothing more than what President Clinton proposed in the last Congress, which is a complete Federal takeover of the health care system. The American people do not want that.

MSA's have a bipartisan history in the House. Over 40 Democrats voted for them here in the House. They were originated in the first bill by myself and the gentleman from Indiana [Mr. JACOBS], a Democrat. And Democrats over and over again have supported them.

Under a compromise that has been informally agreed to at the demands at the Senate prior to going to conference, which it should not have been that way, and had the Democrat Senators not held up the appointment of conferees in the Senate we would have this done some time ago, but under that informal agreement MSA's would be available to people to work in small

businesses with employment of under 50 employees and to the self-employed, and employers with bigger numbers of employees and individuals would have to wait for 3 additional years. But 29 million Americans work in companies with 50 or fewer employees, and just 3 million, only 3 million, have health insurance.

Mr. Speaker, we should open the door to then, and we will with this bill. Our MSA option will for the first time give the uninsured access to health care. For too many working Americans, health insurance is not even an option; it simply is not offered at all, especially for those who work in small business.

So I am bewildered to hear the critics of MSA's who would rather keep people without health care than allow this important option to be enacted into law, and it is only an option, not a mandate.

MSA's stand for medical savings accounts, but MSA's really stand for Medical Security Act. With MSA's people can be secure in the health care needs knowing that they can take their health insurance with them, and for those without insurance, MSA's represent a wonderful way to be safe and secure for illness.

We should delay no further. We have appointed conferees or authorized the appointment of conferees. Let us reject this motion to instruct. Let us work this out. Let us add good features that are in the House bill in this one-time-only health care reform package that can move into law this year.

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

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Ohio [Mr. BROWN].

Mr. BROWN of Ohio. Mr. Speaker, I thank the gentleman for yielding this time to me.

What has happened on this very simple bill? Kassebaum-Kennedy was a simple bill that dealt with two problems. It dealt with the problem of preexisting condition and the problem with portability. Then Speaker GINGRICH and Republican leaders have chosen to attach to this bill all kinds of special-interest provisions for the largest insurance companies in America. All we are asking simply is that the House pass, that we instruct conferees to do what the Senate did when the Senate passed this bill unanimously a hundred to nothing and when the Senate defeated medical savings accounts. All we are asking is that Kassebaum-Kennedy be dealt with cleanly and simply, that we have a ban on preexisting condition and that we deal with the problems of portability so people can move their insurance from one employer to another employer.

All Speaker GINGRICH wants to do, what he wants to do is load up this bill with special-interest provisions to pay back big insurance companies that have helped Republican campaigns in the last couple of years.

The choice is clear. Vote ''yes'' on health reform. Vote ''yes'' on the motion to instruct.

Mr. HASTERT. Mr. Speaker, I move to take the words of the gentleman down.

The SPEAKER pro tempore (Mr. WALKER). The gentleman from Ohio [Mr. BROWN] will suspend, and the gentleman from Illinois [Mr. HASTERT] has demanded the words be taken down.

The gentleman from Ohio will be seated while the clerk transcribes the words.

□ 1240

Mr. HASTERT. Mr. Speaker, I withdraw my demand.

The SPEAKER pro tempore (Mr. WALKER). The gentleman from Illinois withdraws his demand. The time of the gentleman from Ohio [Mr. BROWN] has expired.

Without objection, the gentleman from Illinois [Mr. HASTERT] will control time.

There was no objection.

Mr. HASTERT. Mr. Speaker, I yield myself 1 minute.

Mr. Speaker, we heard a lot of rhetoric back and forth in this Chamber today. I think there has been some good discussion of issues. I think that we should talk about medical savings accounts and get the facts out about medical savings accounts and other issues in this bill. But I think this House does not do itself any honor when in my opinion we try to impugn a Members' motives of why an issue is included or an issue is not included. I guess we could go back and forth in this Chamber and point fingers at each other for this issue or that issue or this support or that support, but I think we really need to focus on what those issues are and the positives and negatives, and I will just say that I will continue to watch and in my opinion when we impugn other Member's motives, of either side of this aisle, I do not think that should be tolerated in this Congress, and I will try to make sure that it does not occur.

Mr. PALLONE. Mr. Speaker, I would inquire about the time that remains.

The SPEAKER pro tempore. The gentleman from New Jersey [Mr. PALLONE] has 7 minutes remaining and the gentleman from Illinois [Mr. HASTERT] has 3 minutes remaining.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from California [Mr. FAZIO].

Mr. FAZIO of California. Mr. Speaker, I rise in support of the motion to instruct conferees offered by the gentleman from Michigan [Mr. DINGELL] and in opposition to the partisan agreement reached last night.

I oppose this agreement because a small band of Republicans have insisted on including a provision sure to provoke a Presidential veto.

The medical savings account provision favors their wealthy patrons over those citizens in dire need of health insurance reform.

This legislation began as true bipartisan effort in both houses of Congress.

The bill's twin goals of affordability and portability were also supported by the President. On the night of the State of the Union address, almost 5 months ago, he promised to sign this bill in its original form.

Indeed, the other body passed their version of this bill by a 100-to-0 margin. But this extremely rare example of bipartisanship was hijacked by Republicans in the House who do not seem to want reform.

The MSA provision allows the healthy wealthy to opt out of the insurance pool and build up their own medical savings accounts.

The result of this is that conventional insurance pools are broken up and those who are both sick and unable to afford MSA's are potentially left to fend for themselves.

The long-term effect of this double affliction is to increase the number of Americans who must go without health insurance. This provision completely defeats the purpose of health insurance reform.

There is a saying in the other body, ''99 is never enough.'' Unanimity is required. If 100 U.S. Senators can agree on health insurance reform legislation, why can we not?

I urge my colleagues to oppose this reported conference agreement and pass a bill that we can all agree on and that the President will sign. The American people need health insurance reform. Let us not snatch it away from them for partisan political gain.

Mr. HASTERT. Mr. Speaker, I yield such time as he may consume to the gentleman from Texas [Mr. ARCHER], the chairman of the Committee on Ways and Means.

Mr. ARCHER. I thank the gentleman for yielding time.

Mr. Speaker, this is like a broken record. There is no empirical data to support what the gentleman from California just said.

Apparently the other side of the aisle has decided that they want to kill the opportunity for freedom of choice on the part of individuals and small employers to be able to select their own doctor and to pay their own medical bills. I do not know why they want to do that, but they have made that decision.

Now they have come up with this phrase that it benefits only the healthy and the wealthy. There is no data to support that. In fact, just the reverse. Both the Journal of American Medicine and the Rand Study showed just the opposite. The empirical data that we do have shows that there will be no adverse election.

We cannot continue to listen to this patented rhetoric of it only helps the healthy and the wealthy with no empirical data to support it.

The SPEAKER pro tempore. The gentleman from Illinois [Mr. HASTERT] has 1¾ minutes remaining, the gentleman from New Jersey [Mr. PALLONE] has 5

minutes remaining, and the gentleman from New Jersey has the right to close.

Mr. PALLONE. Mr. Speaker, may I inquire as to how many speakers they have on the other side that remain?

Mr. HASTERT. We only have one.

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentleman from Rhode Island [Mr. KENNEDY].

□ 1245

Mr. KENNEDY of Rhode Island. Mr. Speaker, you do not really need a lot of empirical information to understand that insurance companies only make money off of healthy people, and that if they had a choice in this world of profit making, sick people cost them money. It is a given. It is common sense.

So what we were able to do in this Kennedy-Kassebaum bill is get two things that kept insurance companies from blocking health insurance to all kinds of people, even people who needed health insurance: Preexisting condition and portability.

There is agreement on it, and it is wonderful that even Republicans on the other side of the aisle agreed with this concept, that we needed to rein in the insurance companies on this issue.

We have agreed to come this far. Why do we need to jeopardize something that has already been agreed on because we want to put in this medical savings account? We have agreed on all this. Now what do they want? The Republicans in the House want to add this medical savings account.

Guess who supports this? Insurance companies. Guess why? Because, again, it allows them to only insure healthy people and block out health insurance for sick people that is going to cost them money.

Just think about who is behind this, and I think you will be able to understand why you do not need any empirical evidence to know why medical savings accounts are going to be the killer of health care reform.

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

Mr. Speaker, I just want to review this and say we have had a lot of rhetoric, as I said before, back and forth. The gentleman from Rhode Island talks about class warfare, how only the rich. That is completely false. There is no empirical data. That is why we have a study in this bill to look at what medical savings accounts actually do.

For the party on the other side of the aisle that supports big government decisions, that blocked out medical savings accounts because they do not want people to make choices, that they do not want people to test the market for themselves and to see what price and what services are best suited to themselves and their families, I think this is a crazy argument. But so be it.

What we need to do is to pass this legislation. We need to appoint the conference committee. We need to go ahead and meet as a conference, and then work out what differences there are. It is surprising to me that the same party that blocked in the other body the ability for us to name conference committee members so that we can sit down and discuss this issue is now saying, ''Well, this is an inside, clandestine, bipartisan agreement.''

We had to sit down and go through the conduits to talk to the White House, to talk with the other side in the other body, in order for us to be able to name conferees. It that is not a stalling of the process, when one Member in the Senate can stall and hold up the process for the American people, having portability, having health care choice, having long-term care for senior citizens, when that happens, that is not democracy. We need to pass this bill today.

Mr. PALLONE. Mr. Speaker, I yield the balance of my time to the gentleman from Michigan [Mr. BONIOR] the distinguished minority whip.

The SPEAKER pro tempore (Mr. WALKER). The gentleman from Michigan [Mr. BONIOR] is recognized for 3½ minutes.

Mr. BONIOR. Mr. Speaker, I rise today to urge my colleagues to support this motion to instruct, to restore the simple straightforward bill to protect people's health care which passed by the Senate by a vote of 100 to 0.

Mr. Speaker, I am not arguing for some partisan position only by my party. If this motion passes, we will have a bill that all Republicans, all Democrats, all Americans can support. It is not that we are supposed to come here and try to figure out this health care bill in an hour's debate. We are supposed to work across party lines.

Are my colleagues on this side of the aisle so ideologically driven, so completely out of touch with the real lives of the American people, that they would destroy any chance for health care reform with this partisan, divisive amendment?

The clock is ticking, and if we do not act soon, this will go down in history as one of the least productive Congresses in the history of this country. So far, not a single thing has been done to improve the lives of ordinary Americans. Is that something my colleagues want to live with on this side of the aisle? The minimum wage, we passed it here, it is going to die. Pension reform, nothing happening. Education reforms, nothing is happening.

Now we are at the goal line and have a chance to put across a bill that will guarantee coverage for people, so if they lose their jobs or change their jobs they will have health insurance, and we have this medical savings account, which the Washington Post, the New York Times, Consumers Report, even the Wall Street Journal, has indicated is for the healthy and the wealthy. Yes, Mr. ARCHER, the healthy and the wealthy, driving everybody else's rates up in regular insurance pools.

Mr. Speaker, I urge my colleagues, on behalf of the 637,000 Michiganders who will benefit by this bill, minus this medical savings account, to vote for the motion to instruct and to send a message to the country. This is the least we can do in this do-nothing Congress, is pass a small, scaled-down health care bill that will protect them and this country.

Ms. JACKSON-LEE of Texas. Mr. Speaker, this motion to instruct will almost certainly insure the signing into law, of this badly needed health insurance reform legislation which will help millions of working American men and women. The House Republicans have the hubris to include in their version, elements which they know will provoke a veto by the President. In particular, the special interest medical savings accounts and malpractice liability provisions have corrupted this legislation and condemned it and the millions it would help. It seems to be obvious that my Republican colleagues are much more interested in scoring political points with their special interest friends than actually passing legislation which will greatly help the actual people they were elected to represent.

By adopting the slightly modified Senate bill as our own, we can send to conference a clean and trouble-free bill that the President has stated he will indeed sign. It will be free of the untested and unproven medical savings accounts. While we can all speculate as to what will happen if we let loose upon the Nation, this new health insurance creature, we do not really know. And before we radically change how the men, women, and children receive their fundamental health care, I believe that more time and study should be applied to the issue and possibly a pilot experiment done. I say this because MSA's have the potential to drive up premiums for those who can least afford it and drive others into the ranks of the uninsured. The devil is in the details and the details I have seen are very devilish to be sure. This issue is so controversial, the Senate cannot even appoint its conference committee members. That fact alone should cause my colleagues to stop and reassess their priorities and their intentions—whether it is to pass real legislation which will help all Americans or to repay their political debts.

The citizens of this country want this reform, clean and unspoiled. If this Congress does nothing else, this reform bill is one of the most important things we can do during this session. This legislation will remove from the nightmares of millions of Americans the fear they are now plagued with—loss of health insurance benefit and costly medical bills they cannot pay. I urge all Members to vote for this motion and secure the health rights of all Americans. Passing the Senate version cleanly will help Texans and Americans to obtain health insurance in spite of preexisting condition and be able to carry their health insurance with them when they leave their job.

Mrs. LINCOLN. Mr. Speaker, I rise today to share my views regarding the motion to instruct conferees on H.R. 3103, the Health Coverage Availability Act, offered by my friend from Michigan, Mr. DINGELL.

I support coverage of mental health benefits by insurance companies, as long as the coverage does not cause a large increase in premiums for everyone else in the insurance pool. Mental health illnesses are a significant problem in this Nation, and if left untreated, can cause serious harm to the patients as well

as their loved ones. In addition, it is fiscally responsible to provide mental health treatment because proper preventive measures allow many patients to lead productive lives without having to be admitted into expensive long-term-care facilities. Mr. DINGELL's motion asks for the maximum level of mental health coverage that does not drive up the premium costs for others, and I am supportive of this motion.

In addition, the motion deletes medical savings accounts [MSAs] from H.R. 3103. Although I supported final passage of H.R. 3103 in late March because of the importance of providing workers health insurance portability, I did not support the MSA provisions as written in the bill. If we are going to include MSAs in this legislation, I believe that we should implement them on a demonstration basis so we can test the cost effectiveness of MSAs as well as the impact they would have on the insurance pool as a whole. We must ensure that the health and well-being of all Americans is the most important consideration regarding the establishment of MSAs, not just the health of those who can afford a special account.

Mr. Speaker, H.R. 3103 has many important provisions. It prohibits insurance companies from denying health care coverage to workers who move to another company, or who lose their jobs or become self-employed. The legislation also bars insurers from excluding coverage of preexisting illnesses for more than a year. In addition, this bill increases the tax deduction for health insurance costs paid by the self-employed, and it expands the opportunity for small businesses to form coalitions to provide them with health insurance.

Enactment of these measures is too important to be held up by disagreements on mental health benefits and MSAs. Therefore, I hope that we will move swiftly toward compromise on these issues so that we can provide our constituents with quality health insurance reform legislation.

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

There was no objection.

The SPEAKER pro tempore. The question is on the motion to recommit.

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

Mr. PALLONE. 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 182, nays 235, answered ''present'' 2, not voting 15, as follows:

[Roll No. 226]

YEAS—182

Abercrombie
Ackerman
Andrews
Baesler
Baldacci
Barcia
Barrett (WI)
Becerra
Beilenson
Bentsen
Berman
Bevill
Bishop
Blumenauer
Bonior
Borski
Boucher
Browder
Brown (CA)
Brown (OH)
Bryant (TX)
Bunn
Cardin
Chapman
Clay
Clayton
Clement
Clyburn
Coleman
Collins (IL)
Collins (MI)
Conyers
Costello
Coyne
Cramer
Cummings
Danner
de la Garza
DeFazio
DeLauro
Dellums
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Durbin
Edwards
Engel
Eshoo
Evans
Farr
Fattah
Fazio
Fields (LA)
Filner
Flake
Foglietta
Ford
Frank (MA)
Frost
Furse
Gephardt
Gilman
Gonzalez
Gordon
Green (TX)
Gutierrez
Hall (OH)
Hefner
Hilliard
Hinchey
Holden
Hoyer
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (SD)
Johnson, E. B.
Johnston
Kanjorski
Kaptur
Kennedy (MA)
Kennedy (RI)
Kennelly
Kildee
Kleczka
Klink
LaFalce
Lantos
Levin
Lewis (GA)
Lofgren
Lowey
Luther
Maloney
Manton
Markey
Martinez
Martini
Mascara
Matsui
McCarthy
McDermott
McHale
McKinney
McNulty
Meehan
Meek
Menendez
Millender-McDonald
Miller (CA)
Minge
Mink
Moakley
Mollohan
Moran
Morella
Murtha
Nadler
Neal
Oberstar
Obey
Olver
Ortiz
Orton
Owens
Pallone
Pastor
Payne (NJ)
Payne (VA)
Pelosi
Peterson (FL)
Pomeroy
Rahall
Rangel
Reed
Richardson
Rivers
Rose
Roukema
Roybal-Allard
Rush
Sabo
Sanders
Sawyer
Schroeder
Schumer
Scott
Serrano
Skaggs
Skelton
Slaughter
Spratt
Stark
Stokes
Studds
Stupak
Tanner
Tejeda
Thompson
Thornton
Thurman
Torkildsen
Torres
Towns
Traficant
Velazquez
Vento
Visclosky
Volkmer
Ward
Waters
Watt (NC)
Waxman
Williams
Wilson
Wise
Woolsey
Wynn
Yates

NAYS—235

Allard
Archer
Armey
Bachus
Baker (CA)
Baker (LA)
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bereuter
Bilbray
Bilirakis
Bliley
Blute
Boehlert
Boehner
Bonilla
Bono
Brewster
Brownback
Bryant (TN)
Bunning
Burr
Burton
Buyer
Callahan
Camp
Campbell
Canady
Castle
Chabot
Chambliss
Chenoweth
Christensen
Chrysler
Clinger
Coble
Coburn
Collins (GA)
Combest
Condit
Cooley
Cox
Crane
Crapo
Cremeans
Cubin
Cunningham
Davis
Deal
DeLay
Diaz-Balart
Dickey
Doolittle
Dornan
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
Ensign
Everett
Ewing
Fawell
Fields (TX)
Flanagan
Foley
Forbes
Fowler
Fox
Franks (CT)
Franks (NJ)
Frelinghuysen
Frisa
Funderburk
Gallegly
Ganske
Gekas
Geren
Gilchrest
Gillmor
Goodlatte
Goss
Graham
Greene (UT)
Greenwood
Gunderson
Gutknecht
Hall (TX)
Hamilton
Hancock
Hansen
Hastert
Hastings (WA)
Hayworth
Hefley
Heineman
Herger
Hilleary
Hobson
Hoekstra
Hoke
Horn
Hostettler
Houghton
Hunter
Hutchinson
Hyde
Inglis
Istook
Johnson (CT)
Johnson, Sam
Jones
Kasich
Kelly
Kim
King
Kingston
Klug
Knollenberg
Kolbe
LaHood
Largent
Latham
LaTourette
Laughlin
Lazio
Leach
Lewis (CA)
Lewis (KY)
Lightfoot
Linder
Lipinski
Livingston
LoBiondo
Longley
Lucas
Manzullo
McCollum
McCrery
McHugh
McInnis
McIntosh
McKeon
Metcalf
Meyers
Mica
Miller (FL)
Molinari
Montgomery
Moorhead
Myers
Myrick
Nethercutt
Neumann
Ney
Norwood
Nussle
Oxley
Packard
Parker
Paxon
Peterson (MN)
Petri
Pickett
Pombo
Porter
Portman
Poshard
Pryce
Quillen
Quinn
Radanovich
Ramstad
Regula
Riggs
Roberts
Roemer
Rogers
Rohrabacher
Ros-Lehtinen
Roth
Royce
Salmon
Sanford
Saxton
Scarborough
Schaefer
Seastrand
Sensenbrenner
Shadegg
Shaw
Shays
Shuster
Sisisky
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Solomon
Souder
Spence
Stearns
Stockman
Stump
Talent
Tate
Tauzin
Taylor (MS)
Taylor (NC)
Thomas
Thornberry
Tiahrt
Upton
Vucanovich
Walker
Walsh
Wamp
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
White
Whitfield
Wicker
Wolf
Young (AK)
Young (FL)
Zeliff
Zimmer

ANSWERED ''PRESENT''—2

Goodling
Jacobs

NOT VOTING—15

Bateman
Brown (FL)
Calvert
Deutsch
English
Gejdenson
Gibbons
Harman
Hastings (FL)
Hayes
Lincoln
McDade
Schiff
Stenholm
Torricelli

☐ 1315

Messrs. SAXTON, ROEMER, HORN, and HOSTETTLER changed their vote from ''yea'' to ''nay.''

Mr. GILMAN changed his vote from ''nay'' to ''yea.''

So the motion to instruct was rejected.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

☐ 1315

The Speaker pro tempore (Mr. WALKER).

Without objection, the Chair appoints the following conferees: Messrs. ARCHER, THOMAS, BLILEY, BILIRAKIS, GOODLING, FAWELL, HYDE, MCCOLLUM, HASTERT, GIBBONS, STARK, DINGELL, WAXMAN, CLAY, CONYERS, and BONIOR.

There was not objection.

GENERAL LEAVE

Mr. CALLAHAN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the bill, H.R. 3540, and that I may include tabular and extraneous material.

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

There was no objection.