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Cunningham
Danner
Davis (FL)
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Deal
DeFazio
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Delahunt
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Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
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Doolittle
Doyle
Dreier
Duncan
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Edwards
Ehrlich
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Everett
Ewing
Farr
Fattah
Fletcher
Foley
Forbes
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Fossella
Fowler
Franks (NJ)
Frelinghuysen
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Gordon
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Green (TX)
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Hall (OH)
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Hulshof
Hunter
Hutchinson
Hyde
Inslee
Isakson
Istook
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (NC)
Kanjorski
Kaptur
Kasich
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Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kingston
Knollenberg
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Lewis (CA)
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McCarthy (MO)
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McCollum
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McGovern
McHugh
McInnis
McIntyre
McKeon
McKinney
Meehan
Meeks (NY)
Menendez
Metcalf
Mica
Millender-McDonald
Miller (FL)
Miller, Gary
Miller, George
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Mollohan
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Moran (KS)
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Morella
Murtha
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Oberstar
Obey
Olver
Ortiz
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Owens
Oxley
Packard
Pallone
Pascrell
Pastor
Payne
Pease
Pelosi
Peterson (MN)
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Pombo
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Porter
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Price (NC)
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Regula
Reyes
Reynolds
Riley
Rivers
Rodriguez
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Rothman
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Roybal-Allard
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Ryan (WI)
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Skeen
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Smith (MI)
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Smith (TX)
Smith (WA)
Snyder
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Spratt
Stabenow
Stearns
Stenholm
Stump
Stupak
Sununu
Sweeney
Talent
Tancredo
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Taylor (MS)
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Thomas
Thompson (CA)
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Thornberry
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Tierney
Toomey
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Visclosky
Vitter
Walden
Walsh
Wamp
Waters
Watkins
Watts (OK)
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wu
Young (AK)
Young (FL)

NAYS—8

Cannon
Ehlers
Frank (MA)
Paul
Rangel
Sanford
Stark
Towns

NOT VOTING—22

Bishop
Clay
Conyers
Cook
Filner
Goodling
Hastings (WA)
Jones (OH)
Kleczka
Klink
Lazio
Markey
Martinez
McIntosh
McNulty
Meek (FL)
Shuster
Strickland
Taylor (NC)
Vento
Watt (NC)
Wynn

□ 2050

So (two-thirds having voted in favor thereof) the rules were suspended and the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

REQUEST FOR REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1304

Mr. BARTON of Texas. Mr. Speaker, I ask unanimous consent that my name be removed as a cosponsor of H.R. 1304.

The SPEAKER pro tempore (Mr. SHIMKUS). The gentleman's statement will be in the RECORD, but because the bill is reported, his name cannot be removed from the bill at this time.

PROVIDING FOR CONSIDERATION OF H.R. 1304, QUALITY HEALTH-CARE COALITION ACT OF 2000

Mr. GOSS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 542 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 542

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 on the state of the Union for consideration of the bill (H.R. 1304) to ensure and foster continued patient safety and quality of care by making the antitrust laws apply to negotiations between groups of health care professionals and health plans and health insurance issuers in the same manner as such laws apply to collective bargaining by labor organizations under the National Labor Relations Act. 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 the Judiciary. After general debate the bill shall be considered for amendment under the five-minute rule. It shall be in order to consider as an original bill for the purpose of amendment under the five-minute rule the amendment in the nature of a substitute recommended by the Committee on the Judiciary now printed in the bill. The committee amendment in the nature of a substitute shall be considered as read. All points of order against the committee amendment in the nature of a substitute are waived. No amendment to the committee amendment in the nature of a substitute shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against the amendments printed in the report are waived. The Chairman of the Committee of the Whole may: (1) postpone until a time during further consideration in the Committee of the Whole a request for a recorded vote on any amendment; and (2) reduce to five minutes the minimum time for electronic voting on any postponed question that follows another electronic vote without intervening business, provided that the minimum time for electronic voting on the first in any series of questions shall be 15 minutes. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. Any Member may demand a separate vote in the House on any amendment adopted in the Committee of the Whole to the bill or to the committee amendment in the nature of a substitute. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Florida (Mr. GOSS) is recognized for 1 hour.

Mr. GOSS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Ohio (Mr. HALL), 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.

Mr. Speaker, this is a fair and appropriately structured rule for debate on this matter. We have made six amendments in order on a bipartisan basis. These amendments cover a full range of topics concerned with the underlying bill.

The Committee on Rules has clearly erred on the side of inclusion to ensure a full, yet I believe efficient debate on this very important subject, which has caught the attention of Members.

We are here today because doctors have become disillusioned with some aspects of our modern healthcare delivery system. They rightly assert that some HMOs are interfering too much in the doctor-patient relationship undermining their ability to effectively do their job. Their complaints are understandable, and they do need to be addressed.

H.R. 1304 seeks to level the playing field between insurers and doctors. While HMOs should not be able to dictate to physicians because of their size, it is equally wrong for doctors to

collude and force the hand of insurers and employers. If we get it wrong, the end result could be higher health care prices and more uninsured Americans without improving patient quality of care which concerns all of us.

Those are the things we need to avoid, so we have to get it right. We have to find the correct balance, and this rule fairly provides for meaningful debate on how to proceed.

H.R. 1304 is a simple, straightforward bill. It proposes to give doctors and other health care professionals a limited exemption from antitrust laws when bargaining with health plans conferring on them the same rights afforded to unions operated under the National Labor Relations Act.

But based on testimony from some colleagues, there may be a hitch, unlike traditional unions, these doctor cartels, as they are called, would exist without any real regulatory oversight.

□ 2100

Doctors could refuse to negotiate in good faith and even engage in selective boycotts. Obviously, this is a problem that needs a remedy. We all know that Congress does have a role in curtailing HMO abuse. I am very proud to be one of many House Members and Senators who have been serving on the conference, working on a bipartisan basis, to finalize the details of the Patient's Bill of Rights. But while we still have some work to do on it, it is no secret that we are pretty well agreed to the need for an independent, binding review process where doctors' decisions will be evaluated by other physicians. In other words, meaningful and appropriate oversight.

We also understand that HMOs should be held accountable when they interfere in the doctor-patient relationship and harm occurs. But as encouraged as I am by this, I have reservations about H.R. 1304. It appears to be a necessary, simple solution to a tough problem, but as a wide range of experts have stated from the Congressional Budget Office to the Federal Trade Commission, the costs could outweigh any potential benefits. In fact, the CBO's projection put the cost at well over $3 billion over 10 years, not an insignificant amount of money, even around here; and that is worrisome to me.

I am hopeful that my colleagues will support this rule so that we can get on with deliberation of these and other issues and weigh the potential costs and benefits. That is, after all, why we are here and what a deliberative body does. America's doctors and patients do deserve relief from bad HMOs. Indeed, Congress is addressing HMO reform in a tough and serious manner; I am a firsthand witness to that. The gentleman from California (Mr. CAMPBELL) and the gentleman from Michigan (Mr. CONYERS) and some others urge that H.R. 1304 is the right direction we should pursue as part of congressional consideration. As our colleagues, they deserve respect for bringing this forward, and I urge a yes vote on this fair rule and look forward to a fair exchange on the underlying bill after everybody has the chance to hear all sides. However, we do not get that chance if we do not approve this rule.

Mr. HALL of Ohio. Mr. Speaker, I yield myself such time as I may consume, and I thank the gentleman from Florida for yielding me this time.

This is a restricted rule. It will allow for the consideration of H.R. 1304, which is the Quality Health Care Coalition Act. As my colleague from Florida has explained, this rule provides for 1 hour of general debate. It will be equally divided and controlled by the chairman and ranking minority member of the Committee on the Judiciary. The rule makes in order only six amendments. No other amendment may be offered.

This bill provides limited antitrust exemptions for doctors who negotiate contracts with health plans and insurance companies. Other workers enjoy a similar exemption under collective bargaining laws.

In recent years, health maintenance organizations and insurance companies, not doctors, have dictated the terms of health care for most Americans. Antitrust laws have prevented doctors from organizing to counterbalance the influence of the health care managers. Many people believe that this legislation is needed now more than ever because growth and consolidations among the HMOs and the insurance companies have only increased the bargaining power of the health care industry against the doctors. Obviously, the purpose of the bill is to swing the balance of power back in favor of the doctors.

The House sometimes uses restrictive rules like this, but it should only do it in sparing ways. However, as with some bills reported from the Committee on the Judiciary, it can be appropriate in the case to limit amendments. The few amendments that may be offered will give opponents of the current bill an opportunity to further debate and perfect it.

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

Mr. GOSS. Mr. Speaker, I am happy to yield 3 minutes to the distinguished gentleman from California (Mr. CAMPBELL), the author on this side.

Mr. CAMPBELL. Mr. Speaker, I thank the gentleman from Florida for all of his kindness and hard work in this field.

I wish to say that the rule is critical. The rule is critical. There will be no other means to address H.R. 1304. To those who have sponsored this bill, and I have a list of all of them, please, if they think that they might vote against the rule but have a chance to vote for the bill again, they are wrong. It is not going to come back. So this is the issue, this is the moment, this is the time to vote in favor of patients if we believe that they are not being adequately taken care of under today's medical system, because there is not a balance between the doctors and the HMOs.

The focus of the controversy is on the amendment by the gentleman from Oklahoma (Mr. COBURN). I understand that there is concern that his amendment was made in order, but the second degree amendment of the gentleman from Pennsylvania (Mr. GREENWOOD) was not.

Let me address this directly. I have a 100 percent pro-choice voting record. I am second to none in my support of a woman's right to choose. My record stands for that. The Coburn amendment says, ''Nothing in this section shall apply to negotiations specifically relating to requiring a health plan to cover abortion or abortion services.''

Whereas I would not have singled out abortion, I would not have treated this in any manner different than any other medical procedure, I emphasize to my colleagues that the Coburn amendment is a null set. There is no evidence of any health care plan, any HMO, requiring doctors to perform abortion or abortion services. I draw to the attention of all of the cosponsors of this bill that the amendment by the gentleman from Oklahoma (Mr. COBURN) uses the word ''requiring,'' not ''permitting.''

This amendment, in other words, is, in my judgment, an effort to introduce the topic of abortion into an area where it has no place. It is not a substantive amendment. Mr. Speaker, let me repeat, it deals with a case that has not been shown to exist—where an HMO requires a doctor to perform an abortion.

In conclusion, the gentleman from Florida (Mr. GOSS) noted two things with which I would like to take respectful disagreement. First of all, the concern he expressed for a boycott was addressed by an amendment by the gentleman from New York (Mr. NADLER), accepted in the Committee on the Judiciary, so that a boycott is not possible under this bill. Secondly, the cost estimate that the vice chairman of the Committee on Rules gave was for 10 years, but we adopted a 3-year sunset for the bill, so the cost is substantially less, actually, it's less than one third of the cost that the gentleman from Florida estimated.

With that, I conclude with one last request. For those who care about this bill, for those who care about the 3½ years those of us have put into it, this is the moment. Do not let the rule keep us from the merits of this bill. It is not a perfect rule. I did not wish everything to go into it that has, but we will have no other chance.

Mr. HALL of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. DOOLEY).

Mr. DOOLEY of California. Mr. Speaker, I rise in opposition to the rule on H.R. 1304.

I rise in opposition primarily because I think it is irresponsible for us to exempt this legislation from the budget

rules, and this bill I think clearly violates the budget rules.

Mr. Speaker, the original bill was scored by CBO as costing in excess of $11 billion. Even with the modifications that were added in the Committee on the Judiciary, it is still estimated to have significant cost in reduced Federal tax revenues of almost $11 billion if this was made permanent for the 10-year period. Obviously, it would be less if it only survives for the 3-year sunset period.

But it also is projected to have costs not only to the government in terms of increased cost to Medicare, Medicaid, and the Federal employee health benefit plans, but it is also estimated to cost consumers, as we will see an increase in health care premiums as a result of this, which are estimated to be on average of almost 2 percent by the third year of the enactment of this bill.

If we are going to maintain consistency with the budget rules that are to guide the legislation in this House, we should not exempt this legislation. We should not exempt legislation that is going to have budgetary impacts in the billions of dollars. I think anyone that prides themselves on being a fiscal conservative should not support this rule; they should send this bill back to the Committee on Rules where we will have the opportunity to bring this bill up when we can give adequate consideration to the fiscal and the revenue impacts they will have to the Federal Government and to the taxpayers of America.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Speaker, I want to, first of all, say that as a practicing physician I am extremely frustrated with the position physicians are placed in in this country in not being able to make decisions to care for their patients. I think the problem that the gentleman from California (Mr. CAMPBELL) is trying to address with this bill is a real problem, but I think this is the wrong fix. I do want to take exception to what he said about the position as to certain organizations wanting to require people to have to perform abortion services or to offer them. In his own State, in the California legislature this year, by a very narrow margin, a bill that would have forced Catholic hospitals in his own State was offered and barely defeated. It is the position of the California Medical Association that, in fact, that be the policy in California. That position was offered in the House of Delegates at the AMA this year.

So to claim that this is not an intent is not true; it is an intent in the long run to limit the conscious objection of health care providers and the hospitals to not provide abortion services.

I am leaving this House at the end of this session, and I will be in practice; and I will tell my colleagues that if the Campbell bill becomes law, I will utilize it vigorously. But it will not be, in the long term, the best thing for medicine. Because the prices would rise exorbitantly; and after that has happened, then the focus of the health care problems that we have in the country then will be on the doctors, and we are not the ones to blame. But through our frustration, through the lack of fees to keep pace, through our inability to care for our patients, we are bound to do the wrong thing.

So I adamantly oppose the Campbell bill. I was originally a cosponsor of this bill, and my first thought was, I thought this was a good idea. Thinking through of what I want the profession of medicine to be 10 years from now, I think this is a terrible bill. I think the rule is fair.

Mr. HALL of Ohio. Mr. Speaker, I yield 3 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 want to talk about the rule. I am not going to talk about the underlying bill, except what the rule provides for in the underlying bill.

It is interesting what a difference a day makes. We have a rule before us today that waives all points of order against the bill pursuant to the budget resolution, because the underlying bill would exceed the discretionary spending caps in the fiscal year 2001 budget resolution. In addition, it would violate the pay-go rules per the fiscal year 2001 budget resolution.

Now, why is that so significant in this context? It is significant because yesterday, Democrats were told and, in fact, a number of Republicans as it turned out, were told that we could not offer a broad-based, voluntary, universal prescription drug program under Medicare because the fiscal year 2001 budget resolution did not provide for it. But today, barely 24 hours later, as I and others predicted, the Republican leadership has decided that the paper that the budget resolution is written on is not worth very much.

So, we have before us a rule that shows the true hypocrisy of the Republican leadership when it comes to the question of providing true prescription, affordable prescription drug coverage for America's senior citizens. That is what this rule tells us today. We can debate the underlying bill later; but the sad fact of it is, there was a sham put upon the American people yesterday, 39 million senior citizens, under some phoney rule about what could be considered in the House and, today, we have thrown that out the window with a rule that waives points of order regarding the budget resolution. I think that is a real shame, and I would imagine that our friends will have something to answer about come this fall.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from North Carolina (Mr. BALLENGER).

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

First, I would like to say antitrust exemption will not improve health care quality at all. Proponents of this bill say that it will level the playing field between doctors and health plans. But what happens to the consumer when the providers get together and collectively negotiate with insurers?

□ 2115

Although such behavior violates Federal and State law, it is not at all that unusual. Federal antitrust regulators have dealt with more than 50 such cases over the past number of years, and none of these cases, not one, involved collective efforts to improve the health care quality. Every case involved efforts by the providers to raise their fees to anticompetitive levels at the expense of the consumers, employers, and taxpayers who finance programs for seniors, the disabled and the poor.

Testifying before the Committee on the Judiciary last year, Assistant Attorney General of the Department of Justice Antitrust Division Joel Klein stated:

''Our history of investigations, including our recent cases against two federations of competing doctors involving group boycots and price-fixing conspiracies, leads us to have concerns because the proposed bill provides no assurance that health care professionals would direct their collective negotiating efforts to improving quality of care, rather than their own financial circumstances.''

Klein went on to cite a case in which ''Twenty-nine otherwise competing surgeons who made up the vast majority of general and vascular surgeons with operating privileges at five hospitals in Tampa formed a corporation solely for the purpose of negotiating jointly with managed care plans to obtain higher fees. Their strategy was a success. Each of the 29 surgeons gained, on average, over $14,000 in annual revenues in just the few months of joint negotiations before they learned that the Antitrust Division was investigating the conduct. The participants in that scheme did not take any collective action that improved the quality of care.''

This case is typical of what happens when physicians illegally engage in collective negotiations with health care plans.

In April of this year, the Federal Trade Commission announced a settlement with a group of surgeons in Austin, Texas, who used collective negotiations with health plans to win handsome increases in their fees. If we were to pass H.R. 1304, the antitrust exemption would make all of what I just read legal, it is now illegal, and with no oversight at all. At least labor unions must obey the NLRB.

Mr. HALL of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. DEUTSCH).

Mr. DEUTSCH. Mr. Speaker, I wish all of us could be honest. This rule is maybe the most disingenuous rule I have seen in my 8 years in the United States Congress.

The fact that this rule allows the Coburn amendment on the bill is a convoluted attempt to, I do not know, kill the bill, or put the Democrats in a politically disadvantageous position.

The vast majority of Democrats who are pro-choice, and the majority of Democrats who support this bill, have a Hobson's choice under this rule. If the rule is passed, and then the Coburn amendment with similar things that have passed this floor is then on the bill, then where do Democrats vote?

The reality is that the Coburn amendment is an awful amendment from a policy perspective. It is a gag rule. Let me read what the American College of Obstetricians and Surgeons said about it: ''We must pass a bill that allows health providers to effectively advocate for the care of their patients, not gag providers in an attempt to limit women's access to needed reproductive health services.''

This is a gag rule. It is incredible, the scope of it. It would prevent those physicians who benefit from the Campbell rule from even talking to providers about providing reproductive or family planning services, a complete ban. They could not even talk about that in terms of their negotiation. It is an extremely large attempt to limit women's choices in America.

For the Members, and again, I know this has been a very difficult afternoon for many Members as they have looked at it, because there are many Members who are cosponsors of this; again, a majority of Democrats who want to see changes in health care, who support what the gentleman from California (Mr. CAMPBELL) is trying to do.

But the leadership on the Republican side has created this disingenuous rule. If the rule is defeated, which I urge its defeat, if the rule is defeated the choice clearly falls upon those who created the rule, which is the majority, the Republican leadership.

I urge the gentleman from California (Mr. CAMPBELL) to once again threaten to leave this Congress if his leadership does not give him a true rule and a true vote on the bill.

Mr. HALL of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from North Dakota (Mr. POMEROY).

Mr. POMEROY. Mr. Speaker, this House is demonstrating that it cannot competently and fairly deal with difficult health policy questions. Reference yesterday, a long, contentious day debating one of the most important issues before this country: whether we can give our seniors prescription drug coverage.

All of that debate and much of the venom generated within that debate concerned an unfair rule cooked up in the Committee on Rules at 2:30 in the morning the morning of the debate. I guess it was not the last bad rule we were going to see on important health policy coming out of the Committee on Rules this week.

So here we are, late in an absolutely exhausting week, considering another vital health policy question under another unfair rule.

Take, for example, the issue of allowing the Coburn amendment and striking the Greenwood amendment. I do not care whether within this body Members are pro-choice, whether they are pro-life, or anywhere in between. The fact of the matter is to allow one side their amendment and not allow the other side their amendment is unfair and speaks to what a skewed, unfortunate rule this is that brings this bill to the floor.

That is not the end of the problems within this bill. Allowing physician collusion on fee structures has obvious consequences for Medicare that pays the bills, for Medicaid. But Members do not see any offsets. We do not see any pay-fors in this legislation. There would surely be a budget point of order that could be raised against this bill, but guess what, they shred the budget rules and waive all points of order. Do not even think about trying to point out that we are spending money we have not offset in the Federal budget, it is waived under this rule.

Mr. Speaker, the Committee on the Judiciary has ruled on this bill, but the Committee on Commerce has not ruled, the Committee on Ways and Means has not ruled. This is an unfair rule. It should be voted down.

Mr. HALL of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, the Republican leadership is truly offering us a Hobson's choice here. I am a cosponsor of this bill and proud to be one, but I am standing here to urge defeat of this rule because of the Coburn amendment.

The Coburn amendment could gag physicians and other providers in two ways. First, providers who have a medical and ethical responsibility to promote the well-being of their patients could be unable to advocate with health plans on their patient's behalf for comprehensive reproductive health care.

Second, providers could not negotiate against any onerous restrictions that appear in their contracts.

Why did the Republican leadership do this? They did this because they know pro-choice Members like myself, who also are cosponsors of the bill, will never support legislation with provisions that could be construed as gag rules.

The gentleman from Pennsylvania (Mr. GREENWOOD) was denied the opportunity to offer a second degree amendment that would have clarified and improved the bill. Was this allowed? No, it was not. Tragically, we have to defeat this rule. We have to send it back, and we have to say, let us pass a bill that is free of poison pills.

We have sadly, in my view, reached a point in this Congress where virtually no health care legislation can be passed. The Committee on Commerce, on which I sit, has repeatedly failed to mark anything up, including a children's health bill, because of repeated and ill-fated efforts to impose abortion language.

The National Institutes of Health has not been reauthorized for years because of the threat of anti-abortion riders. We have reached a virtual gridlock over abortion riders in every form imaginable. The American public needs to know this, and they need to know how wrong it is.

So let us defeat this bill. Let us send it back to the Committee on Rules. Let us write a clean bill. Let us allow the Greenwood amendment to go forward, and let us pass legislation that will allow doctors to organize, just as my colleague, the gentleman from California (Mr. CAMPBELL), wants to have happen.

Mr. GOSS. Mr. Speaker, I yield 3 minutes to my colleague and friend, the distinguished gentleman from California (Mr. ROHRABACHER).

Mr. ROHRABACHER. Mr. Speaker, tonight I rise in strong support of the rule and even stronger support for the bill of the gentleman from California, H.R. 1304. I do so as a strong advocate of market-related solutions to meet many of today's challenges. This is a market-based solution.

Ours is a multi-layered system of competing interests and checks and balances. America's health care is part of that system, but yet, it is an area today where we see justified concern and even perhaps alarm.

Our citizens feel out of control. The HMO revolution that brought costs under control has brought with it new problems and new complications and new frustrations. New checks and balances have not emerged to see that the power vested in this new power, the HMOs, the new power that is vested in them and the authority that they have is not abused or that the cost controls do not go too far.

The gentleman from California (Mr. CAMPBELL) is, as I said, offering a market-based approach to this challenge, instead of just strengthening government or putting new regulations in place. H.R. 1304 empowers health care professionals to balance the new power of the business managers who make policy decisions for America's health care, health care that is so vital to our families and the American people.

Doctors should be able to act together as a unit if they choose to do so, just as investors, managers, and other voluntary associates join together to form HMOs and other businesses.

The Campbell bill would result in a new balance that will well serve the families and people of our country. This system of competing interests has worked very well in other industries. It has worked to make us the most effective system in the world at providing

good care and good products for our people, services for people. It can work in the health care industry, as well.

The gentleman from California (Mr. CAMPBELL) is to be applauded for his creativity and his innovative approach. Rather than just trying to offer simplistic answers of giving more regulations or having more government that costs money, he is empowering people to do a better job and to work together to provide health care for America.

Let us make sure that we use the power of the market. Let us make sure we use voluntary association, just as we have in every other industry, to provide quality health care to our people, and health care that we can ensure will not be abused because there is too much power just in the hands of the managers. This is true in every other industry, it will be true in health care as well.

I rise in strong support of the rule and the Campbell amendment.

Mr. HALL of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. PELOSI).

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding time to me.

Mr. Speaker, I rise with great reluctance in opposition to this rule. I say ''reluctance'' because I do support the bill. We need to strengthen the ability of physicians to be effective advocates for the health care needs of their patients.

However, by choosing once again to bring legislation to this floor that attempts to limit a woman's right to choose, the Committee on Rules has undermined the spirit of this legislation. This bill seeks to assure patient safety and increase the quality of health care by allowing physicians to collectively have a greater say in negotiations on the terms of a health plan.

The intent is to clearly empower physicians in their relationship with HMO administrators, some of whom attempt sometimes to put profits over patient care when making decisions about medical care.

Mr. Speaker, reproductive health services are an essential component of primary care for women. To my male colleagues, I say this again, gentlemen, reproductive health services are an essential component of primary care for women.

Although this amendment has been framed as a conscience clause for religious health care entities, it does in fact prevent physicians, regardless of their religion, from even mentioning abortion in their negotiations with health plans.

I repeat some of the points that have been made earlier. The result is that providers who have a medical and ethical responsibility to promote the well-being of their patients would be unable to advocate with health plans on their patients' behalf for comprehensive reproductive health care.

In addition, providers could not negotiate any onerous restrictions that appear in their contracts concerning the provision of abortion services. Such restrictions could include a ban on referring clients for abortion elsewhere, or from even discussing abortion as a medically appropriate and legal option for patients.

Mr. Speaker, reproductive health services are an essential component of primary care for women and must be part of all negotiations. I urge my colleagues to vote no.

□ 2130

Mr. HALL of Ohio. Mr. Speaker, I yield 4 minutes to the gentleman from Michigan (Mr. CONYERS), the ranking minority member of the Committee on the Judiciary.

Mr. CONYERS. Mr. Speaker, I want to admit that we are now on the horns of a dilemma in terms of the rule. We have a rule that presents an obstacle course of poison pills designed to drag the bill down. Virtually all of the amendments that have been allowed by the Committee on Rules are hostile, in many cases unrelated, amendments.

For example, the Coburn amendment is an anti-choice amendment that would prevent doctors from making referrals for abortion-related services for victims of rape and incest. The Cox amendment is an insult to the collective bargaining idea and would constitute the first-ever Federal right-to-work mandate on the States.

Neither of these amendments have anything to do with the underlying bill, of course, and the Committee on Rules have waived all points of order to leave these poison bills intact. We know the game. It is to split 220 cosponsors of a very important and fine bill.

And so my solution that I propose to my colleagues tonight is that since we have been gamed, I am going to oppose the previous question on the adoption of the rule and ask the Members to support me in opposition to the previous question so that I can offer an amendment that would remove the Cox amendment and also make in order the amendment submitted by the gentleman from Pennsylvania (Mr. GREENWOOD) to the Committee on Rules.

This would allow us to have a clean debate on the underlying legislation, free of the poison pill amendments. And my amendment is supported by NARAL, the Pro-Choice Caucus, the AFL–CIO, and AFSCME. So a vote to defeat the previous question may well be the only chance Members have in this Congress to vote for the right of health care professionals to collectively bargain on behalf of their patients. It is a tough choice. We have been split on this, but I hope it will bring us back together again.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Iowa (Mr. GANSKE).

Mr. GANSKE. Mr. Speaker, well, here we are again with a difficult rule. We will see whether we can work this out. I think I need to spend a couple of minutes talking about why this bill should pass.

Blue Cross/Blue Shield of Iowa controls the health care of 98 percent of the hospitals and 90 percent of the doctors. One insurance company controls the access and health costs of 60 percent of insured Oregonians. Market competition in Texas is all but gone. Twenty-four competing companies have compressed into four mega-managed care companies.

Sixty percent of the Pittsburgh market is controlled by one plan. More than 50 percent of the Philadelphia market is controlled by one plan. Each plan has maintained its dominance by virtue of an agreement not to compete in each other's territory.

One insurance company dictates health care in over half of Washington State. Since I came to Congress and closed my practice in 1994, there have been 275 mergers and acquisitions of health plans. There are now seven managed health care plans and Blues control the cost and access of the majority of people in this country.

What does that mean? That means if one is a provider, a doctor, and that HMO controls 50 or 60 percent of their patients and they present a contract and say take it or leave it, and that doctor has a child in college, they are making mortgage payments, how do they turn them down when they have a contract clause that says medical necessity means the shortest, least expensive or least intense level of care as defined by us? Or maybe they say like this Blue Cross/Blue Shield contract of Iowa, where the health plan shifts responsibility to physicians for the health plan's breaches of confidentiality that they release any liability for disclosure made by the company.

Or how about the gag clauses that companies want providers to sign on to? A lot of providers just do not have a choice. I have had a lot of Republican colleagues, when we have had our managed care debate, say just let the market work. If we get to a vote on this, vote ''yes'' because this will let the market work.

Mr. HALL of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from Texas (Ms. JACKSON-LEE).

(Ms. JACKSON-LEE of Texas asked and was given permission to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, many of the physicians I know in my community need this legislation. Frankly, the physicians are put at a disadvantage with the HMOs and the conglomerates that are now taking over health care. The gentleman from California (Mr. CAMPBELL) had the right idea. But unfortunately, the legislation that we had in the Committee on the Judiciary, I would say to the gentleman from Michigan (Mr. CONYERS), with all the good work that we did, is not here today.

Frankly, we have the complete opposite picture from what we wanted to bring to the floor of the House. First of all, about a year ago, doctors at the AMA convention indicated they wanted

to organize; they wanted to have the opportunity to be stronger and negotiate on behalf of their patients. Minority doctors in particular have been shut out from HMOs and so inner-city physician many times cannot serve the patient needs of their base.

Frankly, I think we have a responsibility to put this bill forward. But the Committee on Rules, the Republican Committee on Rules knew what they were doing when they added the Coburn amendment and the Cox amendment to prevent something the bill doesn't do anyhow—force a physician to join a union. That is not in the Bill—plain and simple. The Supreme Court just 48 hours ago just indicated to this Congress that the right to an abortion is the law of this Nation however the Coburn brings up unnecessary anti-choice provisions. Why we have this legislation in this way in order to undermine the very good bill offered by the gentleman from California (Mr. CAMPBELL), of which I am a cosponsor, I do not know.

Mr. Speaker, I support the ranking member's proposal that we defeat the previous question and allow a redrafting of this rule to eliminate the Cox amendment and to offer the Greenwood amendment, to get on with the business that health care providers need to serve the people of America's health needs.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Texas (Mr. PAUL).

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

Mr. PAUL. Mr. Speaker, I rise in strong support of the rule. It is an imperfect rule, but this bill needs to be brought to the floor.

H.R. 1304 is the only bill that I have seen in the last 3 years, probably in the last 30 years, that would move us in a proper direction for health care in this country. For 30 years now we have moved in the direction, not toward socialized medicine, we do not have socialized medicine, we have a mess. We have a monster we created called ''medical management.'' But we have moved toward corporate medicine.

Who are the greatest opponents of H.R. 1304? The HMOs and the insurance companies.

All we are asking for here is a little bit of return of freedom to the physician, that is, for the right of the physician to freedom of contract, to associate. We are giving no special powers, no special privileges. Trying to balance just to a small degree the artificial power given to the corporations who now run medicine, who mismanage medicine, who destroyed the doctor-patient relationship.

Mr. Speaker, this has given me a small bit of hope. I am thankful the leadership was willing to bring this bill to the floor tonight. We should go through, get the rule passed, and vote on this. This is the only thing that has offered any hope to preserve and to restore the doctor-patient relationship.

We need this desperately. We do not need to support the special corporate interests who get the money. The patient does not get the care. The doctors are unhappy. The hospitals are unhappy. And who lobbies against this? Corporate interests. This is total destruction of the doctor-patient relationship.

All we want to ask for is the freedom to associate and the freedom to contract. If they do not want to become a union, doctors do not have to. They had the power to become unions in the 19th century, but under ethical conditions they did not. Nobody tells doctors that they have to, if we remove this obstacle.

Mr. HALL of Ohio. Mr. Speaker, I yield 2½ minutes to the gentleman from New York (Mr. NADLER).

Mr. NADLER. Mr. Speaker, this bill is one of the most essential pieces of legislation I have seen in the last several years, and I commend the gentleman from California (Mr. CAMPBELL) for the work he has done to bring it to the floor, and I condemn the underhanded actions of the Republican leadership of this House in allowing poison pill amendments to put those of us who think this bill essential in a quandary in supporting it.

Mr. Speaker, I will talk more during the general debate about why this bill is essential, but the gentleman from Texas (Mr. PAUL) hit it on the head. An HMO comes into town, signs up the employers, controls all the health care, controls all the patients, and says to the doctors: sign on the bottom line. Take it or leave it.

If they do not want to have to treat 20 patients an hour, 5 minutes apiece, if they think it requires more time to give them decent treatment, too bad. They do not have to sign up with us; we will get plenty of doctors who will not have such scruples.

The bill authored by the gentleman from California will enable the doctors to get together and say: no, we need time to talk to our patients and we need time to do proper services.

Mr. Speaker, this is profoundly in the interests of the patients of the United States. This is easily as important as the Patients' Bill of Rights in destroying the tyranny the HMOs have taken over the doctors and patients in this country.

But then we have the Coburn amendment made in order as a poison pill with one purpose and one purpose only. Nothing to do with abortion. That is the fig leaf. The real purpose of this amendment is to get people to vote against the rule and vote against the bill who otherwise would vote for it.

The real purpose of this amendment is to get people who would vote against the insurance interests and for patients' rights, which is what this bill is about, to put them in a quandary so they cannot do it.

Mr. Speaker, I urge that Members vote against the previous question so that we can rewrite the rule. If the previous question motion is passed, I will reluctantly vote for the rule and hope that we can then defeat the Coburn amendment. Because this bill is as important a bill as any bill we have seen on this floor; and we should not allow a leadership that does not dare get up and say its real purpose, that we are beholden to the insurance companies and we do not want to serve the patients of the United States, we want doctors to be slaves to the insurance companies, so let us hide behind the fig leaf of an extraneous issue. We should not hide behind that issue.

Mr. GOSS. Mr. Speaker, I yield myself such time as I may consume only to point out to the gentleman that the real purpose of me being here is to pass this rule, and I appreciate his help.

Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Ohio (Mr. BOEHNER), the chairman of the Subcommittee on Employer-Employee Relations of the Committee on Education and the Workforce.

Mr. BOEHNER. Mr. Speaker, I thank the gentleman from Florida (Mr. GOSS) for yielding me this time.

Mr. Speaker, we all know this is a very difficult bill. I congratulate my colleagues on the Committee on Rules for doing the best they could with a difficult situation. But I say to you, Mr. Speaker, you can put lipstick on a pig, but it is still a pig.

We have problems in our health care system, and I think all of us know it. There are ways to address these problems, such as the Patients' Bill of Rights that we are working on in conference today. There are other things that we can do. But this, I would argue, will destroy our health care system.

What protection are we giving our Nation's patients when we take away their health insurance because of increasing costs? What other group of Americans have we ever exempted from our antitrust laws that were created over 100 years ago to stop the big steel trusts, to stop the big oil trusts? We put those antitrust laws in place to prevent consumers from being harmed.

What we are doing here is we are exempting one group of Americans in our health care system, one group of Americans to go out and to negotiate on whose behalf? Come on, they will be negotiating on their own behalf. That is why the Congressional Budget Office and others have talked about the tremendous increase in cost that will result if this bill is passed.

□ 2145

So, Mr. Speaker, let us quit kidding ourselves. This is a bad solution to a problem that does exist. There are better solutions. Let us defeat the rule, send this bill back to committee and go home and visit with our constituents over the next week.

Mr. HALL of Ohio. Mr. Speaker, I yield 2 minutes to the gentlewoman from New York (Mrs. MALONEY).

Mrs. MALONEY of New York. Mr. Speaker, I thank the gentleman from Ohio for yielding.

Mr. Speaker, I rise reluctantly in support of the rule. I regret that the amendment of the gentleman from Pennsylvania (Mr. GREENWOOD) was not placed in order. He should have the right to bring his amendment to the floor and have it fully debated.

I am very much opposed to the Coburn amendment. The Coburn amendment is a transparent and deceptive attempt to politicize the debate on the underlying bill. The Coburn amendment is not just an anti-choice amendment, which I believe would be defeated in this House, would be definitely defeated in the Senate, and vetoed by the President, it is unconstitutional according to the court decision yesterday. But its real role in this debate is to bring down the rule so that this body does not have a chance to debate and vote for and hopefully pass the very thoughtful Quality Health Care Coalition Act of the gentleman from California (Mr. CAMPBELL).

The bill of the gentleman from California (Mr. CAMPBELL) deserves to be debated on this floor; therefore, I support this resolution. The bill is a very creative attempt to empower doctors to make medical decisions for their patients.

This bill has been before this Congress for 3 years. It has over 220 cosponsors. There have been hearings on it, markups. The committee voted favorably by a vote of 26 to 2. Time and time again, this leadership has brought bills before this body on which there have been no hearings, no committee, and no amendments allowed.

This time, the gentleman from Oklahoma (Mr. COBURN) and this body have played by the rules, and we deserve a vote on his bill before this House.

My colleagues do not have to support the bill. If they do not like the bill, then do not vote for it. But to be fair to our colleague, let us pass this rule and allow a vote on his bill.

If we do not vote for this bill, this rule, it will not get to the floor for a vote. Patients, doctors, and the health care system are depending on it. Let us bring the Campbell bill to the floor and fully debate it fairly.

Mr. GOSS. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Montana (Mr. HILL).

Mr. HILL of Montana. Mr. Speaker, I thank the gentleman for the time; and as a cosponsor of the bill, I stand here in support of the bill and support of the rule. We need to pass this rule tonight because it is the only way that we are going to get a chance to vote on this bill.

Now, this is surely a controversial issue. Should doctors be able to bargain collectively on an equal footing with the insurance companies. I happen to think they should.

An earlier Speaker said we have never exempted anybody else from anti-trust laws. But the truth of the matter is we did. When we passed McCarran-Ferguson, we gave special provisions to the insurance industry that they use today.

Now, we have been debating HMO reform for over 2 years. Everybody says doctors, not bureaucrats, doctors, not adjusters, but doctors ought to be making medical decisions that impact their patients. Well, tonight, here is my colleagues' chance to empower doctors to be making those kind of medical decisions. But the only way we are going to do this is to pass this rule.

Now, if my colleagues oppose the amendments, defeat the amendments. Let the House work its will. But let us pass this rule, let us give the bill a chance, and let us support the rule and support the bill.

Mr. HALL of Ohio. Mr. Speaker, how much time do I have remaining?

The SPEAKER pro tempore (Mr. SHIMKUS). The gentleman from Ohio (Mr. HALL) has 6 minutes remaining. The gentleman from Florida (Mr. GOSS) has 9 minutes remaining.

Mr. GOSS. Mr. Speaker, I am totally ambivalent about the rotation here. We are prepared to go.

Mr. HALL of Ohio. That would be fine, Mr. Speaker.

Mr. GOSS. Mr. Speaker, I am pleased to yield 2 minutes to the gentleman from Florida (Mr. WELDON), a distinguished doctor.

Mr. WELDON of Florida. Mr. Speaker, I thank the gentleman from Florida for yielding to me, and I rise in support of the rule and support of the underlying piece of legislation.

I, too, am an original cosponsor of this bill. In the general debate, I hope to be able to elaborate further on my experience in this particular arena. I do have some real experience, and it is underlying my strong support for the bill.

But one thing I want to just amplify on, and the gentleman from Montana (Mr. HILL) really covered this very nicely, but he was very, very pressed for time, there are some people going around saying this is going to unfairly tip the playing field, this Campbell legislation.

Mr. Speaker, the field is not level. The gentleman from Montana just explained that to us. This Congress passed legislation that tilts the negotiations and strengthens the hand, I think, excessively of insurance companies. This legislation I believe is going to take a situation that is like this and level it out.

Regarding the issue of the amendment of the gentleman from Oklahoma (Mr. COBURN), I happen to personally feel that the gentleman from Oklahoma is very well intentioned, and his concerns, I think, are legitimate. I happen to personally believe his concerns are most likely not necessary, but the language in his amendment I find to be acceptable. I intend on supporting his amendment.

I would encourage all of my colleagues on both sides of the aisle to support the rule. We have amendments allowed under the rule that would allow people on both sides of this issue to cast their vote in good faith and then ultimately get the final product up for a vote.

Support the rule and, of course, support the underlying bill.

Mr. HALL of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. HOEFFEL).

Mr. HOEFFEL. Mr. Speaker, I thank the gentleman from Ohio for yielding me this time.

Mr. Speaker, I rise in strong support of the Campbell bill and, accordingly, in strong support of motion to defeat the previous question by the gentleman from Michigan (Mr. CONYERS).

The gentleman from Michigan (Mr. CONYERS) would allow us to avoid this outrageously rigged rule that is designed certainly to scuttle the Campbell bill. The Campbell bill is desperately needed. We have a situation where doctors are put into a very unfair situation, unable to negotiate on a level playing field with the large HMOs and managed care companies.

The Campbell bill will stop the arbitrary, unfair, one-sided contracts that the managed care companies are offering to doctors.

I listened intently to the gentleman from Iowa (Mr. GANSKE) a few minutes ago. He got one fact wrong. He said that the largest managed care company in Philadelphia is controlling 50 percent of the market. They are actually controlling 62 percent of the market, growing every day. That large managed care company recently offered orthopedic surgeons in the Philadelphia area a 40 percent pay cut. That kind of arbitrary activity is unacceptable.

The Campbell bill will allow collective bargaining and allow doctors a level playing field, not just to improve their fee agreements, but to avoid the kinds of changes in their medical practices that managed care companies often demand.

They want to impose gag rules on doctors so they cannot discuss their treatment options. They want to discourage appropriate referrals. Companies want frequently to block appropriate tests and delay care. They want to grant financial rewards to doctors for not giving care.

Those things must be stopped. They can be stopped through appropriate negotiations. But first we must pass the Conyers motion to defeat the previous question.

Mr. Speaker, I urge a yes vote on that motion.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Pennsylvania (Mr. GREENWOOD).

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

Mr. Speaker, I am very conflicted by the vote on this rule.

As has been referenced, I took to the Committee on Rules last night an amendment to amend the amendment of the gentleman from Oklahoma (Mr. COBURN) because I have a difference of

opinion with him with regard to the policy. The gentleman from Oklahoma (Mr. COBURN); and I tried to work out our differences last night and cooperate, so we decided that what we would do is each have our opportunity to debate on the floor.

The Committee on Rules denied me the opportunity to bring my amendment to the floor this evening, and I do not like that. My normal inclination when the Committee on Rules denies me one of the few amendments that I take to the Committee on Rules is to oppose the rule. That was my inclination.

However, the gentleman from California (Mr. CAMPBELL) has been made a promise, and that promise is that his bill would be debated on the floor. I think he deserves it. He worked hard to have his day, his night on the floor, and I think he is deserving of that.

More importantly, there are thousands and thousands of physicians across this country who have felt frustrated by the present situation and whether we agree with their position or not, whether we agree with the position of the gentleman from California (Mr. CAMPBELL) or not, they went to the United States Congress, and they said, ''Please debate this issue. We think it is deserving of the greatest deliberative body on earth. Please take our issue to the Congress and have a debate.'' If this rule is defeated, imagine all of those physicians all over the country saying the Congress does not work.

We are frustrated. We get a bill. We get over 220 cosponsors on the bill; and for something to do with abortion, we are not even allowed to have our issue debated after all of these years.

I think it would be a tremendous disservice to those advocates of those bills and, frankly, those opponents of the bill to deny the opportunity for this Congress to do its work, to take these issues important to our times, and to debate them.

Ms. DEGETTE. Mr. Speaker, will the gentleman yield?

Mr. GREENWOOD. I yield to the gentlewoman from Colorado.

Ms. DEGETTE. Mr. Speaker, I really agree with a lot of what the gentleman of Pennsylvania (Mr. GREENWOOD) is saying. My concern is, what happens with all of these physicians if we go to debate, if the Coburn amendment passes, and then the bill, then we all have to vote on the bill, and how will those physicians feel if we vote against a bill we support because of this?

Mr. GOSS. Mr. Speaker, I yield 1 minute to the distinguished gentleman from New York (Mr. REYNOLDS), a highly valued member of the Committee on Rules. We only have highly valued members in the Committee on Rules.

Mr. REYNOLDS. Mr. Speaker, I thank the gentleman from Florida. Today, as I have listened to this debate, we have people supporting this rule, some not in love with it, but in support of it from the most liberal perspective of our viewpoints in this House to some of the most conservative.

Today, as we have this rule before us, it is an appropriately structured rule. The proposed legislation makes dramatic changes in current law. The rule provides for comprehensive debate. Six amendments of the 12 submitted were included. Everyone but the gentleman from Pennsylvania (Mr. GREENWOOD) was granted an amendment. He was not granted an amendment, and he supports the rule this evening.

The amendments offered cover most of the contentious parts of debate throughout this legislation. I urge my colleagues to support the rule and let the debate begin.

Mr. GOSS. Mr. Speaker, it is my privilege to yield 3 minutes to the gentleman from California (Mr. DREIER), the distinguished chairman of the Committee on Rules.

Mr. DREIER. Mr. Speaker, I thank the gentleman for yielding, and I appreciate the fact that he said that all members of the Committee on Rules are doing a reasonably decent job. I hope it will include me along with the gentleman from New York (Mr. REYNOLDS) in that group.

Mr. Speaker, I rise in strong support of this rule. There are 220 Members, Mr. Speaker, who are cosponsors of the legislation of the gentleman from California (Mr. CAMPBELL), and a commitment was made that we would move ahead with this bill.

I know that there are some people who are not ecstatic with the way that this rule has been structured. But the fact of the matter is we have done what we could to move this legislation forward.

So it sounds like we are going to have a vote on the previous question that the gentleman from Michigan (Mr. CONYERS) will be pursuing. I hope very much that we will defeat the previous question and move ahead and pass this rule. We have a responsibility to move legislation.

The Speaker has said that he hopes very much that Members will vote in support of this rule so that we can move the package forward. Arguments have been made on both sides of the aisle by a number of our colleagues that if one is a supporter of this rule, do not stand behind the procedure and cast a no vote on the rule, because this is the opportunity that we have to move ahead with this legislation.

So I would also say to Members on both sides regardless of one's position on the issue, even if one is not a supporter of the legislation of the gentleman from California (Mr. CAMPBELL). Let us have a debate on the measure and then allow the House to work its will.

So I urge my colleagues to vote in favor of the previous question, and I urge my colleagues to vote in favor of the rule so that we can have the opportunity here to have what the gentleman from South Carolina (Mr. SPRATT) likes to describe as a full, wholesome, and hard-hitting debate.

□ 2200

The SPEAKER pro tempore (Mr. SHIMKUS). For clarification, the gentleman from Ohio (Mr. HALL) has 4 minutes remaining, and the gentleman from Florida (Mr. GOSS) has 2 minutes remaining.

Mr. HALL of Ohio. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. ROTHMAN).

Mr. ROTHMAN. Mr. Speaker, I thank the gentleman for yielding me this time, and I am pleased to rise as a cosponsor and in support of H.R. 1304, the Quality Health Care Coalition Act.

We are here today to restore a sense of balance to a health care system that is now dominated by the health care insurance companies. H.R. 1304 will put doctors on a level playing field with the giant health care companies. Specifically, it will allow doctors to join together and negotiate the terms and conditions of their HMO contracts without violating the antitrust laws. With the power to bargain collectively, doctors will then have the clout to negotiate for fair terms for their services and for their patients rights.

When large HMOs dictate all the terms to individual doctors, patients suffer. To make up for low HMO payments, doctors are forced to see more patients each day. When doctors see more patients daily, they are not able to spend the kind of time they want to and need to spend with each patient. Their offices often look like assembly lines because the HMOs and the health insurance companies dictate to the doctors how quickly they must move those patients in and out.

Doctors and other health care professionals need to be able to negotiate health care service contracts with HMOs and health insurance companies on a level playing field so that their patients can receive the quality health care treatment they deserve.

Freedom of assembly and freedom of speech are rights guaranteed in the first amendment for all Americans. How about for doctors? Defeat the previous question; support H.R. 1304.

Mr. GOSS. Mr. Speaker, I yield 30 seconds to the gentleman from California (Mr. CAMPBELL), the distinguished author of the bill.

Mr. CAMPBELL. Mr. Speaker, I rise for two purposes. Although colleagues have referred to this as the Campbell bill, this is the Campbell–Conyers bill. There is no one who has fought as hard as the gentleman from Michigan (Mr. CONYERS) for this bill, and that includes me from the very start. I understand shorthand and that people say the Campbell bill, but this is the Campbell–Conyers bill. I am proud of my colleague and proud to stand with him. Both of our names are in this effort.

Lastly, to the fellow pro-choice Members of this body, NARAL, NARAL, has said that the rule is not a key vote.

NARAL has said the rule is not a key vote. NARAL has said final passage is not a key vote. NARAL has said final passage is not a key vote. The Coburn amendment is a key vote, but not the rule. Please support the rule.

Mr. GOSS. Mr. Speaker, I yield 1 minute to the gentleman from Arizona (Mr. SHADEGG).

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

Mr. SHADEGG. Mr. Speaker, this bill is clearly well-intended. It attempts to address an imbalance that exists because HMOs are too powerful. I have many HMOs in my State of Arizona. Indeed, more HMOs percentage-wise than perhaps any State in the Nation, and I have fought HMOs and I will continue to fight them through the fight on the Patients' Bill of Rights. But this bill is tragically misguided.

The discussion we have heard here tonight has been about the power of HMOs and the lack of power of doctors. The reality is that there is an omitted party. The omitted party is the patients. If we empower doctors to unionize, there will be one thing that will happen, mark my words. The cost of health care will go up.

I love doctors, and they will try to protect patients, but their number one motivation will be to negotiate increased fees for them. The cost of care will go up, and patients will not be protected.

Many of us on the Patients' Bill of Rights Task Force, many of my colleagues on the other side who fought for patients' rights and this side who fought for patients' rights have fought this battle. We need to empower patients by giving them choice, not unionizing doctors and causing prices to go up.

Mr. HALL of Ohio. Mr. Speaker, I yield the balance of my time to the gentleman from Michigan (Mr. CONYERS).

Mr. CONYERS. Mr. Speaker, I thank the gentleman from Ohio (Mr. HALL) for yielding me this time.

My colleagues, this bill is so incredibly important that enough Members are cosponsors that could normally pass the bill, 220 Members.

We have a rule that is laden with poison pills. Solution: defeat the previous question and vote ''no.'' I have an amendment that will cure the problem, I think quite well, but this will give those of us who are definitely prochoice a way out to get this measure to the floor. Believe me, if this bill does not come up tonight, my colleagues will not see this measure again in the 106th Congress.

So I urge all of my colleagues, the cosponsors and the friends of Campbell–Conyers, to vote ''no'' on the previous question.

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

As Members can tell from the debate, this was a hard rule to write. There are many interested in this. The guiding principle was to try to get this matter to the floor for debate because we think there is a compelling need to have this debate. We have heard many facets of it.

I heard the distinguished gentleman from Michigan (Mr. CONYERS) speak of an obstacle course. Authors of bills often refer to amendments to their legislation as obstacles. Obviously, we all understand why.

The Committee on Rules made a very fair, I think valiant effort to try to make in order all the amendments that came forward, and we did all but one. The gentleman has spoken to that, and that gentleman is going to support this rule tonight.

I would suggest that it is very important that we pass this rule. I urge we vote ''yes'' on the previous question.

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

The SPEAKER pro tempore. The question is on ordering the previous question.

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

Mr. CONYERS. 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.

Pursuant to clause 9 of rule XX, the Chair will reduce to a minimum of 5 minutes the period time within which a vote by electronic device, if ordered, will be taken on the question of agreeing to the resolution.

The vote was taken by electronic device, and there were—yeas 241, nays 174, answered ''present'' 3, not voting 17, as follows:

[Roll No. 364]

YEAS—241

Abercrombie
Aderholt
Archer
Armey
Bachus
Baker
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Berry
Biggert
Bilbray
Bilirakis
Bliley
Blunt
Boehlert
Boehner
Bonilla
Bono
Borski
Boucher
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth-Hage
Coble
Coburn
Collins
Combest
Cooksey
Cox
Crane
Cubin
Cunningham
Davis (VA)
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Dingell
Doolittle
Doyle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Everett
Ewing
Fletcher
Foley
Forbes
Fossella
Fowler
Franks (NJ)
Frelinghuysen
Gallegly
Gekas
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodlatte
Goodling
Goss
Graham
Granger
Green (WI)
Gutknecht
Hall (OH)
Hall (TX)
Hansen
Hastert
Hayes
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hobson
Hoekstra
Holden
Horn
Hostettler
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Isakson
Istook
Jenkins
Johnson (CT)
Johnson, Sam
Jones (NC)
Kanjorski
Kasich
Kelly
Kildee
King (NY)
Kingston
Knollenberg
Kolbe
Kuykendall
LaFalce
LaHood
Largent
Latham
LaTourette
Lazio
Leach
Lewis (KY)
Linder
LoBiondo
Lucas (KY)
Lucas (OK)
Manzullo
Martinez
Mascara
McCollum
McCrery
McHugh
McInnis
McIntyre
McKeon
Metcalf
Mica
Miller (FL)
Miller, Gary
Moakley
Mollohan
Moran (KS)
Morella
Murtha
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Oberstar
Ose
Oxley
Packard
Paul
Pease
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Pombo
Porter
Portman
Pryce (OH)
Quinn
Radanovich
Rahall
Ramstad
Regula
Reynolds
Riley
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sanford
Saxton
Scarborough
Schaffer
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shows
Simpson
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Spence
Stark
Stearns
Stenholm
Stump
Stupak
Sununu
Sweeney
Talent
Tancredo
Tauzin
Terry
Thornberry
Thune
Tiahrt
Toomey
Traficant
Turner
Upton
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weller
Weygand
Whitfield
Wicker
Wilson
Wolf
Young (AK)

NAYS—174

Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barrett (WI)
Becerra
Bentsen
Berkley
Berman
Blagojevich
Blumenauer
Bonior
Boswell
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Campbell
Capps
Capuano
Cardin
Carson
Clayton
Clement
Clyburn
Condit
Conyers
Costello
Coyne
Cramer
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dixon
Doggett
Dooley
Edwards
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Ford
Frank (MA)
Frost
Gejdenson
Gephardt
Gonzalez
Gordon
Green (TX)
Gutierrez
Hastings (FL)
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holt
Hooley
Hoyer
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kaptur
Kennedy
Kilpatrick
Kind (WI)
Kleczka
Lampson
Lantos
Larson
Lee
Levin
Lewis (GA)
Lipinski
Lofgren
Lowey
Luther
Maloney (CT)
Maloney (NY)
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McKinney
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller, George
Minge
Mink
Moore
Moran (VA)
Nadler
Napolitano
Neal
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Phelps
Pickett
Pomeroy
Price (NC)
Rangel
Reyes
Rivers
Rodriguez
Roemer
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Schakowsky
Scott
Serrano
Sherman

Sisisky
Skelton
Slaughter
Smith (WA)
Snyder
Spratt
Stabenow
Strickland
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thompson (MS)
Thurman
Tierney
Towns
Udall (CO)
Udall (NM)
Velazquez
Visclosky
Waters
Watt (NC)
Waxman
Weiner
Wexler
Wise
Woolsey
Wu
Wynn

ANSWERED ''PRESENT''—3

Ganske
Greenwood
Kucinich

NOT VOTING—17

Barcia
Bishop
Clay
Cook
Filner
Hastings (WA)
Klink
Lewis (CA)
Markey
McIntosh
McNulty
Shuster
Taylor (NC)
Thomas
Vento
Weldon (PA)
Young (FL)

□ 2226

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

Messrs. LAHOOD, QUINN, BERRY, BURTON of Indiana, GILLMOR, and FORBES changed their vote from ''nay to ''yea''.

Mr. KUCINICH changed his vote from ''nay'' to ''present.''

So the previous question was ordered.

The result of the vote was announced as above recorded.

The SPEAKER pro tempore (Mr. SHIMKUS). The question is on the resolution.

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

RECORDED VOTE

Mr. GOSS. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 225, noes 197, not voting 13, as follows:

[Roll No. 365]

AYES—225

Abercrombie
Aderholt
Andrews
Armey
Baca
Bachus
Baker
Barcia
Barr
Bartlett
Bass
Berkley
Berry
Bilbray
Bilirakis
Blumenauer
Blunt
Bonior
Boswell
Boucher
Brady (TX)
Bryant
Callahan
Calvert
Campbell
Canady
Cardin
Castle
Chabot
Chenoweth-Hage
Coble
Coburn
Collins
Conyers
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Cubin
Davis (VA)
Deal
DeFazio
DeLay
Diaz-Balart
Dickey
Dingell
Doggett
Doolittle
Doyle
Dreier
Duncan
Edwards
Ehlers
Emerson
English
Everett
Fletcher
Foley
Forbes
Fossella
Fowler
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodlatte
Gordon
Goss
Graham
Granger
Green (TX)
Greenwood
Hall (OH)
Hall (TX)
Hansen
Hastert
Hayes
Herger
Hill (MT)
Hilleary
Hinchey
Hoeffel
Holden
Holt
Horn
Hulshof
Hutchinson
Hyde
Isakson
Istook
Jackson-Lee (TX)
Jenkins
Jones (NC)
Kanjorski
Kasich
Kelly
Kennedy
Kildee
Kilpatrick
King (NY)
Kleczka
Knollenberg
Kuykendall
LaFalce
Lampson
LaTourette
Lazio
Leach
Levin
Linder
Lipinski
LoBiondo
Lucas (KY)
Lucas (OK)
Maloney (CT)
Maloney (NY)
Manzullo
Mascara
McCarthy (NY)
McCollum
McIntyre
McKeon
McKinney
Meehan
Metcalf
Mica
Miller (FL)
Moakley
Mollohan
Moran (KS)
Morella
Myrick
Nadler
Neal
Ney
Norwood
Oberstar
Obey
Ortiz
Ose
Pallone
Pascrell
Paul
Payne
Peterson (PA)
Petri
Phelps
Pickering
Pombo
Porter
Portman
Pryce (OH)
Radanovich
Rahall
Rangel
Regula
Reynolds
Riley
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Salmon
Sanchez
Sandlin
Sanford
Sawyer
Saxton
Scarborough
Scott
Sessions
Shaw
Sherwood
Shimkus
Shows
Simpson
Smith (MI)
Smith (NJ)
Smith (TX)
Snyder
Souder
Spratt
Stearns
Stenholm
Strickland
Stump
Stupak
Sweeney
Talent
Tancredo
Tauzin
Taylor (MS)
Thomas
Thornberry
Thune
Toomey
Traficant
Turner
Upton
Vitter
Walden
Wamp
Waters
Watts (OK)
Weiner
Weldon (FL)
Weldon (PA)
Weller
Weygand
Whitfield
Wilson
Wise
Wolf

NOES—197

Ackerman
Allen
Archer
Baird
Baldacci
Baldwin
Ballenger
Barrett (NE)
Barrett (WI)
Barton
Bateman
Becerra
Bentsen
Bereuter
Berman
Biggert
Blagojevich
Bliley
Boehlert
Boehner
Bonilla
Bono
Borski
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Burr
Burton
Buyer
Camp
Cannon
Capps
Capuano
Carson
Chambliss
Clayton
Clement
Clyburn
Combest
Condit
Crowley
Cummings
Cunningham
Danner
Davis (FL)
Davis (IL)
DeGette
Delahunt
DeLauro
DeMint
Deutsch
Dicks
Dixon
Dooley
Dunn
Ehrlich
Engel
Eshoo
Etheridge
Evans
Ewing
Farr
Fattah
Ford
Gejdenson
Gekas
Gonzalez
Goodling
Green (WI)
Gutierrez
Gutknecht
Hastings (FL)
Hayworth
Hefley
Hill (IN)
Hilliard
Hinojosa
Hobson
Hoekstra
Hooley
Hostettler
Houghton
Hoyer
Hunter
Inslee
Jackson (IL)
Jefferson
John
Johnson (CT)
Johnson, E. B.
Johnson, Sam
Jones (OH)
Kaptur
Kind (WI)
Kingston
Kolbe
Kucinich
LaHood
Lantos
Largent
Larson
Latham
Lee
Lewis (CA)
Lewis (GA)
Lewis (KY)
Lofgren
Lowey
Luther
Martinez
Matsui
McCarthy (MO)
McCrery
McDermott
McGovern
McHugh
McInnis
Meek (FL)
Meeks (NY)
Menendez
Millender-McDonald
Miller, Gary
Miller, George
Minge
Mink
Moore
Moran (VA)
Murtha
Napolitano
Nethercutt
Northup
Nussle
Olver
Owens
Oxley
Packard
Pastor
Pease
Pelosi
Peterson (MN)
Pickett
Pitts
Pomeroy
Price (NC)
Quinn
Ramstad
Reyes
Rivers
Rodriguez
Rothman
Roybal-Allard
Royce
Rush
Ryan (WI)
Ryun (KS)
Sabo
Sanders
Schaffer
Schakowsky
Sensenbrenner
Serrano
Shadegg
Shays
Sherman
Sisisky
Skeen
Skelton
Slaughter
Smith (WA)
Spence
Stabenow
Stark
Sununu
Tanner
Tauscher
Terry
Thompson (CA)
Thompson (MS)
Thurman
Tiahrt
Tierney
Towns
Udall (CO)
Udall (NM)
Velazquez
Visclosky
Walsh
Watkins
Watt (NC)
Waxman
Wexler
Wicker
Woolsey
Wu
Wynn
Young (AK)

NOT VOTING—13

Bishop
Clay
Cook
Filner
Hastings (WA)
Klink
Markey
McIntosh
McNulty
Shuster
Taylor (NC)
Vento
Young (FL)

□ 1038

Ms. CARSON, and Messrs. OWENS, BLAGOJEVICH, HEFLEY, SPENCE and PACKARD changed their vote from ''aye'' to ''no.''

Ms. WATERS, Mrs. KELLY, Ms. BERKLEY, Ms. PRYCE of Ohio, and Messrs. BLUMENAUER, WEINER, HINCHEY, KENNEDY of Rhode Island, SCOTT, KILPATRICK, BILIRAKIS, LEVIN, FOSSELLA, and BACA changed their vote from ''no'' to ''aye.''

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

MOTION TO ADJOURN

Mr. LAHOOD. Mr. Speaker, I move that the House do now adjourn.

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

RECORDED VOTE

Mr. CAMPBELL. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 135, noes 279, not voting 21, as follows:

[Roll No. 366]

AYES—135

Abercrombie
Allen
Archer
Baker
Ballenger
Barrett (NE)
Barton
Bentsen
Bereuter
Berkley
Blagojevich
Boehner
Bono
Borski
Boyd
Brady (PA)
Brown (FL)
Burton
Buyer
Camp
Carson
Chabot
Chambliss
Clyburn
Coburn
Condit
Conyers
Danner
Davis (FL)
Delahunt
DeMint
Dicks
Dooley
Edwards
Engel
Eshoo
Evans
Farr
Fattah
Forbes
Ford
Fossella
Frank (MA)
Gephardt
Gonzalez
Green (WI)
Gutknecht
Hall (OH)
Hastings (FL)
Hefley
Hill (IN)
Hinchey
Hobson
Hoekstra
Hostettler
Houghton
Hoyer
Jackson (IL)
Jefferson
John
Johnson (CT)
Johnson, Sam
Kaptur
Kennedy
Kilpatrick
Kingston
LaFalce
LaHood
Lampson
Lantos
Larson
Lewis (KY)
Lipinski
Lowey
Maloney (NY)
Matsui
McCarthy (MO)
McDermott
McHugh
McIntyre
McKeon
Meehan
Meek (FL)
Miller, Gary
Minge
Mink
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal
Northup
Olver
Oxley
Payne
Pelosi
Peterson (MN)
Pickett
Pitts
Pomeroy
Porter
Quinn
Radanovich
Rivers
Rodriguez
Ryan (WI)
Sabo
Sanders
Sandlin
Sawyer
Schakowsky
Sensenbrenner
Serrano
Shadegg
Shows
Sisisky
Skelton
Slaughter
Snyder