much power. In recent years, presidential power has grown at the expense of congressional authority.

The version that passed the House is also weak on controlling wasteful tax loopholes. It defines ''targeted tax benefits'' as tax loopholes that benefit 100 or fewer taxpayers. Tax benefits cost us as much as $400 billion per year, but this definition of tax benefits does not even begin to scratch the surface of the problem. I voted for a broader definition which would have allowed targeting any tax provision giving ''different treatment to a particular taxpayer or limited class of taxpayers''. This was the definition contained in the GOP's ''Contract With America.'' Most tax benefits are worthy, but some can be wasteful and costly.

This bill now goes to the Senate for consideration, where Senators of both parties have expressed reservations about its constitutionality, as well as its limited effect on tax loopholes and deficit reduction. These concerns may be addressed in the Senate. I want to vote for a tough line-item veto that will stand the test of time.

LIMITATIONS

A line-item veto can help eliminate government waste, but it is easy to overestimate its effectiveness. The only kind of spending a line-item veto applies to is discretionary spending, not those parts of the budget that have increased most dramatically—entitlements and interest on the debt. Discretionary spending is the area of the budget that has been held most in check. As a share of total federal spending it has fallen from 44% in 1985 to 36% this year. The line-item veto is less about deficit reduction than responsible spending policy.

CONCLUSION

Depsite its drawbacks, a line-item veto can be a useful tool in eliminating wasteful spending and tax loopholes. The tough version I have supported would achieve this without resulting in a dangerous shift of power to the President.

TRIBUTE TO DR. JOEL FRANKEL

HON. PETER DEUTSCH

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 22, 1995

Mr. DEUTSCH. Mr. Speaker, I rise today to honor Dr. Joel Frankel for his outstanding contributions to his community and his profession.

The Concordia Chapter of the City of Hope, National Medical Center, and the Beckman Research Institute have chosen to present their annual Spirit of Life Humanitarian Award to Dr. Frankel for his over 25 years of outstanding commitment to the people of Broward County, and to the science of medicine.

Dr. Frankel was born and raised in Israel. Following service in the Israeli Army, he moved to New York City to pursue higher education. He graduated magna cum laude from Adelphi University, and went on to study medicine at the State University of New York.

Following his graduation from medical school, he spent 5 years at Mount Sinai Medi- Frankel is a founder and chairman of the board of the Florida Institute of Health. FIH is a rapidly growing multispecialty group practice that began in 1993 and currently is composed of 50 physicians and serves approximately 70,000 patients.

Dr. Frankel and his wife Ellen have been married for 27 years, and they have 2 children, Michael, 21; and Stacy, 17.

Dr. Frankel's contributions to his community make him eminently worthy of the award being bestowed upon him. City of Hope, one of America's foremost medical and research centers, is dedicated to patient care, education, and research in leukemia and other cancers, diseases of the heart, lung, blood, and basic studies in genetics, the neuroscience, diabetes, and AIDS.

I salute Dr. Frankel and the City of Hope for their exemplary public service.

THE ''ERISA TARGETED HEALTH INSURANCE REFORM ACT OF 1995''

HON. HARRIS W. FAWELL

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, February 22, 1995

Mr. FAWELL. Mr. Speaker, last year reform of health care focused on what was wrong with the system. This year reform should be driven by what is working in the system and how we can expand on what is being done. Yesterday, I introduced the ERISA Targeted Health Insurance Reform Act. I also introduced a related bill, the Targeted Individual Health Insurance Reform Market Act which I will explain separately.

Joining as original cosponsors of the ERISA targeted bill are: My colleagues Representatives BILL GOODLING, DICK ARMEY, TIM PETRI, MARGE ROUKEMA, CASS BALLENGER, PETE HOEKSTRA, BUCK MCKEON, JAN MEYERS, JIM TALENT, JAMES GREENWOOD, TIM HUTCHINSON, JOE KNOLLENBERG, LINDSEY GRAHAM, DAVE WELDON, and DAVID MCINTOSH.

Our approach to fixing the problems—primarily lack of access to affordable coverage—is fundamentally different than that taken by the Clinton administration and Congress last year. In developing this legislation, we took the hippocratic oath: First, do no harm. We carefully target reforms to fix the problems without doing harm to the choice and quality of care enjoyed by most Americans. Moreover, we will not disturb the revolution in innovation and competition going on in the private sector—instead, we will build on it.

The legislation we are introducing addresses the problem areas in health care insurance: portability, preexisting conditions, and affordable coverage for small employers.

Most importantly, the framework builds on the successful and time-tested cornerstone of employee benefits law, the Employee Retirement Income Security Act [ERISA]. Under ability and limits on preexisting conditions under health plans will help eliminate job lock. It gives increased purchasing power for employers and employees. Increased health plan competition will mean more affordable choice of coverage for many Americans.

Our legislation makes these targeted reforms without forcing Americans to give up their current coverage or restrict their choice of coverage—it should actually expand choice. Nor do we impose employer mandates, price controls, or a one-size-fits-all benefit package. Moreover, the legislation does not require any Government subsidies, expenditures, or taxes.

We have worked with many organizations in developing this legislation and have received a number of letters supportive of our effort to begin the debate on health insurance reform. So far, we have supportive letters from: the National Federation of Independent Business, the U.S. Chamber of Commerce, the ERISA Industry Committee, the National Association of Wholesalers, the National Association of Manufacturers, the Self-Insurance Institute of America, Associated Builders and Contractors, the Association of Private Pension and Welfare Plans, the National Business Coalition on Health, the National Retail Federation, the National Restaurant Association, Mutual of Omaha, and New York Life.

I've attached a section by section analysis of the first bill, the ERISA Targeted Health Insurance Reform Act, that has five subtitles (A through E). I will now explain what is contained in subtitles A and B. Subtitle A, entitled ''Increased Availability and Continuity of Health Coverage for Employees and Their Families'' deals with the subject matter of portability, limitations on preexisting condition exclusions, and private standard setting organizations. Subtitle B, entitled ''Requirements for Insurers Providing Health Insurance Coverage to Group Health Plans of Small Employers'' contains fair rating standards and rules relating to insurance availability in the small group market. After I've explained this, I will, at another time, explain subtitles C, D, and E.

THE ERISA TARGETED HEALTH INSURANCE REFORM ACT OF 1995

SUMMARY

The ERISA Targeted Health Insurance Reform Act of 1995 presents a well-targeted and workable framework within which incremental health insurance reform can be enacted this year.

The framework builds on the successful and time-tested cornerstone of employee benefits law set in 1974 under ERISA. Under the umbrella of ERISA, near ''universal health coverage'' has been afforded the employees of larger companies. It is long-overdue that cost-conscious small employers be given the opportunity to achieve the economies of scale and freedom from excessive government regulation and taxation that have been ERISA's hallmark. The problems of uninsured families can be strongly attacked by removing barriers and releasing the purchasing power of employers acting