

get their health insurance from their employer. Maybe that is not the way it should be. Maybe 10 years from now, we will be in a different sort of system. But since World War II, that has been the way it has been. By an accident of our history, most Americans get their health insurance at the place where they work.

What we are saying is, in States such as Tennessee, and all across this country, only a third of the people who work for small businesses—which is where 97 percent of the people work—can get a health care plan there. No wonder we have a lot of uninsured people, and no wonder we have a lot of families worrying about the rising cost of health care.

The reason we are having this debate is the chairman has a bill that will fix that situation. It will lower health care costs for small businesses and help families be able to afford a basic health insurance plan. Every American ought to want that to succeed, and we need to pass this bill. We need to do this, and it is important for the American people to know that we intend to bring this to a vote in the next few days.

The discrepancy between what is available in the big companies and what is available in the small, independent companies is absolutely unfair. There is no reason for it.

Earlier this month, the National Federation of Independent Business, Tennessee's largest small business advocacy group, delivered 10,905 petitions in support of this bill signed by small business owners in Tennessee who want lower health care costs. We must make health insurance affordable for Tennessee's small business owners and for working families.

How will the Enzi bill help? When I say the Enzi bill, that is the chairman of the committee who has worked on this bill and who has been able to work through a lot of obstacles that prevented this from happening in the Senate before.

The Small Business Act—a fancy name is the Health Insurance Marketplace Modernization and Affordability Act—I, like Chairman ENZI, like to call it the Small Business Health Insurance Act. That is a pretty good name because that says what it does. Here is what it will do.

It will allow businesses and trade associations to band their members together and offer group health insurance coverage on a national or regional basis.

It will empower small business owners and give them the opportunity to choose a health plan that is best for their families and best for their employees. This bill will promote lower costs and greater access to health care. Lower cost means the employer can afford it. The plan itself, with the employee contribution—if the employee can afford it—being available means there will be more access to it. It will do that by, No. 1, permitting the creation of fully insured small business

health plans; No. 2, creating more options in benefit design—in other words, you will have more choices; if you want this or this, if you can't afford that, you can try this—and, No. 3, it harmonizes insurance regulations across State lines while keeping States as the primary regulators.

I am a former Governor. I am for States rights. You often see me on the Senate floor asserting the principle of federalism. I believe strong States and strong communities are important for our country and that we ought not be constantly passing national solutions to problems without recognizing that.

But I believe the Enzi bill properly respects the principle of federalism. It protects State oversight. It protects State authority. I also believe it is important to have a level playing field for everyone in the market—and the bill does that as well.

A study prepared by the Milwaukee firm of Mercer Oliver Wyman for the National Small Business Association found that the Enzi bill would, one, reduce health insurance costs for small businesses by 12 percent, about \$1,000 per employer, and reduce the number of uninsured and working families by 8 percent, approximately 1 million people nationwide would have basic health insurance who today don't have it.

This bill would cut the cost of health insurance for small businesses, which is 97 percent of where the people in my State work. That is No. 1. No. 2, it reduces the number of uninsured and working families by 1 million people across this country.

This is a piece of legislation worth passing. It actually does something for somebody. This is a rare opportunity to help small businesses. It is a real milestone moment, and Chairman ENZI is to be commended for getting the bill this far.

The House of Representatives has passed this legislation, on which the Presiding Officer served, and I am sure he has voted for it three, four, or five times over in the House of Representatives. But then it gets over here to the Senate, and we have been in gridlock for 10 years on this issue. The House of Representatives has passed this legislation eight times, and for 10 years we haven't been able to find a way to say we are going to reduce the health care costs for small businesses by 12 percent and decrease the number of Americans who are uninsured, that we are going to give 1 million of them insurance. That was until Chairman ENZI set his sights on trying to unravel the stalemate. He did it. He got the small business community together with the insurance commissioners and the insurance companies all around one table to discuss how to make it work.

We need to take advantage of this rare opportunity to help the small business men and women in Tennessee and across this country to find affordable health insurance by passing this important legislation.

We have said on the Republican side that this is Health Week; that we have

heard the American people; we know that there are uninsured Americans; and, we know that small businesspeople are struggling. They are struggling with the cost of runaway litigation. We are trying to stop that, but the other side of the aisle blocked that twice this week when we put up legislation that would have given mothers and babies a chance to be better served by OB/GYN doctors.

Who can be against that? The other side of the aisle was against it. They basically kept Tennessee mothers who are pregnant from having a chance to be served by OB/GYN doctors. Now they have to drive a long way to have their babies. Unfortunately, they are going to have to keep driving because the other side of the aisle said, no; you are not going to even be able to vote on that.

Now we have moved to the next issue that will help small business. If we couldn't this week help mothers who are about to have babies by giving them better access to health care, at the very least we can take the Enzi bill and pass it and say to the thousands and thousands of realtors, to the thousands and thousands of barbershops, gas stations, and say to Dennis Akin who runs the Wash Wizard car wash in Hendersonville, TN, we can say to the small businesses in Tennessee—which is 97 percent of all the businesses—we will cut your insurance costs by 12 percent, or at least give you that option, and to the people of this country we will increase by 1 million the number who are able to get insurance.

This legislation is a good piece of legislation to help lower the cost of health insurance. I hope very much that in the next several days we can pass it. The House has passed it eight times. We can at least pass it once, and then the American people will see that we hear them and we are doing the job they want us to do.

Thank you. I yield the floor.

EXTENSION OF MORNING BUSINESS

Mr. ALEXANDER. Mr. President, on behalf of the leader, I ask unanimous consent that at 2 p.m. the Senate extend morning business until 2:30 p.m. with the time equally divided between the majority and minority, and upon conclusion at 2:30 p.m. the majority leader be recognized.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ALEXANDER. Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. KENNEDY. Mr. President, I ask unanimous consent that the order for the quorum call be dispensed with.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KENNEDY. Mr. President, I will yield myself such time as I might use.

Mr. President, as I mentioned earlier, we thought we would have a good opportunity to have a good, healthy debate on a range of different health policy issues. This was designated as Health Week. A number of our colleagues had some very important amendments—some that are extraordinarily timely—one by the Senator from Florida, Mr. NELSON, to address what is going to be effectively a new tax or fee on millions—the best estimate is 8 million of our senior citizens—who are not enrolled in the Medicare Part D Program. That will cost seniors hundreds of millions of dollars if that is not addressed. We have a good opportunity to address that in the Senate.

We have the issues on stem cell research. That is enormously important legislation at the desk. The bill offers such extraordinary hope to millions who are affected by Parkinson's disease, Alzheimer's disease, diabetes, other genetic diseases. The possibilities are unlimited. I call it the hope bill because it offers so much hope. We thought we might have an opportunity to move forward on that. There are a clear majority of Senate Members who are for a good stem cell research program.

We have passed a good program in my own State of Massachusetts, Republicans and Democrats alike coming together, as we would on this legislation, but we are not going to be able to address that issue.

The whole issue about whether we give the Medicare system the ability to negotiate lower prices for prescription drugs that could benefit our seniors is something the VA does and it does very effectively. It saves millions and billions of dollars for our elderly people because of the ability to get a better price, which Medicare is prohibited from doing now. We believe we should at least have an opportunity to debate that issue and come to judgment on it. It can make a major difference. These are just several of the amendments out there.

I was looking forward to offering an amendment to the Enzi legislation that permits States to opt out of the Enzi proposal, if they so desired. It sounded to me that we had a vote on that issue in our Committee on Human Resources, and it was defeated. It seems to me we should give the State the option.

We have had at least a pretty good discussion of the underlying Enzi bill, which effectively means skyrocketing premiums for many if they are older or have had some illness in their families. I will get into that in greater detail. But we permit States to opt out. That was defeated. We ought to have an opportunity to vote on that in the Senate.

All this can be done. I know the proponents of the amendments would be willing to agree to very reasonable time limitations on this. However, we effectively are being told that is not

going to be possible. We are going to have a take-it-or-leave-it approach. That is not the wise way to proceed. I certainly hope we are not going to have to be required to take it.

I will review some of the statements and comments made by some of those who have been in support of this legislation that need focus, attention, and some correction. Those who support the Enzi proposal are doing it enthusiastically, but I think it is worthwhile to put the facts out on the table. The facts are we have some 47 million Americans who do not have health insurance. The fact remains, as we have seen in the Congressional Budget Office, the Enzi proposal actually benefits some 600,000. That is 1 percent of the 45 million who are uninsured.

In my State of Massachusetts, the Democratic leadership, with Sal DiMasi and President Travaglini coming together with Governor Romney, have the goal of covering 95 percent, minimum. Most believe we will get to 98 percent of all the people in our State. It is a valuable undertaking.

We have a proposal with 45 million uninsured and we expect, according to the Congressional Budget Office, some 600,000 will be included. That is from the assessment on page 5 from CBO.

In terms of the firms themselves, the CBO has pointed out one-quarter of all the small business firms will actually pay more for their health benefits. Those that support it have neglected that. A quarter of all the firms under the Enzi bill will have to pay more.

That is not true with the Durbin-Lincoln proposal, and the Durbin-Lincoln proposal will cover millions—not 600,000—millions of small businesses.

These are some of the facts from CBO. The premium decrease, according to CBO, would be 2 percent to 3 percent, a one-time savings of only \$80 to \$120 for the average individual and \$215 to \$325 for a family plan. The cost is lesser benefits. If you are going to eliminate your cancer screening, your well-baby care, your help and support in terms of diabetes, if you are going to eliminate the mental health benefits, sure, you can get some reduction in premium. That is what they do. But in State after State, including mine, we have those protections. That is the savings, one-time savings, according to the Congressional Budget Office.

For those who want to have a good understanding of exactly what this bill does and what it does not do, I hope they will have a chance to review the CBO estimate and analysis because it is at odds with a great deal of what those who have been supporting the proposal have stated. Finally, the total savings on employer-sponsored coverage are two-tenths of a percent.

On the other hand, let me mention an excellent analysis that has been done by Alex Feldvebel, the deputy commissioner in New Hampshire and an expert on this type of health insurance issue. These are his comments, talking about the market relief. That is what we call

the ratings. What is the swing in a particular State? States can vary the ratings in terms of the market.

In, Alaska 2.5 percent to 1; Arkansas 3.3 to 1; California, 1.2 to 1. If you are an older person, older worker, if your family has maybe had some illness, you can only vary the premiums 1.2 percent in the State of California. In my State, it is 3 percent, 3 to 1. There are a number of States, such as New York, where you cannot change it. You cannot vary it. Everyone is in the same boat, so to speak.

Now, in the Enzi proposal, listen to this regarding the ratings, the permitted rate variation under this small group market rules is extreme. The total permitted variation between the highest rate group and the lowest rate group for the same health benefit is 25.4 to 1, or 2,540 percent. If the lowest rate is paying \$100 per month, the highest rate would pay 2,500 per month. If you are young and healthy and just out of school, they give you the physical, and you are an A-1 specimen, you get it for \$100. But if your family has had some illness or sickness and maybe your company has dropped its health insurance, if you have to purchase this, you can pay \$2,500. Think what that will do. That is obviously going to be prohibitive, and more and more people will be left out.

Here is how the variable comes out. Age, 500 percent. Gender, 25 percent, it should be saying, women, 25 percent. They are automatically, under these calculations in this bill, gender, will be paying a higher premium. This is the Enzi legislation. And the variance continues. If you are in a wellness program, you get a 5-percent benefit. If you come in with a whole group of very young people who are very healthy, you can get a 40-percent reduction, but if you are an older person with sickness, you are up to 500 percent. That is the variation.

That is not acceptable. We all know what is going to happen. That is going to be the incentives.

This legislation, on page 100, talks about the definition relating to the model "small group" and those who supported the legislation use the Model Small Group Rating Rules for the Small Employer Health Insurance Availability Model Act of 1993. It is interesting that the insurance commissioners have upgraded this review and study several times. Do you think we are dealing with the most recent publication? No. We are back to 1993. It is the insurance organization, the NAIC model, that basically has been rejected and repudiated by the State insurance commissioners.

All you have to do is read from your own insurance commissioners, and they ask: Why in the world would the Senate use an old model, when we have much more recent information, much more updated information? The reason is, if you use this, the profits for the insurance industry are going to be much higher.

We ought to understand that. The insurance commissioners themselves have effectively rejected this particular proposal.

If we go to page 110, we will see "Superseding of State Law."

This part shall supersede any and all State laws . . .

This does not just say small business. This is about all State laws. Here it is, the clinical trials, cancer screening, diabetes, effectively preempt all the State laws, to and after the date relating to rating and in the small group insurance market.

It says to Massachusetts and to most of the States, if you have a benefit package, those are going to be preempted. That is what it says right there on page 110.

Page 110 actually is where it permits the fluctuation of the rating system. It talks about ratings. And that gives you the flexibility that I have mentioned. And then the preemption of State benefits is actually on page 119.

I would have thought, if we were serious about trying to do something for small business, we would have had the opportunity—Mr. President, how much time do I have left?

The PRESIDING OFFICER. The time under the control of the minority has now expired.

Mr. KENNEDY. My time has expired? The PRESIDING OFFICER. Yes, the Senator's time has expired.

Mr. KENNEDY. I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Mr. President, the debate we are having today on small business health plans is a debate that I hope will ultimately lead to a vote in the Senate on this legislation.

This bill, or something very similar to it, has passed the House of Representatives on eight—eight—different occasions. Small business health plans have passed the other body, the House of Representatives, on eight different occasions.

I believe if we were allowed to vote today on this legislation in the Senate, we would have a big majority vote—a decisive majority vote—because I believe a majority of Senators support the legislation that has been produced by the Health, Education, Labor, and Pensions Committee under the leadership of Chairman ENZI. I believe there is strong majority support for that in the Senate.

Unfortunately, what will happen today—and in the days ahead—is we will not get a chance to have that vote because our colleagues on the other side have decided again to filibuster this legislation, to block it from ultimately being voted on. That is unfortunate. It is unfortunate for, most importantly, the people across this country who do not have health insurance coverage.

Mr. KENNEDY. Will the Senator yield on that point?

Mr. THUNE. I will not yield at this point. You had your time, Senator.

Mr. KENNEDY. I was wondering if you would yield for a question.

Mr. THUNE. I am not prepared to yield at this time. I will allow you to speak on your own time.

But the important point is that this particular legislation has not had an opportunity to be voted on in the Senate, legislation that would help small businesses in this country that currently cannot cover their employees, that currently have families of those employees without coverage.

In fact, if you ask small businesses today—and about 22.5 million of the 45 million uninsured in this country are employees of small businesses or are their families, and about another 15 million are self-employed in small businesses—the reason they cannot cover their employees is the cost.

What this legislation attempts to do is address the issue of cost, to make health insurance more affordable to more Americans, to small businesses, to their employees, to their families, to self-employed people in this country who currently do not have coverage because of the cost.

It is a very simple concept. It is a concept that has been passed eight times by the House of Representatives but never voted on in the Senate because of obstruction on the other side. They will not allow it to come to a vote. That is unfortunate because this is an issue the American people expect us to address.

So I hope when all is said and done, my colleagues on the other side—the Senator from Massachusetts has strong feelings on this particular issue, which he has articulated—have an opportunity to air those opinions, to debate this issue, but that, in the end, they let it be voted on.

Let's let this come to a vote. Let the will of the majority in the Senate decide one way or the other about whether we want to do something about the high cost of health care in this country to cover more people.

The Congressional Budget Office has said—the Senator from Massachusetts quoted the CBO—the Congressional Budget Office has said, if this legislation is enacted, almost a million more people in this country will be covered and, in fact, it will lead to lower insurance costs.

So it is a good deal for the people who are uninsured. It is a good deal for the small businesses that are trying to cover their employees. And I might add, it is a good deal for the taxpayers because the Congressional Budget Office has also said if this particular piece of legislation is enacted, the cost of Medicaid to the Federal Government will go down by almost \$1 billion and the cost of Medicaid to State governments will go down by about \$600 million.

Further, the Congressional Budget Office has also found that this will actually lead to higher revenues for the Federal Government. Why? Because when the small business cost of health

care goes down, they are able to provide more benefits and more in the form of salaries to their employees. Those salaries and some of those benefits are taxable. Health insurance benefits are tax excluded in many cases. So those benefits and those additional salaries would be taxed at the marginal income tax rates, and it would generate, according to the Congressional Budget Office, an additional \$3.3 billion over a 10-year period for the Federal coffers.

So we have a bill that covers more people, according to CBO, that lowers insurance rates, according to CBO, and that actually generates more revenue for the Federal Government. Yet we cannot vote on it. Why? Because our colleagues on the other side will not allow this legislation to be voted on.

I think the American people deserve and expect more from their elected leadership. As I said, the House of Representatives has voted eight times in support of this, with strong majorities. I believe there is a majority in the Senate in favor of this bill, if we could bring it to a vote today. Maybe we won't vote on it today. Maybe we would vote on it tomorrow or maybe we would vote on it next week, but let's vote on it.

Let's vote. That is what we are here for. Let's debate the issue, but let's vote. Let's not use the rules of the Senate to obstruct something that has clear majority support in the House, something that has been debated here but never voted on in the Senate because it has been blocked from final consideration.

Let me also say one other thing about this debate because there is a proposal that has been talked about some on the floor of the Senate, offered up by some of our colleagues on the other side, that is intended to respond to the Enzi legislation, the small business health plan legislation, that we are currently debating.

Interestingly enough, that particular piece of legislation offered by our colleagues on the other side is a Government-type approach to this issue. The CBO, the Congressional Budget Office, has found that the proposal they put forward actually costs the taxpayers \$73 billion over a 10-year period.

So you have two bills. You have a bill that has been offered by Senator ENZI, the chairman of the HELP Committee, offered by the leadership on this side of the aisle, which lowers cost, which covers more people, which has been found to actually save the taxpayers money; and a bill that has been offered by our colleagues on the other side, at a cost to the taxpayers of \$73 billion in additional tax dollars over a 10-year period.

Now, it seems to me, at least, that if you are a taxpayer, that bill is not a very good deal. It is also a proposal that leads to more redtape, more bureaucracy, more Government, at a time when we ought to be looking for ways to improve the market-based system we currently have in this country, by

allowing our small businesses to take advantage of the leverage they could gain by joining larger groups.

The very simple principle behind this legislation, behind the Enzi bill, is to allow small businesses around this country and their employees to be part of a larger group, thereby driving down the cost of their insurance premiums.

Mr. DURBIN. Will the Senator yield for a question?

Mr. THUNE. I will not yield at the moment. We have a few minutes left on our time, and then the Senator from Illinois could use his time to speak.

Mr. DURBIN. Will the Senator yield for a question?

Mr. THUNE. Not at the moment. Thank you, though.

What I would simply say is, the bill offered by the Senator from Illinois and by his colleagues on the other side is, again, legislation that comes at a high cost to the taxpayers: \$73 billion over a 10-year period.

So it is important, when we have this debate, that the people in this country who are following the debate have a clear understanding of what the differences are between the approaches that are being offered—the Enzi bill, the bill that is under consideration today, the small business health plans bill, and the bill offered by our colleagues on the other side—the differences in terms of their approach, one being a Government approach, one being a market-based approach, one actually being scored by the Congressional Budget Office as achieving savings for the Federal taxpayer, and one that clearly adds to the costs of the taxpayer by about \$73 billion over a 10-year period.

This has been dubbed Health Week because we are debating health care legislation. Small business health plans is one component of that. We also tried, Monday, to get a vote on legislation that would allow for reforms in our medical malpractice system that would, hopefully, again, drive down the cost of covering people in this country. The high cost of medical malpractice insurance is driving OB/GYNs and other specialists and providers out of the profession, driving up the cost of health care in this country.

In fact, the Department of Health and Human Services, a couple years ago, did a study that suggested the cost of defensive medicine and the cost of the medical malpractice system we have in the country today is actually costing the taxpayers, under Medicaid, an additional \$22.5 billion a year.

It is important we address these issues. I believe the American people want us to act. More importantly, they want us at least to vote. That is all I am simply saying. For those on the other side who have consistently resisted the enactment of these two pieces of legislation, that is fine. I understand that is part of this process, that we have a very open and free-flowing debate. That is part of the Senate. That is part of our democratic process we have here.

But when all is said and done, let's bring this to a vote so the people of this country, who expect action out of the Senate, at least know where their elected folks stand when it comes to the issue of small business and whether we are going to provide health care for the employees of small businesses across this country and whether we are going to do anything to address what I think is a very important economic issue to a majority of Americans; that is, this ever-rising, increasing cost of health care.

These two pieces of legislation—small business health care plans, S. 1955, offered by Senator ENZI, the chairman of the HELP Committee—and it is a bipartisan bill; it also has Democratic support, although not enough to stop a filibuster—and the medical malpractice reform legislation, which, again, there were two pieces of medical malpractice reform legislation voted on Monday—we were not able to get enough votes to stop a filibuster to invoke cloture—but, there again, I believe both pieces of legislation have majority support in the Senate and, clearly, have majority support in the House of Representatives.

They have already passed there repeatedly. Small businesses health plans have passed eight times in the House of Representatives. Medical malpractice reform has passed five times in the House of Representatives. That legislation has come to the floor of the Senate and has been blocked from receiving an up-and-down vote.

I think it is in the best interest of people across this country who are expecting Congress to act on the issue of health care and the high cost of health care. They want us to come up with solutions that respect and are in the best interest of the American taxpayer. I believe these two pieces of legislation accomplish that objective.

So I hope before this Health Week is over—and even if we have to push this into next week—we at least get a vote on the floor of the Senate that will enable us to take final action on a couple of pieces of legislation that have been lingering around here for way too long and deserve action by the Senate.

With that, Mr. President, I yield back the remainder of my time.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, morning business is closed.

HEALTH INSURANCE MARKETPLACE MODERNIZATION AND AFFORDABILITY ACT OF 2006

The PRESIDING OFFICER. The Senate will proceed to the consideration of S. 1955, which the clerk will report.

The assistant legislative clerk read as follows:

A bill (S. 1955) to amend title I of the Employee Retirement Security Act of 1974 and the Public Health Service Act to expand health care access and reduce costs through the creation of small business health plans and through modernization of the health insurance marketplace.

The Senate proceeded to consider the bill which had been reported from the Committee on Health, Education, Labor, and Pensions, with an amendment in the nature of a substitute.

(Strike the part shown in black brackets and insert the part shown in italic.)

S. 1955

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.

[(a) SHORT TITLE.—This Act may be cited as the “Health Insurance Marketplace Modernization and Affordability Act of 2005”.]

[(b) TABLE OF CONTENTS.—The table of contents is as follows:

[Sec. 1. Short title and table of contents.]

[TITLE I—SMALL BUSINESS HEALTH PLANS

[Sec. 101. Rules governing small business health plans.]

[Sec. 102. Cooperation between Federal and State authorities.]

[Sec. 103. Effective date and transitional and other rules.]

[TITLE II—NEAR-TERM MARKET RELIEF

[Sec. 201. Near-term market relief.]

[TITLE III—HARMONIZATION OF HEALTH INSURANCE LAWS

[Sec. 301. Health Insurance Regulatory Harmonization.]

[TITLE I—SMALL BUSINESS HEALTH PLANS

[SEC. 101. RULES GOVERNING SMALL BUSINESS HEALTH PLANS.

[(a) IN GENERAL.—Subtitle B of title I of the Employee Retirement Income Security Act of 1974 is amended by adding after part 7 the following new part:

[“PART 8—RULES GOVERNING SMALL BUSINESS HEALTH PLANS

[“SEC. 801. SMALL BUSINESS HEALTH PLANS.

[(a) IN GENERAL.—For purposes of this part, the term ‘small business health plan’ means a fully insured group health plan whose sponsor is (or is deemed under this part to be) described in subsection (b).]

[(b) SPONSORSHIP.—The sponsor of a group health plan is described in this subsection if such sponsor—

[(1) is organized and maintained in good faith, with a constitution and bylaws specifically stating its purpose and providing for periodic meetings on at least an annual basis, as a bona fide trade association, a bona fide industry association (including a rural electric cooperative association or a rural telephone cooperative association), a bona fide professional association, or a bona fide chamber of commerce (or similar bona fide business association, including a corporation or similar organization that operates on a cooperative basis (within the meaning of section 1381 of the Internal Revenue