

have made it clear that they want any American role in United Nations peacekeeping missions to be well structured and in the best interests of our country, with the safety of our troops being at the forefront of these considerations. I believe that this legislation goes a long way toward ensuring this by demarcating and preserving the role of Congress in the process of placing American troops in such situations. The intent of this measure is to be absolutely certain that when U.S. troops are involved in U.N. peacekeeping operations that they will be serving under American leadership. Further, the process by which the President will outline such missions to Congress can only aid the planning and support mechanisms critical for success. In my view, H.R. 3308 is not about restricting the actions of any President, but about making sure that the executive and legislative branches are on the same page when U.S. troops take part in actions sponsored by the United Nations.

I have supported provisions of this legislation when they have appeared in other bills, notably H.R. 1530 and H.R. 2540. The spirit of the latter is included in H.R. 3308 via the Bartlett, Chenoweth, and Traficant amendment and prohibits the wearing of the U.N. insignia by U.S. troops without the authorization of Congress. This should prevent future unfortunate incidents such as the events surrounding the dismissal of Michael New.

Mr. Chairman, in closing, I would like to emphasize that my vote today should not be construed as one against the United Nations, as I firmly believe that this body has a role to play in international relations. As evidenced in the Gulf War, the U.N. can be an effective coordinating device for the international community during times of crisis, thereby promoting the interests of the United States at a reduced cost from acting unilaterally. Also, the United Nations provides invaluable leadership on such issues as world hunger, which have historically been embraced by the U.S. populace. Rather, my vote is for the men and women that serve their country bravely as part of the U.S. Armed Forces. I urge my colleagues to support H.R. 3308, and I appreciate the opportunity to share my thoughts on this matter.

REPORT FROM INDIANA—DALE
ANDERSON

HON. DAVID M. MCINTOSH

OF INDIANA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 11, 1996

Mr. MCINTOSH. Mr. Speaker, I'd like to include in the RECORD a very special letter that a constituent sent to me.

The letter was sent by Dale Anderson from Shelbyville, IN. Mr. Anderson wrote about the memory of his late wife, Carla Anderson. He describes Carla's hope of a bright future for our country.

And I would like to share his letter for our friends and colleagues.

Hon. NEWT GINGRICH,
Speaker of the House, House of Representatives,
Washington, DC.

DEAR MR. GINGRICH: I am writing this letter in memory of my wife, Carla. Unfortunately, she passed away on November 15, 1995. She was one of your greatest supporters and in favor of all your legislative agenda.

It was her hope and dream to see this country given back to the people, to protect our

children and grandchildren from the grips of the liberal party of this nation. If everyone was as strong in their conviction to be a conservative Republican as she was, our country would be in better shape today. She wouldn't want the conservative lawmakers to back down on any of their legislative agenda or your contract with America.

We were on a \$900.00-a-month Social Security.

She has your picture hanging above our telephone in the dining room and she was very proud of it. If all the Republicans in this country were as strong in their convictions to get this nation back on its feet as she was, you'd have no trouble passing your legislative agenda.

It would be a great honor to her if you would read this letter on the house floor with all members present. We live in the Second Congressional District of Indiana with the Honorable David McIntosh serving as our representative.

KASSEBAUM-KENNEDY PORTABIL-
ITY FOR MEDIGAP INSURANCE

HON. NANCY L. JOHNSON

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Wednesday, September 11, 1996

Mrs. JOHNSON of Connecticut. Mr. Speaker, a few weeks ago, the Congress passed and President Clinton signed into law Federal guarantees that workers with health insurance cannot be denied coverage when changing or leaving jobs because of a preexisting condition. This is an important first step to improving access to health care for those who play by the rules and pay their premiums.

We owe the same guarantees to our senior and disabled constituents, and so today we are introducing a targeted portability bill for Medigap insurance.

People on Medicare who have a Medigap plan, or are in an HMO or Medicare Select plan should be able to purchase the same level of coverage without regard to a preexisting condition when they move out of the service area or if the insurer goes out of business.

Seniors and the disabled who want to try a managed care plan or a Medicare Select policy should have the peace of mind that they can return to their Medigap plan if they change their mind during the first year of their enrollment and have not tried these choices before.

As employers grapple with rising health care costs, their valued retirees should not be left out in the cold if their health plan coverage is terminated.

And very importantly, disabled individuals around the country should have the access to all Medigap choices that Medicare enrollees who are fortunate enough to live in Connecticut have, where we were smart enough to guarantee this access.

Proposals have been made to do more—just as have been made for health insurance reform.

My colleagues in the House and Senate who join me today in this initiative began this process with me last year when Senator CHAFEE and I helped make available nationwide the Medicare Select option which helps seniors save money on their Medigap insurance by using a network of participating providers. During that debate, worthwhile proposals to improve Medigap equity were made,

and I am pleased that this bill moves this debate forward.

Like Kassebaum-Kennedy, our Medigap portability proposal is a first step to create fairness for people on Medicare who play by the rules to cover the costs Medicare does not.

H.R. 4047

MEDIGAP AMENDMENTS OF 1996

Insurers must guarantee issue Medigap insurance—with no preexisting condition limitations—to Medicare beneficiaries provided:

They have had continuous coverage (no break in coverage longer than 2 months/63 days); and

The policy in which they wish to enroll has a comparable or less generous benefits package.

This portability protection would apply to the following Medicare beneficiaries:

Individuals enrolled in a Medicare HMO or Medicare Select plan and who move outside the plan service area, or if the plan goes out of business or withdraws from the market;

Individuals with Medigap policies who move to a state where their carrier is not licensed to do business, or whose carrier withdraws from the market;

Individuals with retiree health plans providing benefits supplemental to Medicare and whose employer terminates or substantially reduces plan benefits; and

Individuals enrolled in a Medicare HMO or Medicare Select plan who, during their first 12 months of enrollment in either plan type, choose to return to Medicare fee-for-service. In these situations, the following may apply:

Medicare beneficiaries will have a one-time option to try both a Medicare HMO and a Medicare Select plan.

Individuals electing HMO or Select coverage when first eligible for full Medicare benefits have up to 12 months to change their minds. During the first 6 months of their Medicare eligibility, they retain their current law ability to enroll in any Medigap plan without regard to preexisting conditions. Between 7 and 12 months, they will be able to obtain coverage comparable to the benefits offered by the plan in which they have been enrolled.

Individuals with coverage from a Medicare HMO or retiree health plan often have supplemental benefits which do not neatly fit one of the standard Medigap "A through J" policy definitions. In these cases, the state insurance commissioner will evaluate the plan to determine the most equivalent Medigap policy into which the individual could transfer.

Insurers may impose no preexisting condition limitation during the initial six-month enrollment period after a beneficiary first becomes eligible for Medicare.

All Medigap plan choices will be guaranteed for the Medicare disabled. Anyone will be able to enroll in a Medigap plan of their choosing without discrimination during the first six months of their eligibility for Medicare benefits, regardless of age. Current Medicare disabled beneficiaries will have a one-time open enrollment period to guarantee their access to all Medigap plan options.

Private organizations will be able to prepare consumer education and information materials through HHS grants funded by an assessment on Medigap insurers and managed care organizations. Information would be made available to Medicare beneficiaries and their families about the Medicare HMOs, Medicare Select policies, and Medigap insurance offered in their areas. Materials would include a comparison of benefits, cost, quality, and performance and the results of consumer satisfaction surveys of each plan.