back the balance of the hard-working jobs that the steel industry is losing.

CONGRATULATIONS TO DAN AND PAIGE PITTS ON THEIR MARRIAGE

(Mr. PITTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PITTS. Mr. Speaker, this past weekend my son, Dan, was married to Paige Overton of Knoxville, Tennessee. So today I would like to talk to them.

Dan and Paige, what a magnificent wedding. We love you and are so happy for you. Never forget what the pastor shared; that according to the scriptures, the institution of marriage and family was God's idea. That is why it is so right and good.

When you think about family, they are the people that God brings into your life. You do not choose your brother or sister, your parents or children. God gives them to you.

So, Paige, we are so delighted to welcome you into our family. You are a very special young lady. Dan and Paige, you waited and prayed for each other, and God has given you the desires of your heart. His very best. Congratulations.

We love you, we are proud of you, we are grateful for you, and we wish you a lifetime of happiness together. And have a great honeymoon.

HOW AMERICANS HAVE BENEFITTED BY ELECTING REPUBLICANS TO CONGRESS

(Mr. GIBBONS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GIBBONS. Mr. Speaker, after 40 years of Democratic leadership, which brought higher taxes, increased spending, and enormous budget deficits, my liberal colleagues are labeling us as a do-nothing Congress. So, Mr. Speaker, as the 105th Congress draws to a close, I am proud to submit a progress report on how this Republican-led Congress has benefitted America.

By electing Republicans, Americans have benefitted from their first tax cut in 16 years. And now, for a second consecutive year, we will again provide significant tax relief. By electing Republicans to control Congress, Americans benefitted not only from the first balanced budget in over a generation, but a budget surplus on top of that. And with this surplus Republicans are helping save Social Security. By electing Republicans, Americans have benefitted from a truly needed and meaningful Patient Protection Act, legislation that will ensure Americans have accountable, accessible and affordable health care for themselves and their families.

Is it any wonder that Americans continue to elect and reelect Republicans to lead this body into the next century? Republicans remain committed to a future that benefits the American people, a future that is pro-family, pro-business and pro-America; a commitment that this and future generations have a rendezvous with a brighter destiny.

COST OF PRESCRIPTION DRUGS AND THE PRESCRIPTION DRUG FAIRNESS ACT

(Mr. FORD asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. FORD. Mr. Speaker, I rise today in support of the Prescription Drug Fairness Act. Anyone in America who has older relatives or friends who are living on a fixed income and taking prescription drugs understand firsthand the devastating impact that the high cost of medication can have on the health and well-being of seniors.

As we all know, with age comes a greater susceptibility to health problems. As such, it is no surprise that, on average, Americans over the age of 65 spend three times as much of their income, over 20 percent, on health care than Americans under the age of 65. Three-quarters of Americans 65 and older take prescription drugs. On average, Americans take 2.4 prescription drugs at any one time.

One would think that since older Americans make up such a large segment of the market for prescription drugs that they would pay reasonable prices for their medication. Unfortunately, that is not the case. Due to cost shifting and the limited power of seniors, they get the short end of the stick compared to HMOs and other most-favored customers when it comes to the cost of drugs, which is why I rise in support of the Prescription Drug Fairness Act.

Thanks to the leadership of the gentleman from Texas (Mr. JIM TURNER) and the gentleman from Maine (Mr. TOM ALLEN) we now have legislation which is designed to help level the playing field by; one, providing Medicare beneficiaries with a drug benefit card that will entitle the holder to purchase drugs at reduced prices from participating pharmacies; and, two, allowing pharmacies to purchase drugs at the same lower price as the Federal Government.

As a public policymaker at the Federal level, I believe Congress has a responsibility to help protect seniors from the unreasonably high cost of prescription drugs. The Prescription Drug Fairness Act is designed to accomplish just that. I hope every one of my colleagues signs on and supports this legislation.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to the provisions of clause 5, rule I, the Chair announces that he will postpone further proceedings today on each motion to suspend the rules on which a recorded vote or the yeas and nays are ordered, or on which the vote is objected to under clause 4 of rule XV.

Such rollcall votes, if postponed, will be taken after debate has concluded on all motions to suspend the rules, but not before 5 p.m. today.

FEDERAL EMPLOYEES HEALTH CARE PROTECTION ACT OF 1997

Mrs. MORELLA. Mr. Speaker, I move to suspend the rules and concur in the Senate amendments to the bill (H.R. 1836) to amend chapter 89 of title 5, United States Code, to improve administration of sanctions against unfit health care providers under the Federal Employees Health Benefits Program, and for other purposes.

The Clerk read as follows:

Senate amendments:

Page 2, line 3, strike out ''1997'' and insert ''1998''.

Page 12, line 8, strike out ''January 3, 1998'' and insert ''or before January 2, 1999''.

Page 12, lines 13 and 14, strike out ''January 3, 1998'' and insert ''or before January 2, 1999''.

Page 12, line 18, strike out ''January 3, 1998'' and insert ''or before January 2, 1999''.

Page 13, line 13, strike out ''January 3, 1998'' and insert ''or before January 2, 1999''.

Page 13, line 19, strike out ''January 3, 1998'' and insert ''or before January 2, 1999''.

Page 14, lines 2 and 3, strike out ''January 3, 1998'' and insert ''or before January 2, 1999''.

Page 14, line 10, strike out ''January 3, 1998'' and insert ''or before January 2, 1999''.

Page 14, line 16, strike out ''January 4, 1998'' and insert ''January 3, 1999 or such earlier date as established by the Office of Personnel management after consultation with the Federal Deposit Insurance Corporation or the Board of Governors of the Federal Reserve System, as appropriate''.

Page 14, line 24, strike out ''January 3, 1998'' and insert ''or before January 2, 1999''.

Page 15, line 13 after ''Office'' insert ''of Personnel Management''.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Maryland (Mrs. MORELLA) and the gentleman from Maryland (Mr. CUMMINGS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Maryland (Mrs. MORELLA).

GENERAL LEAVE

Mrs. MORELLA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the bill, H.R. 1836, as amended by the Senate.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Maryland?

There was no objection.

Mrs. MORELLA. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I want to thank the gentleman from Indiana (Mr. BURTON), the chairman of the Committee on Government Reform and Oversight, for introducing this very important bill. I also want to thank the gentleman from Florida (Mr. MICA), chairman of the Subcommittee on Civil Service, for his

assistance in bringing this bill to the floor today; as well as the committee's ranking minority member, the gentleman from California (Mr. WAXMAN); and the subcommittee's ranking minority member, the gentleman from Maryland (Mr. CUMMINGS), who is going to be handling this bill across the aisle, for their support.

FEHBP is an outstanding program, but even among the best programs, there is always room for improvement. The FEHBP is critically important to my constituents, and it is the country's largest employer-based health insurance program, serving the health care needs of almost 10 million Federal employees, retirees and their families. It is critical we continue its success. This legislation will attack fraud and abuse in the FEHBP program.

Turning to section 5 of H.R. 1836, I want to make clear that my endorsement of the bill is based upon my understanding that nothing in the measure is designed to hinder the types of market forces which have made the FEHBP a cost effective health insurance model for other public agencies and private industry. This legislation is not intended to tilt the competitive playing field in the health insurance marketplace in one direction or another.

Section 5 suggests as its goal the disclosure of certain rate agreements which might yield savings to plans and ultimately to enrollees in the Federal Employees Health Benefits Program. I agree that the FEHBP plan should be held to no less a standard than private sector counterparts.

When H.R. 1836 was originally introduced, I opposed the draft of section 5. As originally drafted, section 5 would have cost the FEHBP savings and created an administrative burden that would have increased administrative costs. These increased costs to FEHBP would have been borne jointly by the Federal Government and Federal employees and retirees. I appreciate the willingness of the gentleman from Indiana (Mr. BURTON) to listen to the many stakeholders involved in the issue and consent to redrafting section 5, the new draft now part of this legislation.

While the intent of this legislation was in doubt after the report of the Committee on Government Reform and Oversight was altered prior to filing last year, I believe the Senate has clarified our intentions and join my colleagues in recognizing the Senate's report, especially the additional views filed by Subcommittee Chairman COCHRAN of the Senate Committee on Governmental Affairs, and Senators GLENN and LEVIN, as the proper memorialization of our congressional intent on section 5. We thank them.

Section 5 of H.R. 1836 will tell the Office of Personnel Management to encourage disclosure of certain arrangements in an effort to maintain the integrity of FEHBP. I support this effort. At the same time, I understand that section 5 would create no additional duties for the Office of Personnel Management or have a chilling effect on current negotiated arrangements which yield the program savings. I understand that this fact is reinforced by the Congressional Budget Office in estimating that the section would have no budgetary effect on the program.

□ 1415

I am including the Senate committee report's description at this point in the RECORD to clarify our mutual intent.

Based upon concerns raised to the House Government Reform and Oversight Committee by the American Medical Association and the American Hospital Association that certain payers were taking advantage of discounts to which they were not entitled, the Office of Personnel Management Inspector General was requested to conduct a review ''to determine whether silent PPOs were used by FEHBP carriers to capture discounts to which they were not entitled.''

The additional views of Senators COCHRAN, GLENN and LEVIN in the RECORD further clarify our mutual intent:

In brief the Office of Personnel Management Inspector General found no evidence that health care providers were being victimized by FEHBP carriers, nor any evidence of schemes allowing payers to capture discounts they are not contractually entitled to receive. Although we support inclusion in H.R. 1836 of section 5 bill language, we believe Congress should be careful to avoid interjecting the Federal Government into contractual issues between health care providers and health plans.

A recent audit by the OPM IG defined ''Silent'' PPOs as a health care provider discount taken by an FEHBP carrier without a contract existing between the PPO and the health care provider. This is the type of unethical practice that the FEHBP carriers should avoid.

Further, PPOs, both directed and nondirected, provide various incentives to health care providers which contract with PPOs for the benefit of FEHBP; i.e, to reduce health care costs. The FEHBP must continue to benefit from these relationships, recognizing that the PPOs must always have a contract with the health care provider.

During our committee deliberations, issues were raised with respect to activities of ''silent PPOs'' and the potential adverse impact their discounts could have on cost initiatives within the FEHBP.

PPOs play an important role in today's health care market. Both directed and nondirected PPOs provide legitimate and valuable benefits to health care providers, carriers, and patients. Nondirected discounts are currently saving the government and FEHBP enrollees millions of dollars a year through their legitimate utilization by a number of fee-for-service carriers. Examples of nondirected discounts are those given by participating providers in return for incentives other than steerage, such as prompt payment, prepayment, claim audit assistance and negotiated provider settlements.

Section 7 of H.R. 1836 resulted from an amendment I offered to the bill in subcommittee to increase the Physicians Comparability Allowance, a critically important tool to recruit and retain Federal physicians. Last fall, I commissioned a GAO study to review the PCA and its usefulness. The September 1997 GAO report confirms that the PCA is critical. Since I requested the GAO study, I have heard from hundreds of Federal physicians from across the country who stated very clearly that without the PCA, they would have chosen a different career.

This section would increase the PCA from $20,000 to $30,000. The Physicians Comparability Act has not been increased in 10 years. This increase, however, would not result in an increase in appropriations; it simply allows agencies to pay an additional PCA from their own budgets based on their recruitment and retention needs.

According to the Office of Personnel Management, the ''PCA constitutes a declining percentage of income.'' I had also hoped to include a provision in legislation that I introduced, H.R. 2541, that would include a physician's PCA in his or her average pay for purposes of computing retirement.

I understood the cost concerns of the chairman, the gentleman from Florida (Mr. MICA), and I requested a CBO score. Now that we have received the CBO score demonstrating that this provision does not impose any significant cost on the Federal Government, I am hopeful that we can move this piece forward as well.

The over 2,700 Federal physicians eligible for the PCA are working on cures for AIDS, cancer, and heart disease; protecting the safety of food and drugs; providing medical care to Defense and State Department employees and dependents, airline pilots, astronauts, native Americans, and Federal prisons.

The Government cannot pay physicians on the same scale as physicians employed in hospitals, HMOs, and universities. Consequently, the PCA provides some compensation to offset this loss of income for Federal physicians to ensure that the Government can recruit and retain highly-trained and well-qualified physicians.

I urge my colleagues, Mr. Speaker, to join me in supporting this important measure.

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

Mr. CUMMINGS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, H.R. 1836, the Federal Employees Health Care Protection Act of 1998, is a good bill that has won strong bipartisan support. It has at its core a provision that would enable the Office of Personnel Management to effectively use administrative sanctions to protect our health care program from fraud and abuse perpetuated by unscrupulous health care providers.

By strengthening OPM's administrative powers and giving it the authority to impose monetary sanctions on health care providers who engage in professional and financial misconduct, OPM will be able to assure Federal employees that they are being provided

with health care services free of mismanagement and abuse.

The enactment of this reform was requested by the Office of Personnel Management last year because they found imposing administrative sanctions under current law was time-consuming and expensive. The House passed H.R. 1836 last November, and the Senate passed a bill last week after making necessary technical changes to update the dates on which certain sections of the bill are to be implemented.

H.R. 1836, however, contains some additional provisions that will also improve the administration of the Federal Employees Health Benefit Program. I would like to highlight just a few of them.

The bill contains a provision to strengthen the current preemption statute in title 5 so as to ensure FEHBP's national plans can continue to provide uniform benefits and rates to enrollees regardless of where they live. Another provision would permit active and retired employees of the Federal Deposit Insurance Corporation and the Federal Reserve System to reenter FEHBP. This will save both agencies several millions of dollars in future premium cost.

This bill also requires OPM to encourage participating health plans that contract with third parties to obtain discounted rates from health care providers to seek assurances that a condition surrounding those discounts had been fully disclosed.

Finally, H.R. 1836 clarifies a provision of existing law concerning direct access and reimbursement to health care providers in the program.

Mr. Speaker, I believe that H.R. 1836 makes important and needed improvements in the Federal Employees Health Benefits Program. I urge all Members to give it their support.

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

Mrs. MORELLA. Mr. Speaker, I yield such time as he may consume to the distinguished gentleman from Virginia (Mr. DAVIS).

Mr. DAVIS of Virginia. Mr. Speaker, I thank my friend, the gentlewoman from Maryland (Mrs. MORELLA) for yielding.

Mr. Speaker, I appreciate her work on the bill and the work of the gentleman from Maryland (Mr. CUMMINGS) on this bill as it moves forward to what will hopefully be a successful passage today.

This bill, H.R. 1826, does amend the FEHBP to expand the power of the Office of Personnel Management to sanction fraudulent health care providers. The bill authorizes OPM to debar and fine fraudulent health providers that are participating in the FEHBP, and I think my colleagues have spoken about some of the specifics of this earlier.

One of the important things this does is it takes about 5,000 employees and annuitants from the Federal Deposit Insurance Corporation and the Federal Reserve Board who are currently ineligible for the FEHBP. Because of a change in their coverage, they can now be covered by the Federal Employees Health Benefit Plan.

This is very, very helpful to them. This in no way, shape or form reduces the rates that other Federal employees are paying for this. I think it is a very critical point that needs to be made, and it will give adequate protection and health care to people who are generally under the Federal envelope in these two areas.

I want to thank the gentlewoman from Maryland (Mrs. MORELLA) for her assistance in increasing from $20,000 to $30,000 the maximum amount that Federal agencies can pay for the physicians' comparability allowance. The comparability allowance was created in 1978 by the Physicians' Comparability Act to ease the burden of a critical shortage of doctors and vast salary differences between military doctors and other Federal doctors, as well as the overall differences between Federal and private sector doctors.

I think both of these provisions are well worth while, I think are going to be advantageous to all concerned, and I just want to congratulate my colleagues in bringing this to a vote today.

Mr. CUMMINGS. Mr. Speaker, I yield 3 minutes to the gentlewoman from the District of Columbia (Ms. NORTON), a distinguished Member who has consistently fought hard for Federal employees and been at the forefront of just about every battle that I have seen with regard to this House and Federal employees.

Ms. NORTON. Mr. Speaker, I very much thank the gentleman from Maryland (Mr. CUMMINGS) for yielding and for his kind words, and I want to thank the gentlewoman from Maryland (Mrs. MORELLA) and the gentleman from Maryland (Mr. CUMMINGS) for their leadership on this very important issue.

Mr. Speaker, I also want to congratulate the Office of Personnel Management for bringing this matter to the attention of the Congress so that we could take action that is corrective of this problem. Delay in correcting fraud and abuse at a time when premiums for Federal employees are on the rise should not be tolerated, and I am very appreciative that this bill has come to the floor before we adjourn.

By moving to allow the OPM to sanction providers who engage in misconduct, we are sending a strong message that being a provider of health care for Federal employees is not a right but a privilege. Those who abuse that privilege will lose that privilege or be sanctioned for their abuse of that privilege.

Over and over again, Mr. Speaker, the FEHBP is cited as a model for health care in the country, and in a number of important ways it has proved to be that over time. It will lose its place in that regard unless we are willing to step up and do what this bill does, and that essentially is to wipe away some of the causes of administrative delay which have been responsible for the fact that OPM has not been able to move promptly in some instances where misconduct was brought to its attention.

Mr. Speaker, may I also speak in favor of the increase in the physicians' comparability allowance. This is a period in which vast disparities are found in the location and the willingness of physicians to serve. When those disparities can be traced back to income, we must look closely at the effect. Here we are not talking about an increase in budget. We are talking about allowing an increase in comparability pay where that is necessary. This provision attends to a real shortage of physicians willing to serve as we need them.

For these two provisions and for the others in this bill, I am personally grateful to the gentlewoman from Maryland (Mrs. MORELLA) and the gentleman from Maryland (Mr. CUMMINGS), and I once again thank them for their very diligent and excellent work on this bill.

Mrs. MORELLA. Mr. Speaker, I have no further speakers on this side. Perhaps the gentleman from Maryland (Mr. CUMMINGS) has further speakers.

Mr. CUMMINGS. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I just wanted to add on to something that the distinguished lady from the District of Columbia (Ms. NORTON) was just speaking about. Back in 1998, the FEHBP amendment has not been an effective tool because it mandates exhaustive due process in every case, requiring a hearing on the record to be offered before any adverse determination takes effect.

□ 1430

This precludes OPM's use of less formal administrative procedures to deny health care providers access to the FEHB program, even where a court or State licensing authority previously has found a provider guilty of misconduct.

I just want to say that this law that we are passing today makes that process much more practical. I think it is good government. I take a moment to thank the other side, particularly my colleague from Maryland for all her work that she has done with regard to this legislation and other pieces of legislation which we will be considering today. It is truly a bipartisan effort and is about lifting up the people of our great Nation, those people day in and day out, hour after hour who work to make this Nation the best that it can be. Mr. Speaker, I urge my colleagues to support this legislation.

Mr. Speaker, I yield back the balance of my time.

Mrs. MORELLA. Mr. Speaker, I include for the RECORD a letter from Chairman MICA and myself to Chairman COCHRAN.

The text of the letter is as follows:

HOUSE OF REPRESENTATIVES
Washington, DC, July 29, 1998.

Senator THAD COCHRAN,
Chairman, Subcommittee on International Security, Proliferation and Federal Services, Washington, DC.

DEAR CHAIRMAN COCHRAN: In response to the Senate's anticipated action in favorably considering H.R. 1836, the Federal Employees Health Benefits Protection Act, and in anticipation of having the measure cleared for the President without need of a conference, we write to clarify the purpose of one element of the bill: Section 5 dealing with preferred provider organizations.

As your additional views accurately represent, recent audit activity by the OPM Inspector General in response to complaints from provider associations (AMA and AHA) found no evidence that health care providers were being victimized by FEHBP carriers, nor evidence of schemes allowing payers to capture discounts to which they were not contractually entitled.

Both directed and non-directed PPOs provide various incentives to health care providers which contract with PPOs for the benefit of FEHBP—reducing health care costs. The FEHBP must continue to benefit from these relationships, recognizing that the PPOs must always have a contract with the health care provider. Silent PPO activity, as described by the OPM Inspector General, represents the type of unethical practices that FEHBP carriers should avoid. Further, we understand that the IG found no evidence of ''silent PPO'' activity within the FEHBP.

We look forward to continuing our close work in sustaining the Federal Employees Health Benefits Program as a model for others to follow.

Sincerely,

JOHN MICA,
Chairman, Subcommittee on Civil Service.
CONNIE MORELLA.

Mrs. MORELLA. Mr. Speaker, I yield myself such time as I may consume. I want to thank my colleagues for their support of this important legislation. I would pick up and echo the comments of my colleague from Maryland. Indeed this is a bipartisan piece of legislation that will help all Federal employees and help us to recruit and retain physicians and others into public service which is so very, very important.

I want to again reiterate my thanks to the gentleman from Indiana (Mr. BURTON), the gentleman from California (Mr. WAXMAN), the gentleman from Florida (Mr. MICA) chairman of the Subcommittee on Civil Service; and the gentleman from Maryland (Mr. CUMMINGS). He is right. We work in a very nonpartisan way on the Subcommittee on Civil Service. This legislation is evidence of that. I thank him also for his leadership. I ask my colleagues to support this legislation.

Mr. PAPPAS. Mr. Speaker, I rise in support of H.R. 1836, the ''Federal Employees Health Care Protection Act.''

While the legislation sets out laudable goals, I want to make clear that my endorsement of the bill is based upon my understanding that nothing in the measure is designed to hinder the types of market forces which have made the FEHBP a cost-effective health insurance model for the public agencies and private industry. This legislation is not intended to tilt the competitiveness in the health insurance marketplace in one direction or another.

One element of the legislation, Section 5, suggests as its goal the disclosure of certain rate agreements which might yield savings to plans and enrollees in the Federal Health benefits Program. I agree that FEHBP plans should be held to no lesser standard than their private sector counterparts and I agree with the clarification of Congressional intent in the drafting of Section 5 as set forth in the Senate Report's additional views filed by Senate Subcommittee chairman, Senator COCHRAN.

During our committee deliberations, issues were raised concerning the activities of ''silent PPO's'' and the potential of adverse impact their discounts could have on cost saving initiatives within the FEHBP. Some even speculated that a variety of unethical and perhaps fraudulent activities related to ''silent PPOs'' were rampant in the federal health program.

The Inspector General of the Office of Personnel Management dispelled these allegations in a report issued on February 26, 1998. The Inspector General audit found that the practices alleged are not currently prevalent in the FEHBP. The Inspector General further asserted that networks of non-directed PPOs operate within a contractually authorized environment.

PPO's play an important role in today's health care market. Both directed and non-directed PPO's provide legitimate and valuable benefits to health care providers.

I remain committed to improving the quality of health care offered to our federal employees as well as committed to ensuring a diverse and competitive environment for health plans and providers.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore (Mr. BARRETT of Nebraska). The question is on the motion offered by the gentlewoman from Maryland (Mrs. MORELLA) that the House suspend the rules and concur in the Senate amendments to the bill, H.R. 1836.

The question was taken; and (two-thirds having voted in favor thereof) the rules were suspended and the Senate amendments were concurred in.

A motion to reconsider was laid on the table.

FEDERAL EMPLOYEES CHILD CARE AFFORDABILITY ACT

Mrs. MORELLA. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 4280) to provide for greater access to child care services for Federal employees, as amended.

The Clerk read as follows:

H.R. 4280

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

SECTION 1. CHILD CARE SERVICES FOR FEDERAL EMPLOYEES.

(a) IN GENERAL.—An Executive agency which provides or proposes to provide child care services for Federal employees may use appropriated funds (otherwise available to such agency for salaries) to provide child care, in a Federal or leased facility, or through contract, for civilian employees of such agency.

(b) AFFORDABILITY.—Amounts so provided with respect to any such facility or contractor shall be applied to improve the affordability of child care for lower income Federal employees using or seeking to use the child care services offered by such facility or contractor.

(c) REGULATIONS.—The Office of Personnel Management shall, within 180 days after the date of enactment of this Act, issue regulations necessary to carry out this section.

(d) DEFINITION.—For purposes of this section, the term ''Executive agency'' has the meaning given such term by section 105 of title 5, United States Code, but does not include the General Accounting Office.

The SPEAKER pro tempore. Pursuant to the rule, the gentlewoman from Maryland (Mrs. MORELLA) and the gentleman from Maryland (Mr. CUMMINGS) each will control 20 minutes.

The Chair recognizes the gentlewoman from Maryland (Mrs. MORELLA).

GENERAL LEAVE

Mrs. MORELLA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the bill, H.R. 4280, as amended.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Maryland?

There was no objection.

Mrs. MORELLA. Mr. Speaker, I yield myself such time as I may consume. I want to thank the gentleman from Indiana (Mr. BURTON) chairman of the Committee on Government Reform and Oversight; the gentleman from Florida (Mr. MICA) chairman of the Subcommittee on Civil Service; and I also want to thank the gentleman from California (Mr. WAXMAN) the ranking member; and the gentleman from Maryland (Mr. CUMMINGS) the ranking member of the subcommittee for their assistance in bringing this bill to the floor today.

I would particularly like to thank some staff who have been very instrumental in crafting it so we could finally get this bill before us, staff on both sides of the aisle. In my office Kathryn Pearson, Jeff Davis; also Gary Ewing, Jeff Shea, Siobhan McGill for all their help in bringing this bill to the floor, and the staff of the gentleman from Maryland (Mr. CUMMINGS) for the work they have done.

Mr. Speaker, I introduced this bill so that agencies may use their salary and expense accounts to help low-income Federal employees pay for child care. Balancing work and family has become increasingly difficult for families, and Federal employees are no exception. My legislation will provide opportunities for Federal agencies to help provide quality child care for their employees' children.

I have worked with the Office of Personnel Management to develop this legislation. Several agencies, including the Social Security Administration, Department of Justice, and the Department of Defense have actually requested such authority from OPM. OPM cannot grant this authority. We must legislate this change.

This legislation does not require any additional appropriations. It would be