women in some role other than what we usually see them in.

But we are not going to see movies about women in history in those roles until we recognize that women played those roles in history, and I think that is why this month is so critical.

So I hope more and more schoolchildren and more people everywhere dig into history, find the real story and let us get it out. That is never to diminish what men did. Of course, men did wonderful, wonderful things in help building this Republic, but to tell only half the story is really not fair.

So we have had his story, and this is the month to do her story, and I hope we get more people actively involved in looking at that and realizing the value of it.

When we tried too hard to get this front and center in 1976 during the Bicentennial, even one of my own newspapers would attack me for wasting the House's time for talking about brave American foremothers and what they have contributed. In fact, they even attacked me on the very front page. I hope we now have much more sense about that and that we could move forward and get the record set straight.

KEEP HEALTH CARE PROMISES TO VETERANS

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Colorado [Mr. HEFLEY] is recognized during morning business for 5 minutes.

Mr. HEFLEY. Mr. Speaker, today I rise to announce the introduction of H.R. 3142, a bill known as the Uniform Services Medicare Subvention Demonstration Project Act. This bill is intended to be a companion to Senator PHIL GRAMM'S bill, S. 1487.

Mr. Speaker, when we ask men and women to serve in our Nation's Armed Forces, we make them certain promises. One of the most important is the promise that, upon the retirement of those who serve 20 years or more, a grateful Nation will make health care available to them for the rest of their lives. Unfortunately, for many 65-and-over military retirees, this promise is being broken.

When the military's Civilian Health and Medical Program of the United States [CHAMPUS] was established in 1966, just 1 year after Medicare, 65-and-over military retirees were excluded from CHAMPUS because it was felt they could receive care on a space-available basis from local military hospitals and they would not require health care services from the private medical community. For many years, there were few problems and plenty of available space, but as military bases and their hospitals have closed, more and more retirees are finding it increasingly difficult to receive the care they were promised.

Mr. Speaker, on January 19, 1995, I introduced, along with Congressmen GEREN, BARTON, CONDIT, and SAM JOHNSON, H.R. 580, which is a bill to allow the reimbursement to the Department of Defense by the Department of Health and Human Services for care rendered to Medicare eligible retirees and their families in military treatment facilities. This is better known as Medicare subvention.

Over the course of the past year, H.R. 580 has received broad, bipartisan support and currently has 248 cosponsors. But despite the overwhelming support for this bill it does not look likely to be able to move it out of the Ways and Means Committee or the Commerce Committee. If this bill did not make it to the floor, the cost of $1–2 billion that CBO has attached to this bill will hurt its chances of passage in the House and the Senate.

As many of my colleagues who have cosponsored this bill realize, H.R. 580 shouldn't increase cost to the Federal Government at all. In fact, it may even save money. It would allow the same military retirees with the same health problems to use the same doctors, so it should cost no more to the Federal Treasury regardless of whether DOD or Medicare pays the bill. But, because it is a shift from discretionary spending to entitlement spending, the budget numbers reflect an increase in spending.

Mr. Speaker, the bill I introduced on Thursday, March 21, 1996, takes care of this problem. This bill will create a demonstration project of Medicare subvention to DOD to prove the budget neutral stance I, and the 248 cosponsors, have taken on H.R. 580. This new bill, H.R. 3142 attempts to correct the shortcoming of H.R. 580 while at the same time building upon its strengths. This bill should solve the problem we have had in the past with the large CBO pricetag by requiring that DOD maintains the current level of support that it is currently providing military retirees, and having Medicare pick up coverage of additional Medicare-eligible military retirees once DOD has reached its obligated level.

This demonstration will not increase cost to the taxpayer because it will ensure that DOD cannot shift costs to HCFA, and that the total Medicare cost to HCFA will not increase. In fact, this too should actually save money. The Retired Officers Association, in a letter of December 15, 1995, reports that:

> Using 1995 as a baseline, the eligible Medicare population will grow by 1.6 million beneficiaries by 2000. This will increase Medicare's cost by $7.7 billion if new beneficiaries rely on Medicare as their sole source of care. But, with subvention and DOD's 7 percent discount to the Health Care Financing Administration (HCFA), the aggregate cost increase can be reduced by $361 million over that same time frame. Because health care will be managed, further savings could be realized which could be passed on by DOD to Medicare through reduced discounts.

Mr. Speaker, this new legislation makes a good attempt to solve the problems brought on by the CBO cost estimate of Medicare subvention. As DOD's managed health care program, TRICARE, is implemented throughout the country, many military retirees within many of my colleagues' districts will be affected, so I urge my colleagues to support this bill and to become cosponsors.

GENETIC DISCOVERIES AND OUR HEALTH PRIVACY

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Florida [Mr. STEARNS] is recognized during morning business for 5 minutes.

Mr. STEARNS. Mr. Speaker, should an insurance company be able to deny children medical coverage because their mother died of an inherited heart defect that her children may or may not carry? That is the dilemma facing a California father who cannot get family medical coverage under his group plan as a result of his wife's death. And that is a dilemma crying out for congressional intervention.

Scientific knowledge of the secrets hidden deep inside our genes is advancing at an unbelievable rate. It seems that we learn of a new genetic discovery on a weekly basis. But, as researchers find the genetic mutations that cause specific diseases or that appear to cause a genetic predisposition to specific diseases, a host of ethical, legal, and social complications arise that will take our greatest efforts to resolve.

The human genome project is a 15-year, multinational research effort to read and understand the chemical formula that creates each of the 80,000 to 100,000 human genes. If spelled out using the first 4 letters of the 4 chemicals that make up DNA, that formula would fill one-thousand 1,000 page telephone books, representing 3 billion bits of information. Often, just a single letter out of place is enough to cause disease.

We cannot read this entire genetic script yet, but advances in science indicate that we will be able to soon. In fact, although the project is scheduled for completion in 2005, at its current pace, many experts believe it will be done before then. That means that we need to begin making some very difficult public-policy decisions, now, before those decisions are made by self-interested parties.

Senators MACK and HATFIELD introduced legislation in the Senate on this issue and I have submitted the companion bill, H.R. 2690, the Genetic Privacy and Nondiscrimination Act, in the House. This measure will establish guidelines concerning the disclosure and use of genetic information and protect the health privacy of the American people. Genetic information must not be used—misused—to deny access to health insurance.

This bill will not only safeguard health privacy and help preserve insurance coverage, it will also remove potential barriers to genetic testing.

Eliminating the concern about reprisals by insurance companies will facilitate more effective use of genetic tests as they are developed and, therefore, promote cures and treatments. This will sustain the global leadership of the biomedical research industry in the United States.

However, if you can lose your health insurance because your genes show that some day you might require that insurance, clinical trials will become impossible to conduct and new treatments and cures may not be developed. Consequently, it is important to have this protection, which will ultimately lead to improved health care for all Americans.

Congress is moving rapidly now on legislation to reform the American health insurance system. It is likely that a bill could pass the House this month and the Senate next month. A conference agreement between the House and Senate could put the bill on the President's desk well before this Congress adjourns. The House bill is H.R. 3070, the Health Coverage Availability and Affordability Act of 1996. Sponsored by Congressman MICHAEL BILIRAKIS, this measure is a well-thought-out piece of legislation, and I am proud to be a cosponsor.

The bill prohibits denying insurance coverage to an employee or beneficiary on the basis of health status, which is defined as an individual's ''medical condition, claims experience, receipt of health care, medical history, evidence of insurability, or disability.'' Fortunately, I was able to add two simple words to this list under health status—''genetic information.'' As medical science discovers what secrets our genes carry, the potential misuse of that information, whether through insurance or some other venue, becomes an ever-increasing possibility.

It is imperative that the strongest possible statutory protections exist against applying this information toward genetic discrimination. In the future, these discoveries of genetic information could lead to employment discrimination. That is why we need to conduct hearings on my bill and to pass the rest of this important legislation. Discoveries of genetic information could be the civil rights battle of the next century.

These two words make a good piece of legislation better, and I hope this language remains in the final health care bill. It is vital to ensure that all Americans, like those two little boys in California, do not have to go without health insurance because of a misspelling in a genetic script that they could not control and did not choose.

Mr. Speaker, I might point out that similar efforts have been made in some 20 States, including Florida, and they have either enacted or are studying laws that would limit the use of genetic information by insurance companies. According to the Council for Responsible Genetics, a nonprofit group that monitors social issues in biotechnology, a genetic underclass is being created by employers and insurers who use genetic tests to deny coverage or jobs.

THE 78TH INCREASE IN NATIONAL DEBT CEILING

The SPEAKER pro tempore. Under the Speaker's announced policy of May 12, 1995, the gentleman from Michigan [Mr. SMITH] is recognized during morning business for 5 minutes.

Mr. SMITH of Michigan. Mr. Speaker, day after tomorrow, on Thursday, this Congress is expected to pass its 78th increase in the debt ceiling of this country. Seventy-seven times, so far, we have increased the debt ceiling since the 1940's. We are now at $4.9 trillion of debt. A lot of people in this country, Mr. Speaker, do not really think that they are responsible for this excessive debt. What has happened in the last 40 years is Congress has lost control of spending.

Under section 1 of the Constitution, Congress is responsible for the purse strings. Congress is also responsible for how deep this country goes in debt. We have not only lost control of spending, but we have also lost control of how deep we go in debt, because in the last 7 months we have seen Secretary Rubin and the President of the United States find a new way to drive us deeper in debt without the consent of Congress. That way, of course, was raiding the trust funds that we have in this country.

Day after tomorrow, we are considering tying yet another diminishing of congressional power and tying that to the debt ceiling increase. That is the Presidential line-item veto, and I just want to mention that before I talk about this chart, the Presidential line-item veto.

I served under three Governors in the State of Michigan. In Michigan we have a line-item veto. In every case with every Governor, they traded what they wanted because they had the power of vetoing out what the legislature wanted in particular spending. You know, philosophically, when you have got a liberal Congress and a conservative President, then a line item veto might make sense in terms of trying to reduce spending. But actually what is going to happen with a conservative Congress that is trying to get to a balanced budget and reduce spending and a President that has found it to his political advantage to continue helping people with taxpayers' money; in other words, not reducing spending, not achieving a balanced budget; is that we end up spending more. We end up giving additional congressional authority away to the President.

Let me note, Mr. Speaker, this pie chart that represents the roughly $1.6 trillion expenditure of the Federal Government. If we start with the red triangle on this pie chart that represents about 18 percent of total Federal spending, that represents the 12 appropriation bills where Congress has control of the spending. In other words, if there is no bill passed by Congress, or if it is not signed by the President, then that reduced spending or no spending is what is going to happen.

Where the President has power is in the blue part of this pie chart that represents the welfare program spending and the other entitlement spending of this country. That represents now 50 percent of total Federal Government spending. So that there were some of us that thought it was reasonable to tie changes in the entitlement spending that is going to help us achieve a balanced budget, to tie that to yet another increase in the debt ceiling.

That now is not the plan in the bill that is going to be put before this body day after tomorrow, and I would suggest to you, Mr. Speaker, and through you to the American people, that we cannot balance the budget just by reducing the expenditures in the 12 appropriation bills where Congress now has full control. It just cannot be done.

I have studied this over the past several years. You cannot reduce that expenditure below about $200 billion this next year. It cannot possibly be done and still have a viable operation and system within this country.

That means that, if we are going to balance the budget, we have got to move into the welfare changes in the welfare program and entitlement programs. They are called entitlement programs, Mr. Speaker, because if you are at a certain level of poverty, you are eligible for food stamps. If you are a certain level of income and you have children, you are eligible for AFDC. If you are a certain age, you are entitled to other taxpayer helps in paying your medical costs. There is no money appropriated. It is in the law.

The only way that a majority in Congress can change that law is the consent of the President. I would ask my colleagues, Mr. Speaker, to study the proposal that we are being asked to pass day after tomorrow very carefully. It continues to move us in a direction where we are not going to be able to balance the budget.

RECESS

The SPEAKER pro tempore. There being no further requests for morning business, pursuant to clause 12 of rule I, the House will stand in recess until 2 p.m.

Accordingly (at 12 o'clock and 53 minutes p.m.), the House stood in recess until 2 p.m.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore [Mr. UPTON] at 2 p.m.