Spratt
Stabenow
Stark
Tanner
Tauscher
Taylor (MS)
Thompson (CA)
Thurman
Towns
Udall (CO)
Visclosky
Watt (NC)
Waxman
Weiner
Young (AK)

NOES—279

Ackerman
Aderholt
Andrews
Armey
Baca
Bachus
Baird
Baldacci
Baldwin
Barcia
Barr
Barrett (WI)
Bartlett
Bass
Bateman
Becerra
Berry
Biggert
Bilbray
Bilirakis
Bishop
Bliley
Blumenauer
Blunt
Boehlert
Bonilla
Bonior
Boswell
Boucher
Brady (TX)
Brown (OH)
Bryant
Burr
Calvert
Campbell
Canady
Cannon
Capps
Capuano
Cardin
Castle
Chenoweth-Hage
Clayton
Clement
Coble
Collins
Combest
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crowley
Cubin
Cummings
Cunningham
Davis (IL)
Davis (VA)
Deal
DeFazio
DeGette
DeLauro
DeLay
Deutsch
Diaz-Balart
Dickey
Dingell
Dixon
Doggett
Doolittle
Doyle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Etheridge
Everett
Ewing
Fletcher
Foley
Fowler
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gekas
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodlatte
Gordon
Goss
Graham
Granger
Green (TX)
Greenwood
Gutierrez
Hall (TX)
Hansen
Hastert
Hayes
Hayworth
Herger
Hill (MT)
Hilleary
Hilliard
Hinojosa
Hoeffel
Holt
Hooley
Horn
Hulshof
Hunter
Hutchinson
Hyde
Inslee
Isakson
Istook
Jackson-Lee (TX)
Johnson, E. B.
Jones (NC)
Jones (OH)
Kanjorski
Kasich
Kelly
Kildee
Kind (WI)
King (NY)
Kleczka
Knollenberg
Kolbe
Kucinich
Kuykendall
Largent
Latham
LaTourette
Lazio
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Linder
LoBiondo
Lofgren
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Manzullo
Mascara
McCarthy (NY)
McCollum
McCrery
McGovern
McInnis
McKinney
Meeks (NY)
Menendez
Metcalf
Mica
Millender-McDonald
Miller (FL)
Miller, George
Moakley
Mollohan
Moran (KS)
Morella
Myrick
Nethercutt
Ney
Norwood
Nussle
Oberstar
Obey
Ortiz
Ose
Owens
Packard
Pallone
Pascrell
Pastor
Paul
Pease
Peterson (PA)
Petri
Phelps
Pickering
Pombo
Portman
Price (NC)
Pryce (OH)
Rahall
Ramstad
Rangel
Regula
Reyes
Reynolds
Riley
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Royce
Rush
Ryun (KS)
Salmon
Sanchez
Sanford
Saxton
Scarborough
Schaffer
Scott
Sessions
Shaw
Shays
Sherman
Sherwood
Shimkus
Simpson
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Souder
Spence
Stearns
Stenholm
Strickland
Stump
Stupak
Sununu
Sweeney
Talent
Tancredo
Tauzin
Terry
Thomas
Thompson (MS)
Thornberry
Thune
Tiahrt
Tierney
Toomey
Traficant
Turner
Udall (NM)
Upton
Velazquez
Vitter
Walden
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weller
Wexler
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Wu
Wynn

NOT VOTING—21

Berman
Callahan
Clay
Cook
Filner
Goodling
Hastings (WA)
Holden
Jenkins
Klink
Markey
Martinez
McIntosh
McNulty
Shuster
Taylor (NC)
Vento
Waters
Weldon (PA)
Woolsey
Young (FL)

□ 2255

Ms. EDDIE BERNICE JOHNSON of Texas, Mrs. CLAYTON, and Messrs. DEUTSCH, MCGOVERN, and HILLIARD changed their vote from ''aye'' to ''no.''

So the motion to adjourn was rejected.

The result of the vote was announced as above recorded.

REDUCING TIME FOR GENERAL DEBATE AND CONSIDERATION OF AMENDMENTS ON H.R. 1304, QUALITY HEALTH-CARE COALITION ACT OF 2000

Mr. CONYERS. Mr. Speaker, I ask unanimous consent during consideration of H.R. 1304 to reduce the time for general debate to 10 minutes on each side, and I ask unanimous consent to reduce the time for debate on each amendment to 5 minutes for the proponent and 5 minutes for the opponents, except for the Coburn amendment, I ask for 7½ minutes on each side.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Michigan?

There was no objection.

PARLIAMENTARY INQUIRY

Mr. CONYERS. Mr. Speaker, a parliamentary inquiry.

The SPEAKER pro tempore (Mr. NUSSLE). The gentleman will state his parliamentary inquiry.

Mr. CONYERS. Does the Speaker have the authority to roll the votes in the interest of saving time tonight?

The SPEAKER pro tempore. The Chairman of the Committee of the Whole House will have the authority to postpone and cluster votes on amendments.

QUALITY HEALTH-CARE COALITION ACT OF 2000

The SPEAKER pro tempore. Pursuant to House Resolution 542 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 1304.

□ 2259

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union, for the 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, with Mr. SHIMKUS in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered as having been read the first time.

Pursuant to the order of the House, the gentleman from Illinois (Mr. HYDE) and the gentleman from Michigan (Mr. CONYERS) each will control 10 minutes.

The Chair recognizes the gentleman from Illinois (Mr. HYDE).

□ 2300

Mr. HYDE. Mr. Chairman, I yield 5 minutes to the gentleman from California (Mr. CAMPBELL) and 5 minutes to the gentleman from Ohio (Mr. BOEHNER), and I ask unanimous consent that they be permitted to control that time.

The CHAIRMAN. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. CAMPBELL. Mr. Chairman, I yield 2½ minutes to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Chairman, I thank the gentleman for yielding me this time. I rise in support of the bill, and I wanted to relate to my colleagues in the Chamber my experience on this issue, the very issue we are discussing today.

Many years before I got elected to the U.S. House, and as most of my colleagues know, I am a physician; we had an insurance company come to the community offering a product, they called it a PPO, Preferred Provider Organization, or network; and it had a fee schedule in it that was substantially below what was the prevailing rates in the communities. So a whole bunch of the providers, the doctors in the community, were concerned about this because this was a big company, it insured a lot of people. So we all agreed to gather together in a hotel ballroom to discuss this issue, and we invited an attorney to join us and asked him to get up first and explain to us the antitrust laws so that we would not run afoul of antitrust.

So we allowed him to speak, and he got up and he said, if you want to stay out of trouble, go home. You can't talk about this. If you discuss it at all, you can be prosecuted. So we all went home.

Now, back in those days there was one group that had about 20 doctors, a few other small groups, and then a lot of solo practitioners. Now, in that community there are four large groups, my group, which had 20 doctors, has 100 doctors, and there is virtually no solo practitioners left. That is really what this bill is about.

We are talking about the solo pediatrician, the two-man group, the family practitioner who operates alone, being

able to negotiate with these insurance companies.

There are some people who will argue against this bill and say it is going to tip the playing field. The playing field is overwhelmingly in the favor of the insurance companies. We have provided them antitrust exemptions. They can trade information amongst each other. They can trade information about providers, their pricing, but the doctors cannot talk amongst themselves at all.

So what we are really talking about here is evening out the playing field, and I think it is the right thing to do. I commend the gentleman from California for moving this legislation and the gentleman from Michigan.

Mr. CONYERS. Mr. Chairman, I yield myself 2 minutes.

In the spirit of us moving as rapidly as we can, is it correct that the Chair is now going to roll the votes? Has that been arrived at?

The CHAIRMAN. When we get into the amendment process, the Chair will exercise that discretion.

Mr. CONYERS. I thank the Chair.

Mr. Chairman, we are dealing with a trinity of health care bills, the Prescription Drug bill, the Patients' Bill of Rights, and this modest antitrust exemption for doctors.

Now, please remember, this is a labor exemption. The antitrust legislation was written for capital corrections and guidance. But what we are doing here is doing what the doctors need to be able to discuss how between HMO administrators and other professionals that they are now being restricted in their ability to make decisions for their patients.

We all know about this problem. We now have the opportunity to deal with this question, and all I would like my colleagues to keep in mind is that the time has come. For several years now we have brought this measure forward. We are now debating it.

Most Americans receive their health insurance coverage through managed care plans, but we have seen the massive coalitions and consolidations of the managed care market to just a dozen health insurance competitors. As a result of this market concentration, we need to give some relief to these doctors. They are really feeling the pinch. They are depending on us. And, by the way, so are the patients. The decisions that the doctors make in the patient-doctor relationship are under a severe test at this present point.

So we respond to this problem by allowing medical professionals to jointly negotiate the terms of their contract with health care plans. There is a 3-year sunset on the bill. Please support it.

Mr. BOEHNER. Mr. Chairman, I yield 1 minute to the gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Chairman, every doctor in this country, unless they work for an HMO firm as a company doctor judging other doctors, is frustrated in this country. What the gentleman from Florida (Mr. WELDON) just described to you is a situation that does, in fact, occur. One of the things that happens is the doctor is consolidated into a group. That group as a group can decide whether or not they will or will not take an HMO contract.

The problem is that in urban areas, we have way too many doctors, and the only way an HMO or an insurance company can take advantage of that is when there is an excess of physicians. So the real answer to this problem is to, in fact, allow the marketplace to work. The problem is the former bill of the gentleman from California (Mr. CAMPBELL), which we should be voting on, which takes away the exemption from the insurance companies rather than giving it to the physicians.

Mr. CONYERS. Mr. Chairman, I yield 30 seconds to the gentleman from Michigan (Mr. DINGELL), the Dean of the House of Representatives.

Mr. DINGELL. Mr. Chairman, I thank my old friend for yielding to me.

Mr. Chairman, this is a good piece of legislation. It shifts the balance back to the point where it is fair to the doctors and to the HMOs by whom they are employed. I think it is time that we do this. It is simple justice and simple equity, and it will improve a situation which has grown increasingly intolerable from the standpoints of doctors, of patients, and, very frankly, if they were smart enough to know, also the HMOs.

Mr. Chairman, managed care has dramatically changed health insurance in the past 30 years. Once upon a time,it actually managed the care a patient received and because that was more efficient, it actually saving some money. But, managed care has taken this cost-saving ability to new levels and as a result has made the relationship between doctors, patients, and insurers more complicated. The balance of power has tilted away from the doctor and the patient to the insurer.

Insurance companies hold supreme power over both payment decisions and treatment decisions, potentially compromising the quality of care along the way. The Quality Health Care Coalition Act addresses providers' concerns with their unequal bargaining position with insurers—a problem which hurts the quality of care patients receive. For that reason, Congress should act to restore balance to the provider-insurer relationship.

However, passing H.R. 1304 does not relieve us of our responsibility to restore the balance to the patient-insurer relationship by enacting a meaningful, enforceable Patients' Bill of Rights that covers all Americans. The House of Representatives passed such a bill on a bipartisan basis last October. The Norwood-Dingell bill provides a fair, independent, and expeditious appeals process, and guarantees that doctors, not accountants, are making medical decisions. The bill ensures that patients have basic rights such as access to specialists, access to emergency care, access to ob-gyn care, and access to needed drugs. It also ensures that patients can hold their HMO accountable for acting irresponsibly, if those actions cause injury or death. More than nine months have passed, the conference has failed, and Congress still has not delivered a bill to the President.

The Quality Health Care Coalition Act is one step toward leveling the playing field for doctors, but Congress must finish its work for patients and get a meaningful, enforceable Patients' Bill of Rights to the President. I hope that we will see both bills signed into law this year.

Mr. CONYERS. Mr. Chairman, I yield 30 seconds to the distinguished gentleman from Michigan (Mr. BONIOR).

□ 2310

Mr. BONIOR. Mr. Chairman, let me just say that I want to commend the gentleman from Michigan (Mr. CONYERS) and the gentleman from California (Mr. CAMPBELL) on crafting this legislation. Not only is this good for doctors and patients, but it reinforces the idea that collective bargaining and workers coming together and being able to bargain for their work is a valuable, valuable asset in our society today.

It is not just blue collar workers or technical workers or clerical workers. We are finding more and more teachers and scientists and people of professional status involved in this kind of collective bargaining and organization. I commend them for giving this opportunity to the doctors.

Mr. Chairman, one of history's most enduring lessons is that collective bargaining is the only institution that offers Americans the voice they need to win fairness in the workplace.

Most of us understand how that's worked for blue-collar workers and clerical and technical employees—but it's just as true for professionals.

That's why, over the years, we've seen teachers, journalists and even scientists organize.

That's why I was proud to join a union when I was an adoption caseworker.

And that's why health care professionals are organizing today.

They're organizing because they understand what every family in this country knows: that American health care today is big business.

And it's a business where, all too often, the quality of patient care has taken a back seat to the demand for profit.

By passing H.R. 1304, we're giving health professionals an important new tool to fight back.

Through collective bargaining, they'll have the added clout they need to talk back to the health plans that dominate American medicine.

That's not just good for health providers—it's good for the patients who depend on them.

Because when health professionals negotiate they won't only be speaking out for themselves, they'll be bargaining for better care.

The bottom line is that joining a union doesn't undermine professionalism—it only bolsters it.

I'm proud to salute the leadership of my colleagues, TOM CAMPBELL and JOHN CONYERS, in crafting this measure.

And I'm proud to join with them in voting for H.R. 1304 today.

But, like other supporters of this bill I strongly oppose the Cox amendment to H.R. 1304.

The Cox amendment is a shameless attempt to undermine the ability of health professionals both to organize and to bargain. It will render this legislation virtually useless.

Vote ''no'' on the Cox amendment, and, once it's defeated, vote ''yes'' on H.R. 1304.

Mr. CAMPBELL. Mr. Chairman, I yield 1 minute to the gentleman from Georgia (Mr. BARR).

Mr. BARR of Georgia. Mr. Chairman, I rise in support of H.R. 1304, because it is a bill that is simple in concept and based on fundamental principles of fair market, and the freedom and right to contract fairly as equals on a level playing field.

This legislation does nothing except remove the current artificial barriers that prevent doctors from doing what every other citizen has the right to do, and that is to bargain as equals in good faith and on a level playing field.

It is not giving them any special advantage. It is simply saying to the doctors of America as they try and practice medicine with the best interests of their patients in mind that they can negotiate as equals on behalf of their patients. That is all this bill does. It does no more and no less. That is why it enjoys the support on both sides of the aisle of a majority of Members of this House.

I urge Members to vote in support of H.R. 1304.

Mr. BOEHNER. Mr. Chairman, I yield 1 minute to the gentleman from Arizona (Mr. SHADEGG).

Mr. SHADEGG. Mr. Chairman, I thank the gentleman for yielding time to me.

Mr. Chairman, it is true that doctors are not on a level playing field. I have immense sympathy for their situation. But as well-intended as this legislation is, we have to look beyond what it says to what it will do. What it will do is drive up the cost of health care.

What we have done in America is we have disempowered patients. The reality is patients in America today cannot pick their own doctor because they are trapped in a health care plan selected by their employer.

We need to create a marketplace in health care in America today by empowering patients. Let us ask ourselves, are doctors not powerful enough, are HMOs not powerful enough, or are patients not powerful enough? The answer is that it is the patient that has been left out of this equation. They are trapped in the health care plan. They cannot get to the doctor they want.

Rather than empowering patients to go hire the doctor they want and bring down the cost of health care and get the care they need, what we are going to do is we are going to allow doctors to collectively bargain.

The net effect of that will be to increase the cost of health care and, mark my words, we will have Hillary care. We will have a single-payer system within 5 years when this bill becomes law.

Mr. CONYERS. Mr. Chairman, I am pleased to yield 1½ minutes to the gentleman from New York (Mr. NADLER), a member of the committee.

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

Mr. NADLER. Mr. Chairman, today's health care marketplace is dominated by six large companies who enjoy monopoly or near monopoly power in certain areas of the country. These companies possess unchallenged power in their negotiations with health care providers because providers are restricted by antitrust laws from bargaining collectively for more favorable terms.

We hear from critics of this legislation that the bill is just about helping doctors get rich, but I say it is about helping patients get quality care. When a doctor is told they may only provide the cheapest treatment available, it is the patient who suffers. When a doctor is told he may not even discuss alternative treatments not covered by the insurance plan, it is the patient who suffers. When a doctor is told he must see a dozen patients in an hour in order to make the reimbursement rates viable, it is the patient who inevitably suffers.

This bill is not about lining the pocketbooks of doctors, it is about allowing doctors to stand up to the insurance companies and say, we will not accept conditions that harm our patients or put them in jeopardy.

Opponents argue that this bill would significantly raise costs in the health care industry because doctors will be able to extract exorbitant reimbursement rates from insurance companies if they were able to negotiate collectively. But to suggest that doctors will have these monolithic, multibillion dollar companies at their mercy defies logic and credulity.

What this bill would do, all this bill would do, is to place doctors on a somewhat less tilted, a somewhat more level playing field on which to negotiate decent rates and decent conditions for their patients.

This may be the most important bill we could pass this year. I urge its adoption.

Mr. Chairman, I rise in strong support of H.R. 1304, the Quality Health Care Coalition Act of 1999. This is a very important piece of legislation that will immensely improve the quality of patient care in this Nation.

Mr. Chairman, the health care landscape is increasingly being controlled by just a few large insurance companies. Today's health care marketplace is dominated by six large companies, who enjoy monopolies or near monopolies in certain areas of the country. These companies possess unchallenged power in their negotiations with health care providers because providers are restricted by antitrust laws from bargaining collectively for more favorable terms. It has gotten to the point where insurance companies are effectively dictating the terms of an agreement to the providers.

We hear from critics of this legislation that this bill is just about helping doctors get rich, but I say that it's about helping patients get quality care. When a doctor is told he may only provide the cheapest treatment available, it's the patient who suffers. When a doctor is told he may not even discuss alternative treatments not covered by the insurance plan, it's the patient who suffers. And when a doctor is told that he must see a dozen patients an hour in order to receive viable reimbursement rates, it's the patient who inevitably suffers.

This bill is not about lining the pocketbooks of doctors. It's about allowing doctors to stand up to insurance companies and say, ''We will not accept conditions that harm our patients or put them in jeopardy.'' We must once again place medical decisions in the hands of doctors rather than an HMO bureaucrat who is not involved in our care.

Opponents argue that this bill would significantly raise costs in the health care industry because doctors would be able to extract exorbitant reimbursement rates from insurance companies if they were able to negotiate collectively. But to suggest that doctors will have these monolithic, multibillion dollar companies at their mercy defies credulity. What this bill would do is place doctors on a somewhat more level playing field on which to negotiate. We do not tip the scales in their favor.

Let me also mention another criticism of this bill raised by nonphysician providers such as nurse midwives and nurse practitioners. When the Judiciary Committee held hearings on this bill, these groups, among others, expressed in important concern over H.R. 1304, namely that doctors would be able to use the collective bargaining power granted under the bill to effectively exclude them from the field or severely limit their ability to practice. That is certainly not the intent of the bill.

The purpose of this bill is to ensure that no member of the health care profession has the terms of his or her practice dictated to them. This includes all of the licensed nonphysician providers who have worked alongside doctors to provide quality care to patients. We do not want to provide a tool for one class of health care professionals to squeeze out another.

That is why I worked with Representatives FRANK and JACKSON-LEE to amend the bill in the Judiciary Committee to specifically bar doctors, or any other provider, from entering into an agreement or conspiracy which would exclude, limit the participation or reimbursement of, or otherwise limit the scope of services to be provided by any other health care professional or group of professionals.

Under this language, no member of the health care field can have the terms of their practice dictated to them by insurance companies, doctors, or anyone else. All terms will be worked out by negotiation, exactly as this bill intends. I am confident that this language fully protects all nurses and other nonphysician providers from attempts by doctors to limit their ability to practice.

Mr. Chairman, this is responsible legislation that will release doctors from the grip of insurance companies and help them negotiate terms that best serve their patients. I believe this bill will help restore confidence in the doctor-patient relationship and ensure that it is only doctors and other licensed professionals who practice medicine. I urge my colleagues to support H.R. 1304 so that all providers will be free to practice in the best interests of their patients.

Mr. CONYERS. Mr. Chairman, I am pleased to yield 1 minute to the gentlewoman from Texas (Ms. JACKSON-LEE), a distinguished member of the Committee on the Judiciary.

Ms. JACKSON-LEE of Texas. Mr. Chairman, I thank the gentleman for yielding time to me.

Since 1974, there have been 275 mergers and acquisitions of health plans. That is why I support the work of the gentleman from Michigan (Mr. CONYERS) and the gentleman from California (Mr. CAMPBELL). With this wave of consolidation, seven giant health care insurers have come to dominate the marketplace, and 80 percent of all Americans get their coverage through managed care.

The enormous size of these companies allows insurers to not only control the costs of but also the quality and access to health care. The health care system has become David and Goliath. We have to give David something to fight with.

In my State of Texas, although we already passed legislation that allows health care professionals to jointly negotiate, this is limited only to physicians in Texas. So national or regional health plans still have a stronger negotiating power, whereas a Federal law would help address this imbalance.

Any amendments on this bill, unfortunately, are driven by the insurance companies to destroy the bill, so I hope my colleagues will vote down these poison pill amendments. This legislation would enable medical professionals to serve their patients in the way their best medical judgment indicates. To do that, they will occasionally have to present a united front to the giant HMOs.

Mr. Chairman, this is a key vote for medicine. Therefore, I urge my colleagues to support this legislation by the Committee on the Judiciary.

Mr. CAMPBELL. Mr. Chairman, may I inquire how much time is left on each side? I have only one more speaker in the general debate, myself, and I intend to close.

The CHAIRMAN. The gentleman from Ohio (Mr. BOEHNER) has 3 minutes remaining, the gentleman from California (Mr. CAMPBELL) has 1½ minutes remaining, the gentleman from Michigan (Mr. CONYERS) has 4½ minutes remaining.

Closing comments will be in this order: The gentleman from Ohio will start first, the gentleman from Michigan will go second, and the gentleman from California has the right to close.

The Chair recognizes the gentleman from Michigan (Mr. CONYERS).

Mr. CONYERS. Mr. Chairman, I am pleased to yield 1 minute to the gentlewoman from New York (Mrs. MALONEY).

Mrs. MALONEY of New York. Mr. Chairman, I thank the gentleman for yielding time to me, and I rise in strong support of the Campbell-Conyers Quality Health Care Coalition Act, and congratulate both of them on their really thoughtful and creative legislation.

Mr. Chairman, what this bill is really about is who do we want in charge of our health care decisions, an HMO accountant bean counter, or our doctor who knows our health needs?

This bill will level the playing field between enormous health care plans and physicians and patients, allowing physicians to come together to negotiate with health care plans over contract provisions. Patients' interests should be at the bargaining table, and this bill allows it.

Many doctors in my district tell me that insurers are imposing greatly unfair contract terms on them. They say they have no choice but to sign the contracts unless they want to risk losing many of their patients.

The choice is very clear. The patients want it, the doctors want it. The only opposition is the HMO accountants. I urge a yes vote.

Mr. BOEHNER. Mr. Chairman, I yield 1 minute to the gentleman from Oklahoma (Mr. LARGENT).

Mr. LARGENT. Mr. Chairman, I thank the gentleman for yielding time to me.

I rise in opposition to this bill. I have been sitting listening to this debate. It is most unusual. I hear my friends, the Democrats, my friend, the gentleman from Michigan, talk about those poor doctors feeling the pinch. We need to help those poor doctors. Yet, when Republicans bring tax cuts to the floor, they holler no, no, those are tax cuts for the wealthy. We cannot give them a break on their taxes.

What the Democrats want to do to help those poor doctors is to let them form a union. That is how we level the playing field, let them form a union.

I have finally figured out and was able to put together the pieces of the puzzle, because when those proverbial union thugs go out to break knees, they will have the doctors there to fix them. It all makes perfect sense.

□ 2320

Mr. CONYERS. Mr. Chairman, I yield 1 minute to the gentleman from Pennsylvania (Mr. HOEFFEL).

Mr. HOEFFEL. Mr. Chairman, I thank the gentleman from Michigan (Mr. CONYERS) for yielding me this time. I rise in strong support of the Campbell-Conyers bill, a bill that would allow collective bargaining, not unions I would say to the previous speaker, but collective bargaining, so that doctors can deal with the one-sided, unfair arbitrary contracts that are forced upon them by the big managed care companies. Contracts that impose gag rules so that doctors cannot discuss all of their treatment options with their patients. Contracts that discourage referrals to specialists. Contracts that block appropriate tests and delay care to patients. Contracts that give financial rewards for denying care.

Mr. Chairman, in southeastern Pennsylvania where one managed care company controls 62 percent of the marketplace, they not only have offered orthopedic surgeons, as one example, a 40 percent cut in compensation, but they have also required that all doctors sign confidentiality agreements before negotiations begin as a precondition of negotiations one-on-one with the doctors. These agreements are unfair. They deny rights that doctors ought to have.

Mr. Chairman, I support the bill.

Mr. BOEHNER. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, I think we all know that we are going through major changes in the delivery of health care in America. Those issues have been fought out on this floor over the 10 years that I have been a Member and all of the changes are disconcerting to all involved.

First, the patients, doctors, hospitals, employers who pay the costs, insurance companies, everyone is in turmoil trying to find the right balance making sure the patients get what they need and trying to hold costs under control.

Every year that I have been here, we have debated Medicare and the tremendous increases in the costs of Medicare. We have been through all types of changes trying to what? Give the patients what they need while controlling the costs.

And so as we look at the situation in managed care today, we have a number of those groups in the middle with their lobbyists coming to Washington wanting us to level the playing field. Now, leveling the playing field is like beauty. It is in the eye of the beholder. Of course, they all want it level as long as it is slightly tilted toward them.

Mr. Chairman, this bill is no exception, except one small little exception. This is a big tilt, A big tilt to one group at the expense of all others that are locked into this system.

Why would we provide an antitrust exemption to one group in the medical profession with no oversight, no regulatory body overseeing their actions? Every time we have provided an antitrust exemption in the law, there has been some Federal regulatory body that has the responsibility to provide oversight. The National Labor Relations Act allows for collective bargaining. That is why we have the National Labor Relations Board to oversee these activities between labor and management.

To allow any group of Americans to go out and to form a cartel to prey on America's consumers is not good for our country. We know what happened with the OPEC cartel; we have higher prices at the gas pump today. What we are doing here is we are creating another cartel. It is a bad bill.

Mr. CONYERS. Mr. Chairman, I yield 1 minute and 15 seconds to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. NADLER. Mr. Chairman, will the gentleman yield?

Mr. ANDREWS. I yield to the gentleman from New York.

Mr. NADLER. Mr. Chairman, I must correct the statement made a moment ago. This bill does not grant any privilege to one group. I presume the gentleman meant doctors. The bill refers

to ''all health care professionals,'' doctors, nurses, physical therapists, everybody in the field. It is not a cartel of one group. It is simply a mistaken fact and a misquote of the bill.

Mr. ANDREWS. Mr. Chairman, reclaiming my time, I thank the gentleman from New York, my friend.

In our economy, actors are regulated either by litigation, regulation or competition. None of those three things applies to the oligarchs of the managed care industry.

This Congress, I am confident, is going to take a step to impose the quality control of litigation through the Patients' Bill of Rights. This bill is a very important step in imposing some competition in the health care market for the first time in a long time.

This really is about leveling the playing field. It is about reining in the conduct of the oligarchs of managed care. For that reason, I strongly support the legislation and commend the gentleman from California (Mr. CAMPBELL) and the gentleman from Michigan (Mr. CONYERS), my friend, for offering it.

The CHAIRMAN. The gentleman from Michigan (Mr. CONYERS) has 1 minute and 15 seconds remaining. The gentleman from California (Mr. CAMPBELL) has 1½ minutes remaining. The gentleman from California has the right to close.

Mr. CONYERS. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, this Quality Health Care Coalition Act is an important antitrust exemption for doctors. I want to begin my closing remarks in general debate by merely commending the gentleman from California (Mr. CAMPBELL) for all the work that he has done on this measure and for allowing me to work with him.

Mr. Chairman, we would not be here today if we were not concerned about the doctor-patient relationship which is in crisis. We are giving an exemption that the labor movement already has. This is not ground-breaking legislation. It sunsets in 3 years. The original costs were based on a 10-year basis; and of course, it is only going to run for 3 years.

The managed care market has consolidated. Some of my colleagues may know that some doctors are in very dire circumstances. Private practices are in decline.

Mr. Chairman, I urge my colleagues to support the antitrust exemption for doctors.

Mr. CAMPBELL. Mr. Chairman, I yield 1 minute to the gentleman from Virginia (Mr. DAVIS).

Mr. DAVIS of Virginia. Mr. Chairman, I also compliment the gentleman from California (Mr. CAMPBELL) for bringing this forward. The American health care system has many players, but doctors and health care providers are essential. They are the essential players. They are on the frontline making life and death decisions every day, and they are being picked apart.

Fees are cut unilaterally. Their medical advice that they are giving to patients is being countermanded by nondoctors, and they have no say in this situation the way it has come today. We have come to this that if we do not make these changes today, we are jeopardizing the best health care system in the world. People who want to enter and stay in the medical profession are looking outward at other options because, frankly, not only is the remuneration not there, and the respect is not there, but they are not able to carry out their advice to patients because they are being countermanded.

Mr. Chairman, that is what makes this legislation essential. I commend the gentleman from California (Mr. CAMPBELL) for bringing this to the floor tonight. I hope we will give it a resounding ''yes'' for American health care, for doctors, the providers, and the patients.

Mr. CAMPBELL. Mr. Chairman, I yield myself the balance of my time.

Mr. Chairman, the key point I want to stress in closing is that this does not create a union of doctors. The words ''collective bargaining'' only occur in the statute with reference to an antitrust exemption already in law for unions. We do not use the words ''collective bargaining'' at all with regard to health care professionals.

We explicitly say ''there shall be no right to strike,'' in case somebody thought there might be. No right to cease work that does not already exist. The bill has a 3-year sunset, and it explicitly provides the right for individuals not to be choosing an exclusive bargaining agent; and hence there is no need for the regulatory oversight such as the NLRB provides.

Ms. DELAURO. Mr. Chairman, today I cast my vote in support of the Quality Health Care Coalition Act, because I believe that physicians and other health care professionals should be on an equal playing ground when they negotiate contracts with health plans. The Quality Health Care Coalition Act would provide limited relief from the antitrust laws by allowing self-employed physicians to negotiate collectively with large managed care organizations regarding contract terms that protect patient confidentiality, increase patient choice and improve quality of care. It would restore balance in the market by increasing physicians' power to negotiate for their patients with large managed care organizations. It would not force health plans to accept terms and conditions sought by health care professionals, it would simply allow physicians to band together as a bargaining unit for purposes of negotiation.

Unfortunately, this bill has been plagued by ''poison pill'' amendments, designed to divide and conquer the long-time supporters of this legislation. Representative TOM COBURN, authored a poison pill amendment that attempts to limit access to legal abortions. Mr. COBURN's amendment would restrict health care professionals from discussing health insurance coverage for abortions. Many fear that this restriction could prevent physicians not only from negotiating coverage for legal abortions, but also prevent them from discussing methods and procedures for providing referrals elsewhere. I joined my pro-choice colleagues in voting against this amendment. However, this amendment passed.

As was the intention of this poison pill, this left me and my pro-choice colleagues with a Hobson's choice—an affirmative vote for physicians and patients tied to a restriction on choice or a negative vote against physicians and patients to prevent an anti-choice measure from going forward.

I voted for final passage of this legislation with the hope that the Coburn amendment will be struck when this bill reaches conference with the Senate. If this legislation proceeds through conference and reaches the President's desk with the anti-choice Coburn amendment intact, I urge the President to veto the bill.

Mr. POMEROY. Mr. Chairman, H.R. 13204, which provides a broad exemption from federal anti-trust laws for health care professionals, is intended to restore parity between providers and third-party payers. I believe that this is a good intention, and I agree that in some markets, third-party payers have taken a hold so strong as to be able to dictate health care fees and standards.

As a former state insurance commissioner, however, I know that the answer is not to completely tilt the scales in the opposite direction. No other organization or segment of our economy, except for Major League Baseball, enjoys such a broad, federal anti-trust exemption. Even the Business of Insurance is regulated under the McCarran Ferguson Act.

Unfortunately, some proponents of this legislation have misinterpreted that McCarran Ferguson Act. They have stated that this act gives the insurance industry an exemption from anti-trust laws, and that H.R. 1304 simply levels the playing field for health care providers. Mr. Chairman, I want to emphasize something for my colleagues: the McCarran Ferguson Act creates a partial exemption for the business of insurance that is regulated by state law. Activities that do not relate to the business of insurance—such as a health plan's negotiations with health care providers—are still subject to federal antitrust laws.

As a representative of rural America, I am also concerned about the effect this legislation will have on quality of care. H.R. 1304 would allow unrestrained, unregulated price fixing by all of the health care providers in a given market. Such price-fixing schemes would give physicians a monopoly within their market, permitting physicians to raise their own salaries, through higher reimbursement rates, at the expense of consumers, employers and taxpayers.

Again, let me say that I know this is not the intent of the legislation or the plan of my respected colleagues and the professional organizations who support H.R. 1304. We probably do not need antitrust consumer protections for the leading, most ethical participants in the health care market. Unfortunately, in an industry as vast as health care, there will inevitably be those of other, less reputable intentions.

For those well-intentioned physicians, legitimate antitrust mechanisms already exist under which physicians and other health care providers who have formed legitimate legal entities can collaborate and negotiate with health plans. Physicians do not need exemptions from the antitrust laws to collectively discuss

quality of care issues among themselves or with these plans.

Mr. Chairman, I would be inclined to support a more moderate measure. I understand that my colleagues on the Judiciary Committee adopted an amendment that would allow H.R. 1304 to sunset in three years. In my opinion, however, three years is enough time to increase both private and public health care costs and decrease quality of care. In fact, the CBO has estimated that a three-year exemption will raise insurance premiums by 1.5% by 2003 and cost the government $1.7 billion over 5 years.

Instead I suggest that if we really want to level the playing field, we regulate these medical providers in their bargaining groups, subjecting them to oversight as we have with other organizations, from trading companies to newspaper operations.

Mr. Chairman, while well-intended, this is flawed policy. I urge my colleagues to think seriously about the effects this legislation may have on consumers, providers and payers alike. Please vote no.

Ms. JACKSON-LEE of Texas. Mr. Chairman, I rise in support of H.R. 1304, The Quality Health Care Coalition Act of 1999. As we consider this bill, let us remember what a truly bipartisan piece of legislation it has been thus far. In fact, H.R. 1304 passed the Judiciary Committee by a vote of 26–2. With that in mind, I wish to applaud Congressman CAMPBELL and Congressman CONYERS for their genuinely bipartisan efforts respecting this bill.

H.R. 1304 would modify the anti-trust laws and would apply only to conduct in conjunction with good faith negotiations. The modifications would allow health care professionals to collectively settle the terms of their contracts with health care plans. I support this legislation because I believe that health care providers should be allowed to bargain collectively with health plans and insurance providers.

In my state of Texas, although we already passed legislation that allow health care professionals to jointly negotiate, this is limited only to physicians in Texas. So, national or regional health plans still have a stronger negotiating power whereas a federal law would help address this imbalance.

Since 1994, there have been 275 mergers and acquisitions of health plans. With this recent wave of consolidations, seven giant health care insurers have come to dominate the marketplace and 80% of all Americans get their coverage through managed care.

The enormous size of these companies allows insurers to not only control the cost of, but also the quality and access to health care. These powerful health plans intimidate and threaten physicians with antitrust violations in order to bar them from talking to one another and to insurers about patient care. As a result, the decisions of health care professionals have been compromised.

With the increased level of market concentration, HMOs have been practically setting the terms of contracts with health care providers, including forcing patients to accept the least expensive care and preventing patients from being fully informed of all available treatment options. Insurers should not make decisions such as these.

We rely upon health care professionals to advocate for our care. No one is comfortable with the idea of a physician who withholds treatment information! In cases where doctors are prohibited from discussing all available treatment options, it could be a matter of life or death. Health care professionals need decision-making power to determine what is best for their patients.

H.R. 1304 would provide guarantees that patients are protected from bureaucratic abuses. There is no way to predict what kind of healthcare quality issues will arise in the future. H.R. 1304 would enable healthcare providers to address managed care abuses and other patient care issues as they arise through contract negotiations.

For doctors who provide specialty services, this bill will assist them in negotiating contracts with the health care plan to make their services more readily accessible. African-American physicians especially need this bill because they face special barriers that impede their full participation in managed care networks.

African-American doctors are more likely to serve minority communities that are disproportionately low-income and severely ill. Because of these patients' special needs, African-American doctors often face the constant threat of being excluded from health plans because their patients are exceedingly sick and too costly to treat.

In my district in Houston, Texas, where 70% of the people in the 5th Ward are infected with HIV/AIDS, these patients are often poverty stricken and need special care that most managed care networks will not provide. Physicians are often forced to pay out of pocket for the cost of prescription drugs for their patients if the cost is excessive. Thus, caring for any patient with AIDS is a money-losing endeavor.

In California, a 1999 Price Waterhouse Cooper's study indicated that physicians there are filing for bankruptcy at an alarming rate because they cannot afford to provide quality care when they receive less than 50% of the cost it takes to care for a patient! These health care providers should not be punished for living up to their pledge to faithfully care for the people of America to the best of their ability.

Despite what critics may say, this bill does not allow doctors to fix the prices of their services. Price-fixing is illegal and will remain illegal under H.R. 1304. Health care professionals support this legislation because they want the ability to negotiate with HMOs in order to do their jobs and provide quality care for their patients. Although doctors will be able to join together to negotiate the terms of their contracts, they will not be able to determine the actual prices for services.

This bill simply places doctors on the same level of market power as the health care plans. In fact, the oversight currently exercised by the Department of Justice and the Federal Trade Commission would remain intact so that H.R. 1304 would not decrease their authority to prosecute health care professionals for illegal activities such as exclusive dealing or price-fixing.

Critics claim that allowing health care professionals the right to collectively bargain would permit professionals like nurse practitioners and chiropractors to be discriminated against. I continue to be approached by organizations like the Academy of Nurse Practitioners, The Texas Chiropractic Association and the American Chiropractic Association who are sincerely concerned about the negative effect this legislation will have on their ability to continually serve their patients.

As a result of their concerns I introduced an amendment, along with Representative Nadler that clarifies our objective to not sanction discriminatory practices between physicians and health insurers.

This amendment, which is included in H.R. 1304 includes several important safeguards. The bill would prohibit any group of health care professionals from negotiating contract language which limits any other group of professionals from doing work that they are licensed to do under applicable scope of practice acts and regulations. In addition, Medicaid managed care plans, Medicare+Care plans and plans covering federal employees are excluded from the legislation. Finally, the bill sunsets after three years, unless re-approved by Congress.

If the insurance industry is allowed a special exemption under the antitrust laws, physicians who act on behalf of their patients should also be able to ensure that the contracts they enter are not detrimental to patient care.

Currently, the bargaining power of managed care organizations dwarfs the bargaining power of individual physicians and other professionals. As a result, insurers are able to impose contracts on a take-it-or-leave-it basis, no matter how egregious the contract terms. Physicians often have no choice but to sign the contracts offered. Otherwise, they run the risk of losing a large share of their patients and being force out of business. These one-sided contracts often violate professional and ethical standards and prevent practitioners from providing adequate care.

Of course, the health insurers claim the bill would drive up costs. But note what they are really saying is if they take a hit in their own profits, they will seek to make up for the loss by charging patients more for the same services. With this in mind, we know that any resulting increases in medical cost will not be due to the passage of H.R. 1304, but will be the direct result of greed.

Because this bill has already been through an intense amendment process in the Judiciary committee where four amendments were adopted by a vote of 26–2, I ask my colleagues not to allow additional amendments to this important legislation. There has been a bipartisan effort to work with professional health care organizations and we should respect the work that has been done to develop this bill.

Any amendments at this point would be purely insurance driven attempts to destroy the bill. As reported by the judiciary, the bill would ensure that Congress could address any potential concerns that may arise before the legislation is re-authorized. Adding unnecessary and burdensome requirements would harm patients and effectively gut the bill.

This legislation would enable medical professionals to serve their patients in the way their best medical judgement indicates. And to do that, they will occasionally have to present a united front to a group of HMOs. Mr. Speaker, this is a key vote for medicine and therefore, I urge my colleagues to support this legislation as presented by the Judiciary.

Mr. GOODLING. Mr. Chairman, I rise in opposition to H.R. 1304. I have many concerns regarding this bill, but I wish first to focus on one: is cost. The bill before the House costs $6.1 billion in mandatory federal funds, yet does not include a single penny to pay for it. Ordinarily, legislation like this would be subject to several Budget Act points of order for this failure, but the rule waived all those points of order. For what does this bill spend federal money? It increases doctors' incomes!

Since the bill doesn't spell out how to pay for this $6.1 billion benefit to doctors, the money will have to come out of the existing federal budget. My colleagues know that the federal budget includes the National School Lunch Act, a program that provides a healthy nutritious meal to millions of school age children across this country. If I had $6 billion to spend, I think I would use some of that money for school lunches, rather than for forming doctor cartels.

My colleagues know that the federal budget includes the Individuals with Disabilities Education Act, a program ensuring that children with disabilities will received an education. This is a program that is woefully underfunded, where we have never met our 40 percent of funding commitment. If I had $6 billion to spend, I think I would use some of that money for educating children with disabilities instead of for hiking the net worth of doctors.

The federal budget also includes student aid programs in the Higher Education Act—programs that help students across this country attend college. If I had $6 billion to spend, I think I would use some of that money for student aid instead of for increasing doctors' incomes. The federal budget includes healthcare; it includes Social Security; it includes aid for farmers, including crop insurance; it includes our national defense; it includes programs for literacy. If I had $6 billion to spend, I think I would use some of that money for these worthy purposes, rather than for lining the pockets of doctors.

As a matter of fact, I can't think of a single current program, issues, or concern that should receive a lower priority than this bill.

On the issue jurisdiction, Mr. Chairman, I want the record to reflect that I have been making the point—repeatedly—for the past year that H.R. 1304 is a labor bill that should have been referred to the Workforce Committee.

I am going to include in the record a memorandum prepared by the American Law Division of the Congressional Research Service, discussing case law and House precedent in support of the Workforce Committee's jurisdiction over H.R. 1304.

I know that sometimes issues do not lend themselves to easy sound bites. Sometimes they require a bit of patience to understand. I want members to understand that this bill is a labor bill—and a very bad labor bill at that.

If this bill becomes law, health care costs will skyrocket, and Congress will have granted a group of professionals the rights of collective bargaining without any corresponding responsibilities.

H.R. 1304 allows doctors and other health care professionals to band together and collectively bargain. This is done by exempting them from the antitrust laws. The Supreme Court has held that the ''nonstatutory labor exemption'' which this bill extends to doctors is a concept arising in labor law, and is applicable only in the context of labor law. Simply put, H.R. 1304 is about collective bargaining, and it is a labor bill. It is a flawed labor bill because it grants rights similar to those contained in the National Labor Relations Act, but fails to provide any mechanism to make sure those rights are effective, or fair.

Mr. Chairman, on all counts this six billion dollar special interest gift is misguided, irresponsible, and unnecessary. I urge my colleagues to vote against this legislation.

The aforementioned memorandum follows:

CONGRESSIONAL RESEARCH SERVICE,
LIBRARY OF CONGRESS,
Washington, DC, July 12, 1999.

MEMORANDUM

To: Honorable Bill Goodling, Chairman House Committee on Education and the Workforce

From: Morton Rosenberg, Specialist in American Public Law, American Law Division

Subject: Jurisdictional Basis for Referral of H.R. 1304, the Quality Health-Care Coalition Act of 1999 to the Committee on Education and the Workforce

On March 25, 1999, Representative Campbell, for himself and 27 co-sponsors, introduced H.R. 1304, the Quality Health-Care Coalition Act of 1999, which was referred to the House Judiciary Committee. The purpose of the bill is stated in its preamble to be ''[t]o 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 Relation Act.'' The bill makes a congressional finding that ''[p]ermitting health care professionals to negotiate collectively with health care plans will create a more equal balance of negotiating power, will promote competition, and will enhance the quality of patient care.'' Section 2(4). The purpose of the bill is to be accomplished by treating health care professionals who are engaged in bargaining with health care plans and health insurance issuers as if they were employees in collective bargaining units under the National Labor Relation Act (NLRA) and by entitling all parties to such negotiations ''to the same treatment under the antitrust laws as the treatment to which bargaining units which are recognized under the National Labor Relation Act are entitled in connection with such collective bargaining.'' Section 3(a). Health care professionals are denied any right to strike ''not otherwise permitted by law.'' The proposed legislation is silent with respect to mechanisms for resolving disputes that may occur during the collective bargaining process or as to the establishment and enforcement of a legal ''duty to bargain.''

You inquire whether your Committee has a substantial claim to jurisdiction over H.R. 1304. From our review, it would seem that the broad authority delegated to the Committee under House Rule X(g)(6) over labor matters generally, its long history of legislative action and oversight with respect to subject matter that is the same or closely analogous to that of H.R. 1304, and the essentially labor-related nature and orientation of the bill's core operational provision, which imparts antitrust immunity to bargaining decisions over wages, hours and conditions of employment, establish a substantial basis for arguing for sequential referral of the bill to your committee.

The courts have provided significant guidance in determining the appropriate jurisdiction and authority of legislative committees. A congressional committee is a creation of its parent House and only has the power to inquire into matters within the scope of the authority that has been delegated to it by that body. Therefore, the enabling rule or resolution which gives the committee life or particular direction is the charter which defines the grant and the limitations of the committee's power. *United States* v. *Rumely*, 345 U.S. 41, 44 (1953); *Watkins* v. *United States*, 354 U.S. 178, 201 (1957); *Gojak* v. *United States*, 384 U.S. 702, 708 (1966). In construing the scope of a committee's authorizing rule or resolution, the Supreme Court has adopted a mode of analysis not unlike that ordinarily followed in determining the meaning of a statute: it looks first to the words of the resolution itself, and then, if necessary, to the usual sources of legislative history. As explained by the Court in *Barenblatt* v. *United States*, 360 U.S. 109, 117 (1959), ''Just as legislation is often given meaning by the gloss of legislative reports, administrative interpretation, and long usage, so the proper meaning of an authorization to a congressional committee is not to be derived alone from its abstract terms unrelated to the definite content furnished them by the course of congressional actions.''

Thus, the starting point for analysis is the House's delegation of jurisdictional authority under Rule X. Under Rule X (g) (6) and (7) the Committee on Education and the Workforce is currently vested with jurisdiction over matters relating to ''education and labor generally'' and ''mediation and arbitration of labor disputes,'' and has been so vested with the same authority for at least 30 years. In addition, Rule X(2)(b)(1) directs each standing committee to:

''Review and study on a continuing basis, the application, administration, execution, and effectiveness of those laws, or parts of laws, the subject matter of which is within the jurisdiction of that committee and the organization and operation of the Federal agencies or entities having responsibilities in or for the administration and execution thereof, in order to determine whether such laws and the programs thereunder are being implemented and carried out in accordance with the intent of the Congress and whether such programs should be continued, curtailed or eliminated. In addition, each such committee shall review and study any conditions or circumstances which may indicate the necessity or desirability of enacting new or additional legislation within the jurisdiction of that committee (whether or not any bill or resolution has been introduced with respect thereto), and shall on a continuing basis undertake future research and forecasting on matters within the jurisdiction of the committee.''

In turn, this oversight obligation of standing committees is buttressed by the express grant under Rule XI (1)(B)(1) to each committee of authority ''at any time to conduct such investigations and studies as it may consider necessary and appropriate in the exercise of its responsibilities under Rule X.'' Thus, on its face, your Committee has been vested with broad legislative and oversight jurisdiction over laws, proposals and activities that implicate labor relations generally and collective bargaining particularly, and in the past the Committee and its immediate predecessor, the Committee on Education and Labor, has dealt with subject matter and issues directly analogous to those found in H.R. 1304.

In the 92d Congress, the Special Subcommittee on Labor of the Committee on Education and Labor held hearings on H.R. 11357, a bill to repeal the NLRA's exemption for coverage of employees of private nonprofit hospitals which was added by the Taft-Hartley Amendments of 1947. A critical issue was whether affording NLRA coverage for health care institutions would result in increased strikes which could endanger patient care. The Committee's hearings revealed that, in fact, recognition strikes and labor unrest had increased at the exempt hospitals in contrast with the situation at covered proprietary hospitals. The bill, which was unanimously reported by the full Committee and passed the House on August 7, 1972, contained a number of special provisions designed to facilitate bargaining settlements (i.e., a 90 day notice requirement of termination or expiration of a contract, a 60 day

notice of termination or expiration to the Federal Mediation and Conciliation Service (FMCS), and a requirement that a health care institution and a labor organization had to participate in mediation if so directed by the FMCS), and that a health care institution had to be given a 10 day notice by a labor organization before any picketing or strike could take place. No action was taken by the Senate on that bill. An identical bill was re-introduced in the 93d Congress, H.R. 1236, and hearings were held by the Special Subcommittee in Labor on April 12 and 19, 1973. A new modified bill, H.R. 13678, was subsequently introduced, reported by the full Committee, passed the House on July 11, 1974, and was signed by the President on July 26, 1974. The new law contained the Committee proposed bargaining facilitation and picketing and strike notification provisions.

The Committee's interest in the bargaining rights of health care professionals in non-proprietary hospitals continued after the 1974 health care amendments. In the 94th Congress the Committee held a hearing to consider a National Labor Relations Board (Board) decision denying coverage of the NLRA to hospital interns, residents and follows (housestaff) on the grounds that they were students and not employees. In the 95th and 96th Congress's the Committee held hearings on legislation to amend the NLRA to expand the definition of professional employees covered under collective bargaining provisions to include hospital interns, residents and housestaff. In the 98th Congress Committee held oversight hearings on two NLRB decisions in 1982 and 1984 involving St. Francis Hospital that adhered to earlier Board decisions with respect to NLRA coverage of housestaff employees.

In the 97th Congress the Committee held hearings to consider Health Care Financing Administration (HCFA) guidelines permitting medical reimbursement to hospitals and nursing houses for the costs of influencing employee organizing activities conducted under the NLRA.

In the 103d Congress the Committee held hearings on H.R. 226, The Live Performing Artist Labor Relations Act, a bill that would have amended the NLRA to define the employer-employee relationship between musicians and purchasers of musical services, permitted employers to enter into pre-hire agreements with unions representing live performing artists, and allowed for the establishment of employee collective bargaining rights in the performing arts industry.

In the 101st, 102d, and 103d Congresses the Committee held hearings on proposed legislation to extend coverage of the NLRA and the Fair Labor Standards Act to seamen working on foreign flag, U.S.-owned cargo vessels regularly engaged in U.S. foreign trade or on foreign flag passenger ships operating primarily from U.S. ports. The bills were intended to address alleged problems with union organization, wages, and working conditions aboard foreign flag cruise ships whose contact with the U.S. is central to their business, and aboard U.S.-owned vessels registered with so-called flag of convenience countries allegedly for the purpose of exempting the vessels from U.S. labor laws.

Finally, reference may be made to evidence of your Committee's historic interest in the so-called nonstatutory labor exemption to the antitrust laws which is incorporated as the key operational provision of H.R. 1304. See Section 3(a). The nonstatutory labor exemption is a creation of the Supreme Court founded on its recognition that the antitrust laws could not be applied with full force to the parties to a collective bargaining relationship if the compulsory collective bargaining policies of the labor laws were to be successfully realized. To ''accommodate . . . the congressional policy favoring collective bargaining under the [NLRA] and the congressional policy favoring free competition business markets,'' the Court recognized an implicit exemption to the antitrust laws applicable to certain conduct by unions and employers alike. *Connel Construction Co.* v. *Plumbers and Steamfitters, Local Union No. 100,* 421 U.S. 616, 622 (1975); *See also,* Local No. 189, *Amalgamated Meat Cutters* v. *Jewel Tea Co.*, 381 U.S. 676 (1965); *United Mine Workers* v. *Pennington,* 381 U.S. 657 (1965). The Supreme Court has explained that the nonstatutory exemption is a labor law concept and is part of the broad, independent body of law that encourages and protects the collective organizational and bargaining processes:

''Federal policy as . . . developed not only a broad labor exemption from the antitrust laws, but also a separate body of labor law specifically designed to protect and encourage the organizational and representational activities of labor unions. Set against his background, a union, in its capacity as bargaining representative, will frequently not be part of the class the Sherman Act was designed to project, especially in disputes with whom it bargains.''

Association Gen. Contractors of California, Inc. v. *California State Council of Carpenters,* 459 U.S. 519, 339–40 (1983).

The rationale of the nonstatutory exemption as enunciated by the High Court mandates that concerted conduct by management or by labor organizations in a collective bargaining relationship is exempt from antitrust attack as long as it principally affects the employees' terms and conditions of employment. Labor market restraints reached through the collective bargaining process are immune from antitrust scrutiny when three conditions are met: (1) the restraints primarily affect only the parties to the collective bargaining agreement; (2) the restraints concern mandatory subjects of bargaining; and (3) agreement on the restraints was the product of bona fide arms-length bargaining or the restraints were implemented during on ongoing collective bargaining relationship.

The most recent Supreme Court articulation of these precepts and understandings was in *Brown et al.* v. *Pro Football, Inc.,* 518 U.S. 231 (1996). That case involved an antitrust suit by professional football players against team owners of the National Football League charging that the unilateral imposition of a salary cap on ''developmental squad'' players after a collective bargaining contract had expired and after an impasse in bargaining had been reached, was a violation of the antitrust laws. The Court held that employers may lawfully form multiemployer bargaining groups and agree amongst themselves to impose controls on a labor market as long as those actions ''grew out of'' and were ''directly related to'' a multiemployer bargaining process, did not offend the federal labor laws that sanction and regulate that process, affected terms of employment subject to compulsory bargaining, and directly concerned only parties to the collective bargaining relationship. *Brown,* 518 at U.S. at 250. Neither the expiration of a collective bargaining agreement nor the reaching of an impasse serves to terminate the bargaining relationship. Thus lawful unilateral actions taken by the multiemployer group were held immune from antitrust scrutiny. In the course of its opinion, the Court reviewed the development of the implicit labor exemption, noting that it finds its support in both the history of and logic of the *federal labor laws:*

''The immunity before us rests upon what this Court has called the 'nonstatutory' labor exemption from the antitrust laws. . . . The Court has implied this exemption from federal labor statutes, which set forth a national labor policy favoring free and private collective bargaining, see 29 U.S.C. §151; *Teamsters* v. *Oliver,* 358 U.S. 283, 295 (1959); which require good-faith bargaining over wages, hours, and working conditions, see 29 U.S.C. §§158(a)(5), 158(d); *NLRB* v. *Wooster Div. of Borg-Warner Corp.*, 356 U.S. 342, 348–349 (1958); and which delegate related rule-making and interpretive authority to the National Labor Relations Board (Board), see 29 U.S.C. §153; *San Diego Building Trades Council* v. *Garmon,* 359 U.S. 236, 242–245 (1959).

''This implicit exemption reflects both history and logic. As a matter of history, Congress intended the labor statutes (from which the Court has implied the exemption) in part to adopt the views of dissenting Justices in *Duplex Printing Press Co.* v. *Deering,* 254 U.S. 443 (1921), which Justices had urged the Court to interpret broadly a different *explicit* 'statutory' labor exemption that Congress earlier (in 1914) had written directly into the antitrust laws. *Id.,* at 483–488 (Brandeis, J., joined by Holmes and Clarke, JJ., dissenting) (interpreting §20 of the Clayton Act, 38 Stat. 738, 29 U.S.C. §52); see also *United States* v. *Hucheson,* 312 U.S. 219, 230–236 (1941) (discussing congressional reaction to *Duplex*). In the 1930's, when it subsequently enacted the labor statutes Congress, as in 1914, hoped to prevent judicial use of antitrust law to resolve labor disputes—a kind of dispute normally inappropriate for antitrust law resolution. See *Jewel Tea, supra,* at 700–709 (opinion of Goldberg, J.); *Marine Cooks* v. *Panama* S. S. Co., 362 U.S. 365, 370, n. 7(1960); A. Cox, Law and the National Labor Policy 3–8 (1960); cf. *Duplex, supra,* at 485 (Brandeis, J., dissenting) (explicit 'statutory' labor exemption reflected view that 'Congress, not the judges, was the body which should declare what public, policy in regard to the industrial struggle demands'). The implicit ('nonstatutory') exemption interprets the labor statutes in accordance with this intent namely, as limiting an antitrust court's authority to determine, in the area of industrial conflict, what is or is not a 'reasonable' practice. It thereby substitutes legislative and administrative labor-related determinations for judicial antitrust-related determinations as to the appropriate legal limits of industrial conflict. See *Jewel Tea, supra,* at 709–710.

''As a matter of logic, it would be difficult, if not impossible, to require groups of employers and employees to bargain together, but at the same time to forbid them to make among themselves or with each other *any* of the competition-restricting agreements potentially necessary to make the process work or its results mutually acceptable. Thus, the implicit exemption recognizes that, to give effect to federal labor laws and policies and to allow meaningful collective bargaining to take place, some restraints on competition imposed through the bargaining process must be shielded from antitrust sanctions. See *Connell, supra,* at 622 (federal labor law's 'goals' could 'never' be achieved if ordinary anti-competitive effects of collective bargaining were held to violate the antitrust laws); *Jewel Tea, supra,* at 711 (national labor law scheme would be 'virtually destroyed' by the routine imposition of antitrust penalties upon parties engaged in collective bargaining); *Pennington, supra,* at 665 (implicit exemption necessary to harmonize Sherman Act with 'national policy . . . of promoting 'the peaceful settlement of industrial disputes by subjecting labor-management controversies to the mediatory influence of negotiation) (quoting *Fibreboard Paper Products Corp.* v. *NLRB,* 379 U.S. 203, 211 (1964).''

518 U.S. at 235–37 (emphasis in original).

Your committee's most recent opportunity to address the implications of the nonstatutory exemption was in the context of the 1994 Major League Baseball labor-management dispute which resulted in the cancellation of part of that years regular season as well as the World Series. The Committee's Subcommittee on Labor-Management Relations had before it for consideration H.R. 5095, the Major League Play Ball Act of 1995, which would have required mandatory binding arbitration of the baseball strike if the strike was not resolved by the players and owners by February 1, 1995; and H.R. 4994, which would have partially created antitrust law exemption for major league baseball. The crucial issue before the Subcommittee was whether baseball's unique antitrust exemption was the cause of the sport's seemingly endemic labor unrest, and whether repeal of the exemption would be proper resolution. Uncontradicted testimony elicited at the hearing made it clear that even if baseball's judicial exemption were eliminated, the nonstatutory labor exemption would remain.

ANALYSIS AND CONCLUSION

The Committee on Education and the Workforce (and its predecessor) has been vested by the House with plenary legislative and oversight jurisdiction over matters relating to ''labor generally'' as well as the ''mediation and arbitration of labor disputes,'' and over the years has engaged in legislative and oversight actions encompassing the fullest range of activities directly or indirectly within the broad purview of that assigned subject matter. H.R. 1304 attempts to deal with emerging difficulties of the key actors in the health care industry.—health care professionals, health plans, and health insurance issuers—to reconcile their divergent interests and concerns with respect to HMO's. Court decisions have raised antitrust issues with respect to certain resolutions. Also, a recent unit determination decision by a regional office of the NLRB found that a group of doctors seeking to be certified by the Board as the exclusive bargaining representative at an HMO were independent contractors and therefore not employees eligible to be covered by the NLRA.

H.R. 1304 proposes to overcome these legal difficulties by legally deeming health care professionals who wish to bargain with HMO's or insurance companies as employees in collective bargaining units under the NLRA, and then cloaking the products of negotiations with the equivalent of the nonstatutory labor exemption to the antitrust laws. Perhaps because on the face of the bill it appears to be primarily concerned with traditional antitrust law issues—Section 3 (d)(1) defines the term ''antitrust laws'' as referencing provisions in the Clayton Act and the Federal Trade Commission Act—it was referred to the Judiciary Committee. But in fact the principal thrust of the bill is to import a judicial construct—the implied labor antitrust exemption—that is well understood as applicable exclusively in the context of labor law. As indicated in the discussion of the Supreme Court decisions in this area, the implied exemption emanates from the national labor laws alone and when applicable displaces the antitrust laws. Also key in H.R. 1304 is the notion that health care professionals should bargain collectively with HMO's and insurers, again a concept rooted firmly in labor relations. Thus the two essential concepts of the proposal are labor relations—related. They may be also be seen as ''incomplete.'' For example, though collective bargaining appears contemplated, there is no definition or requirement of a ''duty to bargain,'' no mechanism to resolve disputes that might arise during the bargaining process, not any enforcement mechanism to ensure good faith bargaining, which presumably is the ultimate goal of the execise.

This is not say that any such provisions are necessary. But given the strong labor orientation of the bill, the Committee's labor expertise and perspective could be brought to bear on the issues. As has been catalogued above, the Committee in the past has dealt with legislative proposals and engaged in oversight of activities comparable to the subject matter and concerns raised by H.R. 1304. The 1974 private non-proprietary health care institutions amendments to the NLRA and 1994 hearings on legislation dealing with the antitrust implications of the baseball strike are among the prominent and analogous examples which evidence the Committee's past concerns in this area.

Mr. TIAHRT. Mr. Chairman, I arise today in opposition to H.R. 1304, the Quality Health Care Coalition Act. This may surprise some as I became a cosponsor of this bill last summer. I strongly believe that we need to improve the quality of and access to our nation's health care system and support measures to do so. I originally felt that exempting negotiations between groups of health care professionals and health from antitrust laws would be an important step towards fostering continued patient safety and quality of care. Upon further reflection, however, I have changed my opinion. Despite its name, I believe that this bill has nothing to do with health care quality and will only impede efforts to improve access and quality.

This legislation will be a major burden to employers and employees—the exact people we should be trying to help. A CBO study shows that the increased costs to health insurance companies as a result of physician collective bargaining will surely be passed on to employers who provide health care coverage to their employees. This will either result in less employers providing coverage or less overall wages and benefits for employees. Neither of these is an acceptable outcome. The costs will not go towards patient care but towards sustaining doctor unionization and salary hikes. This bill also allows for physician boycotts of health plans, an outcome that could have a devastating effect on insurance plans in rural areas that already struggle to survive. I do not see how these effects will improve the quality of our health care.

Additionally, I am disturbed by CBO's finding that if enacted H.R. 1304 will costs the taxpayers $3.6 billion dollars in lost revenue over the next ten years. We all know where these lost revenues will be made up—through Social Security and Medicare. We have made a pledge to protect the Social Security surplus and shore up Medicare, a pledge we must honor. We cannot support the so-called doctor cartels at the expense of our senior citizens.

I have carefully considered this bill over the last two months. Since April, as this bill approached the floor, I have not received any support for H.R. 1304 from physicians in my district. Without their urging and upon realizing the devastating effect H.R. 1304 could have on our health care system, I decided to vote against the Quality Health Care Coalition Act.

I consider my vote today a vote for increased access to health care and to move affordable health care for everyone. We all owe a debt of gratitude to the lengths physicians must go to be ready to serve our health care needs. I honor their dedication and am proud that the very highest quality health care in the world is within our borders. While I want and encourage our best and brightest to become doctors, I do not think this bill will be helpful in the long run. Therefore, I urge my colleagues, even those who at first blush might have been favorably disposed to this, to vote against H.R. 1304.

Mr. CROWLEY. Mr. Chairman, today, most American families receive their health coverage from managed care providers. In recent years, physician and patients have lost control over this market due to the rapid consolidation of managed care organizations.

I am a proud co-sponsor of the Quality Health-Care Coalition Act, which would allow health care professionals to collectively bargain the terms of patient car with Health Care Organizations. Currently, physicians are forced to accept contracts, which often contain provisions that threaten the quality of patient care. In addition, many health plans impose gag rules on physicians that force them to accept arbitrary reimbursement rates with no thought to the quality of care being provided to the patient. These days, dominant health plans are not just managing costs, they are also determining the level, type, frequency and hoops patients most jump through in order to receive their health care.

Being married to a nurse has helped me recognize the issues many health care professionals encounter each day. H.R. 1304 would help physicians and other health care professionals fight for better patient care by beginning to level the playing field between enormous, controlling managed care plans and individual physicians and other health care professionals. H.R. 1304 would provide physicians enough leverage to effectively negotiate the terms of patient care with Managed Care Organizations. In essence, this bill would restore a physician's ability to provide quality care to patients without any interference from an HMO. Additionally, H.R. 1304 would promote the fairness and balance the health care marketplace needs and lacks today.

Those who oppose this legislation argue that patients would not be protected under this bill. However, that is a false satement. H.R. 1304 guarantees the protection of patients by requiring the U.S. General Accounting Office to study the impact of this bill over a three-year trial period before Congress would be allowed to reauthorize the bill.

The Quality Health Care Coalition Act is an important piece of legislation that would ensure the provisions of optimal health care to all patients in New York City and the rest of the country. I urge you to support this bill because all patients and their health care providers should have the right to make informed decision about their health care needs—without being subjected to the rules of an HMO.

Mr. PALLONE. Mr. Chairman, I rise in support of the Quality Health Care Coalition Act. It is a good piece of legislation and I urge all of my colleagues to join me in supporting it.

As you know, Mr. Chairman, current antitrust law prohibits health care professionals, including doctors, dentists, pharmacists, and nurses from banding together to negotiate with managed care organizations. Although this prohibition alone has stacked the deck against health care professionals seeking to protect both themselves and their patients from managed care abuse, consolidations in the health insurance industry have exacerbated this imbalance even further over the last several years.

To complement the enhanced negotiating power they have accrued through mergers and acquisitions, managed care organizations also use exclusionary contracting practices to bully health care professionals into accepting terms they surely would not accept if they were able to negotiate on a level playing field. These trends have enabled insurers to employ a ''take it or leave it'' approach when negotiating with health care professionals. As a result, the doctor-patient relationship has been compromised and the quality of care for all patients has suffered.

I have heard many first hand accounts of these abusive practices from the New Jersey Medical Society, the New Jersey Pharmacists Association, and countless other physicians with whom I have met over the last several years. We must put an end to them.

The Quality Health Care Coalition Act would correct this problem by giving health professionals the tools they need to band together when negotiating with managed care organizations. This enhanced negotiating power will level the playing field and allow health professionals to stand up for what's right and make medical judgments based on patients' medical needs rather than the managed care industry's financial motivations.

Vote ''yes'' on final passage.

Mr. PAUL. Mr. Chairman, I am pleased to take this opportunity to lend my support to H.R. 1304, the Quality Health Care Coalition Act, which takes a first step towards restoring a true free-market in health care by restoring the rights of freedom of contract and association to health care professionals. Over the past few years, we have had much debate in Congress about the difficulties medical professionals and patients are having with Health Maintenance Organizations (HMOs). HMOs are devices used by insurance industries to ration health care. While it is politically popular for members of Congress to bash the HMOs and the insurance industry, the growth of the HMOs are rooted in past government interventions in the health care market though the tax code, the Employment Retirement Security Act (ERSIA), and the federal anti-trust laws. These interventions took control of the health care dollar away from individual patients and providers, thus making it inevitable that something like the HMOs would emerge as a means to control costs.

Many of my well-meaning colleagues would deal with the problems created by the HMOs by expanding the federal government's control over the health care market. These interventions will inevitably drive up the cost of health care and further erode the ability of patents and providers to determine the best health treatments free of government and third-party interference. In contrast, the Quality Health Care Coalition Act addresses the problems associated with HMOs by restoring medical professionals' freedom to form voluntary organizations for the purpose of negotiating contracts with an HMO or an insurance company.

As an OB–GYN with over 30 years in practice, I am well aware of how young physicians coming out of medical school feel compelled to sign contracts with HMOs that may contain clauses that compromise their professional integrity. For example, many physicians are contractually forbidden from discussing all available treatment options with their patients because the HMO gatekeeper has deemed certain treatment options too expensive. In my own practice, I have tried hard not to sign contracts with any health insurance company that infringed on my ability to practice medicine in the best interests of my patients and I have always counseled my professional colleagues to do the same. Unfortunately, because of the dominance of the HMO in today's health care market, many health care professionals cannot sustain a medical practice unless they agree to conform their practice to the dictates of some HMO.

One way health care professionals could counter the power of the HMOs would be to form a voluntary association for the purpose of negotiating with an HMO or an insurance company. However, health care professionals who attempt to form such a group run the risk of persecution under federal anti-trust laws. This not only reduces the ability of health care professionals to negotiate with HMOs on a level playing field, it, like existing antitrust laws, are an unconstitutional violation of medical professionals' freedom of contract and association.

Under the United States Constitution, the federal government has no authority to interfere with the private contracts of American citizens. Furthermore, the prohibitions on contracting contained in the Sherman antitrust laws are based on a flawed economic theory: that federal regulators can improve upon market outcomes by restricting the rights of certain market participants deemed too powerful by the government. In fact, anti-trust laws harm consumers by preventing the operation of the free-market, causing prices to rise, quality to suffer, and, as is certainly the case with the relationship between the HMOs and medical professionals, favoring certain industries over others. In fact, Mr. Speaker, I would hope that my colleagues would see the folly of antitrust laws and support my Market Process Restoration Act (H.R. 1789), which repeals all federal antitrust laws.

By restoring the freedom of medical professionals to voluntarily come together to negotiate as a group with HMOs and insurance companies, this bill removes a government-imposed barrier to a true free market in health care. I am quite pleased that this bill does not infringe on the rights of health care professionals by forcing them to join a bargaining organization against their will. Contrary to the claims of some of its opponents, H.R. 1304 in no way extends the scourge of federally-mandated compulsory unionism to the health care professions. While Congress should protect the right of all Americans to join organizations for the purpose of bargaining collectively, Congress also has a moral responsibility to ensure that no worker is forced by law to join or financially support such an organization.

Mr. Chairman, it is my hope that Congress will follow up on its action today by empowering patients to control their health care by providing all Americans with access to Medical Saving Accounts (MSAs) and large tax credits for their health care expenses. Putting individuals back in charge of their own health care decisions will enable patients to work with providers to ensure they receive the best possible health care at the lowest possible price. If providers and patients have the ability to form the contractual arrangements that they found most beneficial to them, the HMO monster would wither on the vine without the imposition of new federal regulations on the insurance industry.

In conclusion, Mr. Chairman, I urge my colleagues to support the Quality Health Care Coalition Act and restore the freedom of contract and association to American's health care professionals. Antitrust laws are no more legitimate or constitutional in the health care market than they are on the software market. Therefore, I hope my colleagues will not just pass this bill but will also support my Market Process Restoration Act and exempt all Americans from antitrust laws. I also urge my colleagues to join me in working to promote a true free-market in health care by putting patients back in charge of the health care dollar through means such as Medical Savings Accounts (MSAs) and individual health care tax credits.

The CHAIRMAN. All time for general debate has expired.

Pursuant to the rule, the committee amendment in the nature of a substitute printed in the bill shall be considered as the original bill for the purpose of amendment under the 5-minute rule and shall be considered read.

The text of the committee amendment in the nature of a substitute is as follows:

H.R. 1304

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

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Quality Health-Care Coalition Act of 2000''.

SEC. 2. APPLICATION OF THE ANTITRUST LAWS TO HEALTH CARE PROFESSIONALS NEGOTIATING WITH HEALTH PLANS.

(a) IN GENERAL.—Any health care professionals who are engaged in negotiations with a health plan regarding the terms of any contract under which the professionals provide health care items or services for which benefits are provided under such plan shall, in connection with such negotiations, be entitled to the same treatment under the antitrust laws as the treatment to which bargaining units which are recognized under the National Labor Relations Act are entitled in connection with such collective bargaining. Such a professional shall, only in connection with such negotiations, be treated as an employee engaged in concerted activities and shall not be regarded as having the status of an employer, independent contractor, managerial employee, or supervisor.

(b) PROTECTION FOR GOOD FAITH ACTIONS.—Actions taken in good faith reliance on subsection (a) shall not be the subject under the antitrust laws of criminal sanctions nor of any civil damages, fees, or penalties beyond actual damages incurred.

(c) LIMITATION.—

(1) NO NEW RIGHT FOR COLLECTIVE CESSATION OF SERVICE.—The exemption provided in subsection (a) shall not confer any new right to participate in any collective cessation of service to patients not already permitted by existing law.

(2) NO CHANGE IN NATIONAL LABOR RELATIONS ACT.— This section applies only to health care professionals excluded from the National Labor Relations Act. Nothing in this section shall be construed as changing or amending any provision of the National Labor Relations Act, or as affecting the status of any group of persons under that Act.

(d) 3-YEAR SUNSET.—The exemption provided in subsection (a) shall only apply to conduct occurring during the 3-year period beginning on the date of the enactment of this Act and shall continue to apply for 1 year after the end of such period to contracts entered into before the end of such period.

(e) LIMITATION ON EXEMPTION.—Nothing in this section shall exempt from the application of the antitrust laws any agreement or otherwise

unlawful conspiracy that excludes, limits the participation or reimbursement of, or otherwise limits the scope of services to be provided by any health care professional or group of health care professionals with respect to the performance of services that are within their scope of practice as defined or permitted by relevant law or regulation.

(f) NO EFFECT ON TITLE VI OF CIVIL RIGHTS ACT OF 1964.—Nothing in this section shall be construed to affect the application of title VI of the Civil Rights Act of 1964.

(g) NO APPLICATION TO FEDERAL PROGRAMS.—Nothing in this section shall apply to negotiations between health care professionals and health plans pertaining to benefits provided under any of the following:

(1) The medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(2) The medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.).

(3) The SCHIP program under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

(4) Chapter 55 of title 10, United States Code (relating to medical and dental care for members of the uniformed services).

(5) Chapter 17 of title 38, United States Code (relating to Veterans' medical care).

(6) Chapter 89 of title 5, United States Code (relating to the Federal employees' health benefits program).

(7) The Indian Health Care Improvement Act (25 U.S.C. 1601 et seq.).

(h) GENERAL ACCOUNTING OFFICE STUDY AND REPORT.—The Comptroller General of the United States shall conduct a study on the impact of enactment of this section during the 6-month period beginning with the third year of the 3-year period described in subsection (d). Not later than the end of such 6-month period the Comptroller General shall submit to Congress a report on such study and shall include in the report such recommendations on the extension of this section (and changes that should be made in making such extension) as the Comptroller General deems appropriate.

(i) DEFINITIONS.—For purposes of this section:

(1) ANTITRUST LAWS.—The term ''antitrust laws''—

(A) has the meaning given it in subsection (a) of the first section of the Clayton Act (15 U.S.C. 12(a)), except that such term includes section 5 of the Federal Trade Commission Act (15 U.S.C. 45) to the extent such section 5 applies to unfair methods of competition, and

(B) includes any State law similar to the laws referred to in subparagraph (A).

(2) HEALTH PLAN AND RELATED TERMS.—

(A) IN GENERAL.—The term ''health plan'' means a group health plan or a health insurance issuer that is offering health insurance coverage.

(B) HEALTH INSURANCE COVERAGE; HEALTH INSURANCE ISSUER.—The terms ''health insurance coverage'' and ''health insurance issuer'' have the meanings given such terms under paragraphs (1) and (2), respectively, of section 733(b) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b(b)).

(C) GROUP HEALTH PLAN.—The term ''group health plan'' has the meaning given that term in section 733(a)(1) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1191b(a)(1)).

(3) HEALTH CARE PROFESSIONAL.—The term ''health care professional'' means an individual who provides health care items or services, treatment, assistance with activities of daily living, or medications to patients and who, to the extent required by State or Federal law, possesses specialized training that confers expertise in the provision of such items or services, treatment, assistance, or medications.

The CHAIRMAN. No amendment to that amendment is in order except those printed in House Report 106–709. Each amendment may be offered only in the order printed in the report, by a Member designated in the report, shall be considered read, shall be debatable for the time specified in the order of the House, 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.

The Chairman of the Committee of the Whole may postpone a request for a recorded vote on any amendment and may reduce to a minimum of 5 minutes the time for voting on any postponed question that immediately follows another vote, provided that the time for voting on the first question shall be a minimum of 15 minutes.

□ 2330

The CHAIRMAN. It is now in order to consider amendment No. 1 printed in the House Report 106–709.

AMENDMENT NO. 1 OFFERED BY MR. BALLENGER

Mr. BALLENGER. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 1 offered by Mr. BALLENGER:

Page 3, line 9, strike ''Any'' and insert ''Except as provided in paragraph (3) of subsection (c), any''.

Page 4, after line 20 insert the following:

(3) APPLICATION.—The exemption provided in subsection (a) shall not apply to the following:

(A) Any negotiations with a health plan regarding or relating to fees, payments, or reimbursement, including the methodology of such fees, payments, or reimbursement between health care professionals and health plans.

(B) Any negotiations with a health plan to permit health care professionals to balance bill patients.

(C) Any health care professional who has not submitted to and received approval from the Secretary of Health and Human Services for a plan that specifies policies and procedures to identify and reduce the incidence of medical errors.

(D) Any health care professional who has not disclosed to patients and prospective patients information regarding the professional's participation in such negotiations.

(E) Any acts by health care professionals to engage in boycotts.

The CHAIRMAN. Pursuant to the order of the House of today, the gentleman from North Carolina (Mr. BALLENGER) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from North Carolina (Mr. BALLENGER).

Mr. BALLENGER. Mr. Chairman, I yield myself 1½ minutes.

Mr. Chairman, I still do not understand why this bill is not under the Fair Labor Standards Act. We all know that there has been a great expansion of HMOs. Large insurance companies seem to care more about the bottom line than the patients that they are supposed to serve.

These issues should be addressed. However, allowing doctors to unionize without a governing body or any enforcement mechanism is not the way to solve this problem.

This bill would create many opportunities for patients to be harmed by boycotts and other union tactics but would do nothing for patients. This means that, as presently written, there is absolutely nothing in this bill for patients.

Simply put, my amendment would guarantee that doctors are using their exempt status for quality care for their patients, not negotiating higher fees, which would lead to higher fees and raise health care costs, which would increase the present uninsured group in this country from 40 million to 50 million people in a very short period of time

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

Mr. CONYERS. Mr. Chairman, I rise in opposition to the amendment.

Mr. Chairman, the amendment of the gentleman simply very effectively prevents negotiations over the quality of healthcare, which is what we are all about here tonight.

Among other things, it would prohibit negotiations between doctors and health plans regarding fees, payments, or reimbursement.

Why? It is not always possible to separate costs from quality. And so, by forcing physicians to refrain from negotiating fees, payments, and reimbursements, this amendment cleverly forces physicians to provide less quality health care and, thus, potentially harms patients. The result is more health plan profits and more unfair tactics.

Mr. Chairman, I hope the amendment will be rejected.

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

Mr. BALLENGER. Mr. Chairman, I yield such time as he may consume to the gentleman from California (Mr. THOMAS).

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

Mr. THOMAS. Mr. Chairman, I tell my friend the gentleman from Michigan (Mr. CONYERS) this amendment is not very clever at all. It is very straightforward.

The gentleman from New York was very concerned about the precise language used over here, and maybe he did not hear himself talk, because he used the term ''collective bargaining.'' He said doctors need collective bargaining.

Now, if this was about moving doctors under the National Labor Relations Act, where they would get collective bargaining, where there are rights associated with responsibilities, we would not have this problem.

That is not the case. What we have got are giving people the rights without the responsibilities.

Federal Trade Commission Chairman Robert Pitofsky has said, ''In every case we have brought, it is really related to doctors' income and not to patients' welfare.''

I think my colleagues can call this amendment ''trust but verify.'' If, in

fact, the doctors are really needing this suspension of antitrust to help patients, then this amendment is exactly what it will do. Trust but verify.

One: Do not negotiate regarding fees. Do not tell us that is about patients and care. It is about money.

Two: Do not cost shift. Do not cut a deal in which the patient has to bear the extra cost in balanced billing.

Three: Hey, we got a 100,000 deaths every year. How about getting some medical error structure in place before they turn them loose in terms of the ''collective bargaining.''

Let us have some truth in packaging.

And finally, this amendment says that any acts by health care professionals engaging in boycotts is not allowed.

We have all read The New York Times story about a doctor bragging about withholding medicines because the company that made the medicines was not supporting the legislation. That is about patients' care?

Very simple. Let us help doctors help patients, but we should not let doctors help doctors without this amendment to trust but verify. That is what this is all about.

We have heard slips of the tongue over here about collective bargaining, doctors should have the right to bargain collectively. It is under the guise of patients' rights.

If they want doctors to bargain collectively, put them under the National Labor Relations Act. That gives them rights and it gives them responsibilities. This legislation does not do that.

If they believe that they get a right and they have a responsibility to go with it, then the Ballenger amendment is the trust but verify. Let them have the right, but make sure they do not abuse it, not for fees, not for patient-balanced billing, not for boycotting.

If my colleagues want it for patients, everyone should vote for the Ballenger amendment.

Mr. CONYERS. Mr. Chairman, I yield myself 1 minute.

It is so instructive that the previous speaker is from California and is talking about preventing negotiations over the quality of health care.

In California, pediatricians receive as little as $10 per month for each patient, while the average monthly cost to care for a child in the State is $24.

Now, how can a physician provide quality care for a child when he or she cannot afford to keep their practice open and then we would add this debilitating amendment?

Mr. Chairman, I yield 2 minutes to the gentleman from California (Mr. CAMPBELL).

Mr. CAMPBELL. Mr. Chairman, I thank the gentleman for yielding me the time.

Mr. Chairman, let us be very clear. This is not a unionization bill. My friend and colleague the gentleman from California (Mr. THOMAS) misperceives the bill.

First of all, the bill itself has explicitly in it section 2(e), a prohibition on boycott.

Secondly, the question about putting them under the NLRA and an NLRB is appropriate only if we were creating exclusive bargaining units. That is to say that the doctors would have no one else to represent them.

We are not doing that. We are simply removing the effect of a Supreme Court opinion, which, 84 years after the passage of the Sherman Act, in my judgment, erroneously applied antitrust to what is a profession. And so, we do not need the National Labor Relations Act because we are not creating exclusive bargaining units.

Furthermore, the National Labor Relations Board does not investigate the content of contracts. It never does. It exists merely to create the fair election process to determine the sole exclusive bargaining agent. Since we do not have an exclusive bargaining agent, there is no need for the labor model.

My friend the gentleman from California (Mr. THOMAS) misapprehends the purpose and effect and indeed the very words of the statute that we are proposing tonight.

As to the fundamental amendment by my friend the gentleman from North Carolina (Mr. BALLENGER) I simply put this, and it is as simple as can be said I think: If they want better quality of medicine, it might be that they have to pay for it.

Mr. CONYERS. Mr. Chairman, I yield 1 minute to the gentleman from Iowa (Mr. GANSKE).

Mr. GANSKE. Mr. Chairman, I thank the gentleman for yielding me the time.

Mr. Chairman, I think it is very important for my Republican colleagues to understand that the Campbell-Conyers bill is not a bill that will make physicians join unions. It is just the opposite.

Under current law, the only way that they can negotiate a contract is if they are salaried and then they can join a union.

Under the Campbell-Conyers bill, individual practitioners can get together, negotiate on behalf of their patients without being salaried, without being in a union.

□ 2340

This is a fundamental point to this bill that my Republican colleagues need to understand. If they are worried about physicians, ultimately all of them becoming members of a union, then vote against this bill because that is ultimately what will happen if we do not establish some level of competition.

The CHAIRMAN. The gentleman from Michigan (Mr. CONYERS) has the right to close.

Mr. CAMPBELL. Mr. Chairman, could the Chair inform me, unless I am mistaken, I have not used any of my time. The gentleman from Michigan (Mr. CONYERS) yielded to me.

The CHAIRMAN. The time is controlled by the gentleman from Michigan (Mr. CONYERS).

Mr. CAMPBELL. Mr. Chairman, I apologize. I misunderstood. Then I would ask my colleague, the gentleman from Michigan (Mr. CONYERS), to yield me 30 seconds.

The CHAIRMAN. The gentleman from Michigan (Mr. CONYERS) has the right to close and the gentleman from Michigan (Mr. CONYERS) has 30 seconds remaining. The gentleman from North Carolina (Mr. BALLENGER) has 1 minute remaining.

Mr. BALLENGER. Mr. Chairman, I yield 1 minute to the gentleman from California (Mr. THOMAS).

Mr. THOMAS. Mr. Chairman, let us listen to what people say who have to enforce the law. Federal Trade Commission Chairman Robert Pitofsky again says, the stated goal of this bill is to promote quality of patient care. The labor exemption, however, was not created to solve issues regarding the ultimate quality of products or services consumers receive. Collective bargaining rights are designed to raise the incomes and improve working conditions of union members. We do not rely on the United Auto Workers to bargain for safer cars. Joe Klein, assistant Attorney General of the Justice Department's Antitrust Division, says this about 1304: The AMA could pull every single doctor together or its local doctors and go to each and every HMO or managed care program and say we will not work for you unless you pay us X. That is unprecedented, irrational economic power.

That is all the doctors are asking for.

Mr. BALLENGER. Mr. Chairman, I yield back the balance of my time.

Mr. CONYERS. Mr. Chairman, I yield myself the remainder of my time.

Mr. Chairman, this amendment effectively prevents negotiations over the quality of health care. It would prohibit negotiations regarding fees, payments or reimbursements, and therefore undercuts the whole bill. We do not want a bill or an amendment that forces physicians to provide, quote, ''the least costly,'' unquote, care, or a bill that denies payments to health professionals for care already provided.

Mr. Chairman, I am strongly opposed to this amendment, which would require pre-approval from the FTC or the Department of Justice to health care groups which comprise 20 percent or more of a given specialty area for a particular market area before they can engage in collective negotiations. This amendment would gut the bill and decimate the beneficial aspects of the legislation.

We have never required a labor union to obtain antitrust pre-approval to have the right to collectively bargain, and there is no reason to require it in the context of health care negotiations. As a matter of fact, such a requirement would be in many respects even more onerous than current law for health care professionals. Unlike Hart-Scott-Rodino, the bill has no time frames or deadlines, so the approval process could go on indefinitely. Delays would be compounded by the provisions allowing for public comment on each application. The amendment could also necessitate large filing fees, which would in essence serve as a tax on health care.

The limitation raises several very serious concerns.

First, there is no guidance as to the meaning of what a particular specialty or subspecialty is or how the market is to be determined. Is gynecology different than fertility? Are these the same field or two separate fields? And how would the bill apply if two separate subgroups of health care providers sought to form a collective bargaining group? Would you add up the numbers for each specialty or would this create a whole new field?

Second, under the amendment, it is up to the group of health care providers to determine if the 20 percent threshold applies. How is the group supposed to have any idea what the relevant market is or what their market share is? Only the government is in a position to make these types of complex market share determinations. By placing the burden on the group of health care providers, this amendment will force every collective bargaining unit to file with the government, subjecting them all to long and expensive delays.

Third, even if these issues could be worked out—and that could take years of litigation—the bill's percentage limitation cannot be justified. Why is 20 percent the threshold? Supreme Court legal precedent says that a company or group of companies does not have market power unless they have 70 percent or more of the market. Determining market power is very much facts and circumstances based, which is why the antitrust laws have intentionally avoided arbitrary cutoffs. This bill creates an artificially low threshold, and threatens to undercut more than a century of settled antitrust law.

I would remind the proponents of this amendment that the bill provides for a three year sunset with a report by the GAO. In my opinion this negates the need for any further oversight amendment because it would be foolish for health care professionals to engage in anti-consumer conduct given that it could cause them to lose their rights under this legislation.

I urge the Members to oppose this dangerous amendment.

The CHAIRMAN. The question is on the amendment offered by the gentleman from North Carolina (Mr. BALLENGER).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. THOMAS. Mr. Chairman, I demand a recorded vote, and pending that, I make the point of order that a quorum is not present.

The CHAIRMAN. Pursuant to House Resolution 542, further proceedings on the amendment offered by the gentleman from North Carolina (Mr. BALLENGER) will be postponed.

It is now in order to consider amendment No. 2 printed in House Report 106–709.

AMENDMENT NO. 2 OFFERED BY MR. STEARNS

Mr. STEARNS. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 2 offered by Mr. STEARNS:

Page 3, line 17, insert before the period the following: '', but only if such health care professionals have received prior approval for such negotiations from the Federal Trade Commission or the Assistant Attorney General pursuant to subsection (i).''.

Page 6, after line 21, insert the following new subsection (and redesignate the succeeding subsection accordingly):

(i) PRIOR APPROVAL.—

(1) IN GENERAL.—Health care professionals who seek to engage in negotiations with a health plan as provided in subsection (a) must obtain approval from the Commission or the Assistant Attorney General prior to commencing such negotiations. The Commission or the Assistant Attorney General shall grant such approval if the Commission or Assistant Attorney General has determined that recognition under subsection (a) of the group of health care professionals for the purpose of engaging in collective negotiations with the health plan will promote competition and enhance the quality of patient care. The approval that is granted under this subsection may be limited in time or scope to ensure that these criteria are met. The Commission and the Assistant Attorney General shall make a determination regarding a request for approval under this paragraph within 30 days after the date it is received, if the request contains the information specified in regulations issued under paragraph (2). Failure by the Commission or Assistant Attorney General to make such determination within such 30-day period will be deemed to be an approval of the request by the Commission or the Assistant Attorney General.

(2) REGULATIONS.—The Commission, in consultation with the Assistant Attorney General, shall publish regulations implementing this subsection within six months of the effective date of this Act. Such regulations shall include the following:

(A) A description of the information that must be submitted by health care professionals who seek to obtain approval to engage in collective negotiations.

(B) Provisions for the opportunity for the public to submit comments to the Commission or the Assistant Attorney General for consideration in reviewing any request for approval by health care professionals to engage in collective negotiations under this section.

(C) Provision for a filing fee in an amount reasonable and necessary to cover the costs of the Commission and the Assistant Attorney General to implement this subsection. On an annual basis, this fee shall be updated to reflect any increases or decreases determined to be necessary to cover such costs.

(3) COORDINATION.—The Commission and the Assistant Attorney General shall coordinate so that an application is reviewed under this subsection by either the Commission or the Assistant Attorney General, but not both.

(4) EXEMPTION FOR SMALL GROUPS.—

(A) IN GENERAL.—Notwithstanding any other provision of this subsection (other than subparagraph (B)), no prior approval is required under this subsection in the case of a group of health care professionals who are acting collectively with respect to a negotiation if such group constitutes less than 20 percent of the health care professionals in a specialty (or subspecialty) in the market area involved, as determined under regulations of the Commission.

(B) OVERSIGHT.—The Commission shall establish a process under which, if it receives a bona fide request that alleges that the negotiations of a group described in subparagraph (A) has not promoted competition or has not enhanced the quality of patient care, the Commission will review the request and may take such action as the Commission determines to be appropriate. Such action may include ordering that the results of the negotiations be vitiated and that the exemption under subparagraph (A) not apply to such group for such period as the Commission may specify.

Page 8, after line 8, insert the following:

(4) COMMISSION.—The term ''Commission'' means the Federal Trade Commission.

(5) ASSISTANT ATTORNEY GENERAL.—The term ''Assistant Attorney General'' means the Assistant Attorney General in charge of the Antitrust Division of the Department of Justice.

Mr. CAMPBELL. Mr. Chairman, just a point of procedure, if I might. How may I go about claiming the time in opposition?

The CHAIRMAN. The gentleman from California (Mr. CAMPBELL) may claim the time.

Mr. CAMPBELL. With the consent of my colleague, the gentleman from Michigan (Mr. CONYERS), I claim the time in opposition.

Mr. CONYERS. Mr. Chairman, I am pleased to give the control of the time to the gentleman from California (Mr. CAMPBELL).

Mr. CAMPBELL. I appreciate that, Mr. Chairman. How much time is that, Mr. Chairman?

The CHAIRMAN. The time in opposition will be 5 minutes.

Pursuant to the order of the House of today, the gentleman from Florida (Mr. STEARNS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Florida (Mr. STEARNS).

Mr. THOMAS. Mr. Chairman, is there a motion available to object to the use of the chart on the floor?

The CHAIRMAN. The Chair recognizes the gentleman from Florida (Mr. STEARNS).

Mr. STEARNS. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I thank my colleague, the gentleman from California (Mr. THOMAS), for allowing me to have the charts here on the House floor.

Mr. Chairman, my amendment is pretty simple. It is basically asking for oversight on the Conyers-Campbell, Campbell-Conyers amendment. When we look across the landscape at different groups that have been exempted, labor unions, of course, as mentioned earlier, go to the National Labor Relations Board. If one developed a cooperative, a farming cooperative, they would have to go to the Secretary of Agriculture to certify that they did not have any monopoly practices and that they were not restraining trade.

If one were an export association or a trading company or even a fishing association, even a fishing association, they would have to go to the Secretary of the Interior or to the Federal Trade Commission.

If one is an insurance company and they tried to meet different people, insurance companies tried to meet, they would also have to be governed by antitrust laws.

Newspapers, national defense contractors, throughout all of America, everybody has some oversight, but not in the Campbell-Conyers bill.

Now, in Texas, Governor George Bush passed a bill which had similar language to the Campbell-Conyers bill, but it had oversight. In fact, when one looked at it, and many other States are adopting this language, provided for the doctors to be able to get together and to negotiate with HMOs; but it had oversight.

One had to go to the State attorney general to certify that their plan and what they were doing were not antitrust, was not developing a monopoly.

So basically my amendment, which is very simple, adds a few words. It says that when they go to the HMOs and when they develop their collective strategy, that it will be certified by the Federal Trade Commission or the Justice Department. So it is very simple. It brings in that trust but verify.

So I ask my colleagues to say if they support the Campbell amendment, the Conyers amendment, why not have a little bit of trust but verify by having this group of doctors, much like everybody else in America, have some oversight; and they would have to go to the Federal Trade Commission or to the Justice Department to get certified for what they are doing?

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

Mr. CAMPBELL. Mr. Chairman, I yield 3 minutes to the gentleman from Georgia (Mr. NORWOOD).

Mr. NORWOOD. Mr. Chairman, I thank the gentleman from California (Mr. CAMPBELL) for yielding me this time.

Mr. Chairman, I rise to strongly oppose the Stearns amendment. I am not going to spend much time talking about it. It simply guts the bill. Do not vote for it.

I do want to go back and refer to the Ballenger amendment for just a moment which basically says that, okay, we will let the docs actually get together and have a discussion about this great big insurance company that comes to town, is going to take over all their practices; and we will actually let them get in a room and talk about it without prosecuting them, except they cannot talk about fees.

Now, I assure everyone that is part of the discussion. After having practiced dentistry for 25 years and fooled around a few years experimenting with this managed care environment, I can say absolutely that it is not possible to negotiate with HMOs without bringing up fees and payments.

Some HMOs have contracts that require doctors to spend no more than 12 minutes with a patient. Other HMOs pay doctors bonuses to provide the cheapest possible care, even when another treatment is more appropriate. The list goes on, such as bonuses for using HMO facilities and suppliers even when they are inferior.

Mr. Chairman, those who support this amendment, and I am talking about the Ballenger amendment, are technically correct when they say that doctors could negotiate over spending more time with patients, providing appropriate treatments with patients, or which facility to use without specifically bringing up cost issues. But if that is all the doctor can question in this negotiation, we will see every HMO in this country switch to one of their other options, which is straight capitation.

I have actually tried to practice dentistry under these conditions, in which one is assigned a flat fee per person. Some years ago I think it was $3.00, not $10.00 as the gentleman from Michigan (Mr. CONYERS) said, but $3.00. The plan does not put any standards in the contract, but the fee received is based on the same 12-minute per patient, cheapest care possible and the use of HMO facilities only.

If one does not do all of these things, they just simply go broke.

Now, the playing field out there is tilted. The gentleman from Ohio (Mr. BOEHNER) mentioned it. It is tilted. It is tilted way out of line. We have turned health care in this country over to the insurance industries. We have said, you run it, we cannot. The Federal Government will be solid about it. The States have all of their laws preempted, and by the way let us give the insurance companies an exemption from antitrust.

□ 2350

That is what we have going on out there. Health care is not better off for it. Now, we need to, if we cannot get a patient's protections bill, at least level the playing field, so these men and women who care for your bodies every day can come together in a room and actually discuss their life.

Mr. STEARNS. Mr. Chairman, how much time is remaining?

The CHAIRMAN. The gentleman from Florida (Mr. STEARNS) has 2 minutes and 45 seconds remaining.

Mr. STEARNS. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, the gentleman from Georgia (Mr. NORWOOD) just finished a very eloquent, emotional speech. The point is that a lot of the States are already enacting these protections for the physicians, and we do not need the Federal Government to go ahead and do it. For example, Texas passed, as I mentioned earlier, an antitrust bill that exempted physicians but had oversight with the Attorney General there in the State.

Why not let the States throughout this country do what we are trying to do and let them be first? Negotiations in the States will proceed on an orderly manner, and in those States where it is not required, it will not go forward.

Mr. Chairman, I have these charts that I want to show here briefly. The myth, the bill would grant doctors the same type of labor protections afforded other workers. Other workers can obtain a labor exemption only, only if they are employees, not independent contractors. Two, physicians who are employees are already entitled to the exemption under existing law, and, third, under H.R. 1304, physicians' collective bargaining would not be subject to the NLRA or any other NLRB oversight.

I ask my colleagues, do we want to have them have that carte blanche ability? Myth, doctors cannot organize without the exemption. Antitrust laws permit physicians to perform large group practices and IPAs now. In many areas, these groups have considerable leverage over plans, particularly when they are organized around specialities. Three, doctors already can discuss qualities and other contractual terms with each other and with health care plans.

My colleagues, let us have some oversight. They did it in the State of Texas. This bill would supersede Texas and all other States that are moving forward. So I ask you to vote for the Stearns amendment and let us have trust, but verify.

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

Mr. CAMPBELL. Mr. Chairman, I have no further speakers, except to close.

Mr. STEARNS. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, let me tell my colleagues on tonight's vote, whether you are a Democrat or a Republican, we know how controversial this is. We know that a lot of the people that went on the Campbell bill decided they wanted to get off but they could not get off, and they are hoping tonight that somehow this amendment would not be brought to the floor or possibly there would be some way that they would have to vote for it.

My colleagues if we want a fair compromise to this bill and still retain our loyalty to it, then vote for the Stearns bill, because it allows you to have oversight of these doctors, without it, everything we heard from the other speakers could occur.

It does not hurt to have some verification through the antitrust measures that are in this amendment, much like even the Fishery Association has, so I urge passage of the Stearns bill.

Mr. CAMPBELL. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, of 228 cosponsors, three have asked to come off the bill. We have 225. I do not know where my good friend, the gentleman from Florida (Mr. STEARNS), believes that people have been asking to get off the bill. Let me say eight have joined since our bill was postponed a month ago, eight new sponsors have joined.

The capitation rate can be so low in some instances that quality of health care suffers, that is just a fact. When people say that they would try to limit negotiations only to matters unrelated to fees, they miss the fact.

If your capitation rate requires you as a general practitioner to see 10 patients per hour, then they are not providing quality care. The gentleman

from Florida (Mr. STEARNS) suggests that we get the Federal Trade Commission to oversee.

Let me tell my colleagues what the Stearns amendment does. It gives the FTC the power. The gentleman did not discuss it but at page 4 in his amendment, and it is in my handout so those colleagues that come on the floor will see it, the FTC is given the authority and, I quote, to determine whether the terms are appropriate and then take such action as they think as appropriate, including the results of the negotiations be vitiated. I am not kidding. The FTC has plenary authority under the Stearns amendment to vitiate the bill, and all of its amendments. Furthermore, the FTC does not want this authority.

In testimony before the Committee on the Judiciary, the chairman of the FTC said they did not have the manpower, personpower to handle this. Furthermore, the Stearns amendment says that there is an exemption if you are 20 percent or less of a market. How is the FTC to determine if we have 20 percent or less of a market?

Mr. Chairman, I used to be in charge of the Bureau of Competition at the FTC, and we were doing mergers in 45 days with compulsory process. How do we determine whether anybody has 20 percent of a market within 30 days? That is why the chairman of the FTC testified that it could not be done, not without a huge increase in his budget.

Lastly that the doctors have existing authority; only if they integrate, that is just the point. Some doctors do not choose to be business people. They never choose to become in an IPA or an IPO, they chose to be professional doctors, we should let them be professional doctors.

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

The CHAIRMAN. The question is on the amendment offered by the gentleman from Florida (Mr. STEARNS).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. STEARNS. Mr. Chairman, I demand a recorded vote, and pending that, I make the point of order that a quorum is not present.

The CHAIRMAN. Pursuant to House Resolution 542, further proceedings on the amendment offered by the gentleman from Florida (Mr. STEARNS) will be postponed.

The point of no quorum is considered withdrawn.

It is now in order to consider Amendment No. 3 printed in House Report 106–709.

AMENDMENT NO. 3 OFFERED BY MR. COX

Mr. COX. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 3 offered by Mr. COX:

Page 4, after line 20, insert the following new paragraph:

(3) PHYSICIANS' RIGHT TO CHOOSE WHETHER TO JOIN A LABOR ORGANIZATION.—Nothing in this Act shall impair the right of any health care professional to refrain from self-organizing, from forming, joining or assisting a labor organization (including an organization of other health care professionals), from bargaining collectively, or from engaging in concerted activities, and no agreement with a health care plan may require membership by a health care professional (who under existing law prior to the enactment of this Act would not have been treated as an employee) in a labor organization, including any organization of other health care professionals, as a condition of employment.

The CHAIRMAN. Pursuant to the order of the House of today, the gentleman from California (Mr. COX) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from California (Mr. COX).

Mr. COX. Mr. Chairman, I yield myself such time as I may consume.

The physicians who support this bill do so for one reason, they wish to negotiate with HMOs and other managed care organizations in order to improve the quality of the patient care. They do not seek this legislation in order to force other doctors into a labor union if those doctors do not wish to join one. America's physicians deserve the fundamental right to choose whether to join a union or not, whether to belong to a union and whether to pay dues to it.

This amendment states clearly that even as they are gaining the right to collectively bargain, America's doctors will also be protected in their right to join a labor organization or to choose not to.

It is necessary, because this bill states that doctors will henceforth be treated as, this is the language of the bill, quote, bargaining units, which are recognized under the National Labor Relations Act in connection with such collective bargaining, but the National Labor Relations Act says that workers can be compelled to join a union as a condition of employment.

This would happen if, for example, some doctors under this bill collectively bargain with an HMO and negotiated a contract that required membership in a union as a condition of working for that HMO.

Without this amendment, a physician could be shut out from participating in a health care plan were such a collective bargain agreement negotiated with an HMO. That physician could be shut out of the health care plan simply because he or she chose not to join a union, simply because, for example, a physician exercised her right to choose not to become a member of a union.

Unfortunately, forced unionization is a very real and very unfair fact of life under the National Labor Relations Act. This amendment makes clear the original intent of the bill's author, to allow physicians to collectively bargain and leave them free to choose whether or not to join a union.

If this bill is enacted, doctors will collectively bargain with HMOs. Doctors and HMOs will undoubtedly enter into collective bargain agreements. Under the National Labor Relations Act, those collective bargaining agreements could legally require that in order for a doctor to work at the HMO he or she must join a union.

□ 2400

This amendment will protect doctors from such compulsory unionism that is nowhere forced on them today.

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

Mr. CONYERS. Mr. Chairman, I rise in opposition, and I yield myself 1 minute.

Mr. Chairman, this may be one of the most incredible amendments of the evening, because we are now talking about mandating a Federal right-to-work law with respect to health care professionals. I say to my colleagues, we have never considered that before in any particular field, and the practical impact of the amendment would be to harm the ability of health care professionals to collectively bargain and protect patients' rights.

This is an amendment that would seek to turn pro-labor Members against H.R. 1306.

Mr. Chairman, I yield 1½ minutes to the gentleman from Michigan (Mr. BONIOR), our distinguished whip.

Mr. BONIOR. Mr. Chairman, most of us live in communities where we pay taxes for the cost of operating schools, for paving the streets, for picking up the garbage, and we each pay our share, so do our neighbors. Everyone does their part, everyone reaps benefits. But imagine for a moment if it were different. Imagine if our neighbors could each decide to opt out of paying their fair share. They would still get the benefits, they just would not pay for them. Well, I think it would be pretty obvious it would not take long for that system to fall apart because we could not afford a system like that.

That is exactly the kind of system that the Cox amendment would force on to the health professionals. It says you can organize, you can bargain, but you have to provide the same services for the freeloaders, those who do not want to pay, as you do to provide for those who pay their fair share.

Mr. Chairman, no one here would ever argue that individuals have a right not to pay their taxes if they do not want to, yet this amendment tells health care professionals they would have the right not to pay their fair share of the cost of collective bargaining.

So I say to my colleagues, this amendment may not stop professionals from organizing, but make no mistake about it, this amendment will prevent them from succeeding. It is, as the gentleman from Michigan (Mr. CONYERS) has stated, an amendment that would kill the bill from the perspective of many people in this Chamber, and I hope Members will vote no on it.

Mr. CONYERS. Mr. Chairman, I yield 1½ minutes to the gentleman from New Jersey (Mr. ANDREWS).

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

Mr. ANDREWS. Mr. Chairman, I rise in opposition to the Cox amendment.

Those who are sympathetic and in support of the underlying purpose of this bill will surely see their intention defeated if this amendment is adopted. Because no rational-thinking physician would proceed to try to organize and bargain collectively if this amendment became law, because those leaders in the collective bargaining process would bear all the risk, and there is considerable risk of going up against the managed care companies, considerable risk of being ostracized, considerable risk of being leveraged in the marketplace, considerable risk of suffering professional and economic harm. Those who would be the first to step forward would bear all the risk, and then those who sat and waited to see how it turned out would yield all the benefit if they so chose.

No one, Mr. Chairman, would embark on that kind of risky venture if he or she was not assured that those who would benefit from the hard-won bargain would have to pay to support the process of winning the hard-won bargain.

So this is an amendment that if it became law would act as a significant disincentive for anyone ever stepping forward and taking advantage of the rights that are contemplated in the underlying bill.

If one is sympathetic to the principles of the underlying bill, one should oppose this amendment.

Mr. COX. Mr. Chairman, I yield 1 minute to the distinguished gentleman from Virginia (Mr. GOODLATTE).

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

Mr. GOODLATTE. Mr. Chairman, I thank the gentleman for yielding me this time, and I rise in strong support of this amendment and to debunk some of the allegations made on the other side.

We have 21 States that have right-to-work laws now, and in all of those States we have unions that are organized. To deny the right to members of a health care organization to choose for themselves whether or not to engage in collective bargaining is a fundamental principle that every American should have. In fact, we should not just be voting on this issue on this particular group of people; we should be bringing the legislation that I have introduced and has been cosponsored by more than 140 members for a national right-to-work law to be voted on here in the Congress.

Mr. Chairman, I strongly support this provision being added to this bill, to give people the right to choose for themselves whether or not they want to participate in something. They should not be made involuntarily to participate in collective bargaining if they choose not to do so. So this is something that has worked well for a great many people in a great many places, and to require somebody to do this against their will is tyranny. We should support this amendment.

Mr. COX. Mr. Chairman, I yield 1 minute to the gentleman from California (Mr. ROHRABACHER), my distinguished colleague.

Mr. ROHRABACHER. Mr. Chairman, I rise in strong support of H.R. 1304, and I want to note that I was an original cosponsor of H.R. 1304. Many of us who feel strongly about this also strongly support the Cox amendment.

Mr. Chairman, this bill, the base bill, is about voluntary association, the right of people to gather to work together and to form unions if they want to, yes, but to have voluntary associations, if they want to do so. It is also about the right to choose. The Supreme Court recently had two decisions based on freedom of association, the Boy Scout decision and the political parties decision.

The Cox amendment will ensure that this bill's lofty goals are actually achieved. The lofty goals of making sure that doctors are working for the benefit of the public and that the medical profession is not taken over by labor union bosses or anybody else, or managers of HMOs, but instead, the freedom of association will ensure that doctors can gather together and that they will remain true to the ideals that brought them together in the first place. Support the Cox amendment.

Mr. CONYERS. Mr. Chairman, I yield 15 seconds to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Chairman, I rise in opposition to this amendment. I wish the discussion was accurate. There is no coercion in this bill whatsoever. There is no requirement to unionize, to organize; there is perfect freedom in this legislation. I oppose this amendment, because there is no need for clarification.

Mr. Chairman, I stand in opposition to the amendment offered by Congressman COX to "clarify that a health care plan may not force a physician to join a union as a condition of employment."

H.R. 1304 would exempt health care professional from antitrust laws when they negotiate with health plans over fees and other terms of any contract under which they provide health care items of service. Professionals who form coalitions for that purpose would receive the same treatment under antitrust laws that labor organizations receive for collective bargaining activities under the National Labor Relations Act.

To this point, H.R. 1304 has truly been a piece of legislation formed through the combined efforts of my colleagues who sit on the Judiciary Committee, both on the left and the right. Now, our combined efforts seem to be traveling down that destructive road called "partisanship." Let us be careful not to be divided at this point.

As it stands, H.R. 1304 makes clear its objectives. There is no ambiguity in this legislation. Hence, there is no need for clarification! This amendment is proffered to "reaffirm the right of any health care professional to refrain from self-organizing, from forming, joining, or assisting a labor organization, from bargaining collectively, or from engaging in concerted activity."

There is no language in H.R. 1304 that would minutely suggest that collective bargaining, organization, or unionization is, or may be required. Independent practitioners who wish to remain private in practice and in negotiations with health care plans may do so. This legislation would only give independent practitioners protection should they "choose" to engage in collective bargaining.

For care givers who provide speciality services, this bill will assist them in negotiating contracts with the health care plans to make their services more readily accessible. This legislation is clear in that it provides a benefit to health care providers and does not impose any requirements.

H.R. 1304 has already been through an intense amendment process in the Judiciary Committee and adopted by a vote of 26–2, I urge my colleagues not to allow additional amendments to legislation that is already crystal clear.

There has been a bipartisan effort to work with professional health care organizations and we should respect the work that has been done to develop this bill.

Any amendments at this point would be hidden attempts to destroy a very simple and important piece of legislation. As reported by the judiciary, the bill would ensure that Congress could address any potential concerns that may arise before the legislation is re-authorized. Adding unneeded language would only harm patients by delaying passage and ultimately destroying the bill.

Mr. Chairman, this legislation is clear and I press upon my colleagues the need to oppose all amendments at this point and to support the passage H.R. 1304 so the American people may begin to receive the best health care possible.

Mr. CONYERS. Mr. Chairman, I yield myself the remaining time.

The Cox amendment is nothing less than a last-minute attack on the rights of health care professionals and patients in particular. Now, notice, this is a nongermane amendment that had the rule prescribed that all points of order had not been waived would not even be in order. It is a last-grasp effort on the part of the opponents of the bill to change the subject matter of the bill and turn pro-labor Members against the measure.

The practical impact of the amendment would be devastating to the ability of health care professionals to collectively bargain and protect patients' rights. Let us not pass tonight inadvertently the first Federal right-to-work law in our country's history.

AMERICAN FEDERATION OF LABOR AND CONGRESS OF INDUSTRIAL ORGANIZATIONS,

Washington, DC, June 29, 2000.

Hon. JOHN CONYERS, JR.,

House of Representatives, Washington, DC.

DEAR CONGRESSMAN CONYERS: The AFL–CIO opposes the Cox amendment to H.R. 1304, Quality Health Care Coalition Act. This amendment is clearly an attempt at passing

a federal ''right to work'' law for doctors and health professionals.

We strenuously oppose this amendment and urge Members to vote against it.

Sincerely,

PEGGY TAYLOR,
Director, Department of Legislation.

The CHAIRMAN. The question is on the amendment offered by the gentleman from California (Mr. COX).

The question was taken; and the Chairman announced that the ayes appeared to have it.

Mr. CONYERS. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 542, further proceedings on the amendment offered by the gentleman from California (Mr. COX) will be postponed.

It is now in order to consider Amendment No. 4 printed in House report 106–709.

AMENDMENT NO. 4 OFFERED BY MR. TERRY

Mr. TERRY. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 4 offered by Mr. TERRY:

Page 4, after line 20, insert the following:

(3) NO NEGOTIATION OVER FEES.—The exemption provided in subsection (a) shall not apply to negotiations over fees.

□ 0010

The CHAIRMAN. Pursuant to the order of the House of today, the gentleman from Nebraska (Mr. TERRY) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Nebraska (Mr. TERRY).

Mr. TERRY. Mr. Chairman, I yield myself 2 minutes.

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

Mr. TERRY. Mr. Chairman, this amendment is really rather simple. This Terry-Coburn amendment states rather simply that this broad antitrust exemption should be provided, not for fees, but only for the protection of patients.

The AMA in our discussions has assured me that this bill that they support and want is not about money. In fact, they sent around a flier today to all of us saying it is about the patient, not dollars. So, in theory, they should support this type of an amendment that still protects their rights to negotiate the quality of patients' care, but not to collaborate on fees and increase the cost.

I have met with several of the doctors back in my home district. They have shared with me that they want the ability to communicate and balance the table, to talk to the insurance companies about the quality of care, that they are concerned about being gagged in what they can and cannot talk to their patients about, or gatekeeper provisions, or medical necessity definitions. These are the types of things they would like to sit down and negotiate.

I think we should allow them that type of opportunity, because that does go to the heart of the quality of patient care. So why are they against this amendment? Maybe it is about the money. Providing quality care should never take a back seat to cost or treatment. This amendment will assure that this bill remains focused on what we all want, and that is quality of care, and is not simply increasing the cost of that care.

I urge my colleagues to vote for this simple solution that splits the difference.

Mr. CAMPBELL. Mr. Chairman, I rise in opposition.

The CHAIRMAN. The gentleman from California (Mr. CAMPBELL) is recognized for 5 minutes.

Mr. CAMPBELL. Mr. Chairman, I yield 1½ minutes to the gentleman from Iowa (Mr. GANSKE).

Mr. GANSKE. Mr. Chairman, I urge my colleagues on both sides of the aisle to reject this amendment. Here is why: The Terry amendment would prevent negotiations over quality of care. It addresses costs.

Let me give an example of how costs can affect quality of care. As a reconstructive surgeon, if somebody has their hand cut off, I can take that patient to the operating room and under microsurgical repair sew back all the tendons, the blood vessels, put the nerves back together. That is probably a 10-hour operation, an 8- to 10-hour operation.

That HMO that I may be contracted with can determine that the payment to the surgeon for that procedure would be $200, or maybe $150. By their pricing, they can effectively, despite their promises to their patients, prevent those patients from getting the services paid for, covered by their plans, by simply making it impossible for that patient to get that type of care that they need. They can price a product, a health care product, so low that we effectively are not providing the service.

Yes, if that patient comes in, under medical ethics I would take the patient to the operating room and fix their hand, but I would be essentially doing it for free.

Mr. CAMPBELL. Mr. Chairman, I yield 1½ minutes to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Chairman, I rise in opposition to the amendment offered by the gentleman from Nebraska. I have the utmost respect for him, but happen to disagree with him on this issue.

I think the gentleman from Iowa (Mr. GANSKE) was fairly eloquent on this issue. He presupposes that there is no correlation between reimbursement and quality. When I talk to a lot of the physicians in my community about their experiences on this issue, many of them share with me the same thing, that the lower and lower the reimbursement schemes that the insurance companies are essentially ramming down their throats, the way they cope is they see more and more patients in a given amount of time.

There has been some very good research out of Canada to show that physicians spend very little time seeing patients because the reimbursement is so bad that patients have to go to a doctor two, three, or four times before they finally get properly diagnosed, and the essential problem is the doctors are not spending any time with the patients.

While this bill passed with the gentleman's exception would be better than no bill, I think the gentleman's amendment does serious injury to the fundamental issue.

There are 220 cosponsors of the underlying bill. I would encourage all of them to vote no on the Terry amendment.

Mr. TERRY. Mr. Chairman, I yield 3 minutes to the gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Chairman, this is an ironic twist that I am against my doctor friends in the House. I do so not without risk to myself. I was castigated at the AMA when they had the House of Delegates because I opposed the bill.

I voted for the Patients' Bill of Rights. I have worked hard to try to see that we get a bill for patients. I understand the motivation, severely, behind this bill. I think the motivation is pure.

But I do think that our obligation, and as the gentleman from Iowa (Mr. GANSKE) said, if a patient came to him, he would do it whether he got paid or not. How is it we have a health care system where we have to make a consideration about whether we get paid or not, whether or not there is a question about adequate remuneration?

The fact is that this is about money, unfortunately. To say it is about patient care is really not true, because everything I have heard from the doctors that I have talked about has been about money. Money is associated with patient care.

The question has been raised about low monthly payments for patients in an HMO, but the only way an HMO can force a doctor to accept $10 a month for pediatric care is if there are way too many doctors in that market. So although the goals and the desires of my friends from the AMA are good, what they want to do is continue to perpetrate the maldistribution of physicians in this country.

The other thing to think about is if this bill becomes law and Members live in a rural district, half of their doctors will no longer be in the rural district because we will have set up a system where they can come to the urban areas, where many of them would rather be, and get the same treatment because we can negotiate the fees higher. So we are going to disrupt further the distribution of physicians in the country.

I am with my brothers and sisters in the medicine field. I believe this is the

wrong way to solve our problem. The right way to solve our problem is the Patients' Bill of Rights. If this amendment is accepted and my amendment is accepted, I will be voting for this bill.

Mr. CAMPBELL. Mr. Chairman, I yield the balance of our time to the gentleman from Georgia (Mr. NORWOOD).

Mr. NORWOOD. Mr. Chairman, I thank the gentleman for yielding time to me.

I want to say to my dear friend, and I mean that, the gentleman from Oklahoma (Mr. COBURN), I simply do not agree with him. I think we ought to vote this amendment down.

Is this about money? Of course it is about money. People who are going broke are concerned about that. I have been involved in managed care a few years. I can tell the Members right now it is a lot easier to stay home and go fishing than go broke, because their choice is to go broke or give bad care. That is the choices they give us.

I have always wanted to tell this story. I hate to tell it when nobody is awake. It is a story basically about what this is all about. It has occurred since I have been in Congress.

In 1996, Concordia Dental Insurance Company won the bid from the United States government to care for all the dependent personnel for our military across the country, a $1 billion contract. There is a little town in eastern North Carolina called Jacksonville, North Carolina. One hundred thousand people live there. Thirty thousand are civilians, 70,000 belong to the Marines.

□ 0020

Now, there are only 30 dentists there, and Concordia comes to town and says, Guys, we are going to take two-thirds of your practice. We are go to cut everything that you are paid in half, your fees are cut in half. You do not have to take this contract. The gentleman from Oklahoma (Mr. COBURN) says they could just walk away. How can they walk away? They are taking two-thirds of their practice.

They are simply saying, We want you to treat these people with quality care as long as you can. You may be out of business in a year, you may even last 2 years. These people said, No. We are not going to do this. These 30 dentists said, No, we cannot do this. We will go broke. We cannot feed our families or take care of our children's education.

What do my colleagues think happened to these people? The next thing they get is the big arm of the Federal Government from the Federal Trade Commission slamming down on their door saying, We know you are in collusion. You have got to be, because none of you will come to work for this insurance company and go broke. Something has got to be wrong. You are talking to each other. Sure you are. We are going to prosecute you.

Do my colleagues know what happened? A classmate from Harvard who was a lawyer from Concordia just happened to know a classmate of his at the Federal Trade Commission and he calls him up and he says, John, I cannot get these people to work for nothing. You need to help me do something about that. So our great Federal Trade Commission puts all of these 30 people under the threat of jail because they will not work for nothing.

Mr. Chairman, I urge my colleagues, do not pass this amendment.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Nebraska (Mr. TERRY).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. TERRY. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 542, further proceedings on the amendment offered by the gentleman from Nebraska (Mr. TERRY) will be postponed.

It is now in order to consider amendment No. 5 printed in House Report 106–709.

AMENDMENT NO. 5 OFFERED BY MR. COBURN

Mr. COBURN. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 5 offered by Mr. COBURN:

Page 6, after line 10, insert the following new subsection (and redesignate the succeeding subsections accordingly):

(h) EXEMPTION OF ABORTION AND ABORTION SERVICES.—Nothing in this section shall apply to negotiations specifically relating to requiring a health plan to cover abortion or abortion services.

The CHAIRMAN. Pursuant to the order of the House of today, the gentleman from Oklahoma (Mr. COBURN) and a Member opposed each will control 7½ minutes.

The Chair recognizes the gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Chairman, I yield 2 minutes to the gentleman from New Jersey (Mr. SMITH).

Mr. SMITH of New Jersey. Mr. Chairman, first of all let me begin by saying that the gentlewoman from Texas (Ms. JACKSON-LEE), my friend and colleague, misstated—was in error—when she suggested that any amendment to H.R. 1304, constituted a poison pill crafted by the insurance industry to destroy the bill.

As a strong and longstanding cosponsor of the Campbell bill, and as one speaking in favor of the pro-life Coburn amendment, nothing could be further from the truth. Our only intent in proposing this amendment is to protect innocent babies and their mothers from the violence of abortion. Abortion isn't health care—it is the dismembering and poisoning of fragile children.

Mr. Chairman, let us make no mistake about it, pro-abortion groups have long had as their goal complete assimilation of abortion into the Nation's health care system. It is clear that absent Coburn abortion providers could certainly use the exemption created by H.R. 1304 to pressure private group health plans to cover abortion. It is appropriate then, and I think it is a vital duty of this Congress, to adopt the Coburn abortion-neutral amendment if we are going to grant physicians the significant leverage in negotiations over benefits and other important issues permitted under the legislation. But we certainly should not, however unwittingly or inadvertently, permit more abortions as a consequence of this measure.

The Coburn amendment, which would simply maintain the status quo, would only exclude negotiations over abortions. That is all it would do. In other words, current antitrust law would remain in place if organizations and health care providers tried to leverage expansive abortion coverage from insurers.

Opposition to the Coburn amendment could only come from those who want abortion advocates to use this special antitrust exemption granted by H.R. 1304 to expand coverage of abortion. That is why the National Right to Life is in favor of Coburn. That is why NARAL and other pro-abortion organizations are against it. It could not be clearer.

Mr. Chairman, I strongly urge a positive vote in favor of the Coburn amendment.

Mr. CONYERS. Mr. Chairman, I rise in opposition to the amendment.

The CHAIRMAN. The gentleman is recognized for 7½ minutes.

Mr. CONYERS. Mr. Chairman, I yield myself 45 seconds.

Mr. Chairman, this is another example of the kind of gamesmanship that we have been subjected to. The bill says nothing about abortion. This anti-choice gag rule is a poison pill designed only to kill another bill to provide quality health care to all Americans.

How many Members have told me on the floor tonight if this amendment passes, they will vote against the bill? It is very simple. It is very obvious. To talk about leaving a rape victim without medical guidance.

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

Mr. COBURN. Mr. Chairman, I yield 30 seconds to the gentleman from Arizona (Mr. SHADEGG).

Mr. SHADEGG. Mr. Chairman, the gentleman from Michigan (Mr. CONYERS), my colleague on the other side, said point blank that the bill says nothing about abortion. He is simply wrong. The language of the bill clearly provides that physicians cannot negotiate in order to preclude people from providing abortion, but in fact they can negotiate to force them.

The language of the bill is right here. I invite the gentleman to read it. It simply says if a doctor is licensed to perform an abortion, negotiations may not be held to preclude him from performing abortions, in plain language of the bill. I invite the gentleman to read it.

Mr. CONYERS. Mr. Chairman, I yield 2 minutes to the distinguished gentlewoman from New York (Mrs. LOWEY).

Mrs. LOWEY. Mr. Chairman, I have been a cosponsor of this bill for nearly a year. But the amendment before us strips physicians of their right to speak about their medical, religious, and moral beliefs; and it says doctors can collectively bargain on any subject except those related to abortion and abortion services.

Every single time the anti-choice majority in this House can interfere with a women's right to access family planning or choose a legal abortion, they do. It is never enough. This bill contains no mention of any specific health service. It offers no directive about specific benefits or services that must be covered. But here we are debating women's reproductive health care once again.

We need not fear that it will be covered because this amendment would ensure it cannot even be discussed. I hope that Americans who are watching this debate will think carefully about the kind of Congress they want to elect in November. We can have a Congress that encourages responsible decision-making and access to quality reproductive health care. We can have a Congress that works to prevent the need for abortion by increasing access to effective family planning methods. Or we can continue to have a Congress like this where nearly every day it seems there is another amendment, another bill to make the right to choose obsolete.

This is what it is all about. We are gagging our doctors. We are not giving them the right to negotiate.

Mr. Chairman, I urge my colleagues to fight for quality health care for their constituents and oppose this amendment.

Mr. COBURN. Mr. Chairman, I yield myself 2 minutes.

Mr. Chairman, let me quote from the bill:

> Nothing in this section shall exempt from the application of the antitrust laws any agreement or otherwise unlawful conspiracy that excludes, limits, the participation or reimbursement or other otherwise limits the scope of services to be provided by any health care professional, or group of health care professionals, with respect to the performance of services that are within their scope of practice as defined by permitted relevant law or regulation.

Well, let me tell my colleagues what that very slickly says. What that says is that health care providers have the right to retain services, but no right to exemption from antitrust laws to reduce services. So if a group, if a Catholic hospital buys a hospital that is presently performing abortions and under their conscience do not additionally want to offer that service, then in fact they will not be able to do that.

☐ 0030

So that is not the intention of this author, and I understand that. That was never his intention. But that is the result and the effect is that those hospitals in this country who consciously object to the taking of unborn life can in fact be forced to perform that.

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

Mr. CONYERS. Mr. Chairman, I am pleased to yield 45 seconds to the distinguished gentlewoman from Maryland (Mrs. MORELLA).

Mrs. MORELLA. Mr. Chairman, actually, I am sure that what I will say has already been said, but it needs to be repeated.

Actually, first of all, I am very pleased that this bill is coming to the floor. It is a good bill. It is supported by 220 Members of Congress and a myriad of associations and organizations. With the ever increasing consolidation within managed care, it is essential.

Actually, the bill does not mandate any benefit of service, nor does it force insurance companies to provide abortion coverage. So I am dismayed that the very distinguished gentleman from Oklahoma (Mr. COBURN) has offered this amendment because it drags the abortion issue into this discussion.

But what is happening with this amendment is we are dragging the abortion issue into this discussion when our debate should pivot on whether or not giving doctors the right to collectively bargain will have a beneficial or adverse consequence on the health care industry.

This should not be a discussion on the specific conscience of a doctor or a health care, but the Coburn amendment would do just that. And so, I urge defeat of the amendment.

Mr. COBURN. Mr. Chairman, I reserve the balance of my time.

Mr. CONYERS. Mr. Chairman, I yield 45 seconds to the gentleman from Pennsylvania (Mr. GREENWOOD).

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

Mr. Chairman, those of my colleagues who are supporters of this measure really have to vote against the Coburn amendment, and they have to do it for a reason of substance and a reason of process.

The substantive reason is that if they argue that this is all about freeing doctors, freeing doctors to use their individual liberty to go and negotiate with their plans, then they cannot have it both ways, they cannot say except in this one instance and be consistent.

Secondly, if they are for the bill, they cannot vote for the Coburn amendment. Because if we look at the people who voted for the rule to allow this to happen at all, nearly half of them are pro-choice Members and they will kill the bill with the Coburn amendment.

So to be consistent and support the right of doctors to individually and collectively argue for good care for their patients and to be consistent and say they want the bill to pass, they must vote against the Coburn amendment unless they are going to go home to their doctors and let them know they tried to have it both ways.

Mr. COBURN. Mr. Chairman, I yield myself 1 minute just to answer the gentleman from Pennsylvania (Mr. GREENWOOD).

Mr. Chairman, what the bill says is that they can negotiate for abortion rights but they cannot negotiate for life. That is the ultimate result of this language. And in fact, it puts in jeopardy every Catholic hospital in this country.

What it also does, to say that this is not happening is the California Medical Association has already tried to introduce this law. It is through the State of California to mandate that every health care provider and every health care organization offer abortion services.

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

Mr. CONYERS. Mr. Chairman, I yield 1 minute to the gentleman from New York (Mr. NADLER).

Mr. NADLER. Mr. Chairman, I was going to use my minute to talk about how this is a total red herring and this debate should not be about abortion because the bill does not talk about abortions.

Then the amendment that I wrote and negotiated over a period of 6 months with doctors and nurses is cited by the gentleman on the other side as an abortion amendment. It has nothing to do with abortion.

The purpose of section (e) is to say that a group of doctors cannot negotiate with the HMO an agreement that says they may not pay nurses more than x dollars an hour. It is to prevent one group of professionals, doctors generally, from saying that nurses may not do certain things that the law says they may do.

That fear was expressed by the nurses, the physical therapists, the chiropractors; and we carefully negotiated language in this section with the doctors, the nurses, the chiropractors and the physical therapists to prevent the bill from being used by one group of health care practitioners to exclude or limit the reimbursement of another group of health care practitioners.

It has nothing whatsoever to do with abortion, period. It is just completely irrelevant to it. This bill says nothing about abortion pro or con.

Mr. COBURN. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, if, in fact, the gentleman is correct, then there is nothing wrong with my amendment. If, in fact, he is incorrect, and I believe he is, that the unintended consequence is exactly as I described, we will, in fact, have the situation as I described.

Mr. CONYERS. Mr. Chairman, I am pleased to yield 1 minute to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Chairman, I respect the differences that my friends have who are against abortion. I do again reaffirm that the Supreme Court has said the right to choose is the law of the land.

The Coburn amendment makes this bill more difficult and untenable than it is or may be. By preventing any negotiations between health care plans and doctors about abortion, the Coburn amendment could leave an incest victim stranded on an island of despair. Even her own psychiatrist could be prevented by an HMO to referring her to an obstetrician to exercise her constitutional protected right to choose.

It could also leave a rape victim without any medical guidance, or an emergency room doctor could be forbidden from ensuring that a health plan allows a referral to an appropriate reproductive health clinic.

By preventing any negotiations between health care plans and doctors about any abortion-related service, this extreme anti-choice amendment could prevent a physician from ensuring that an HMO provides ultrasound to mothers. It is not in this bill.

We should not vote for this amendment. We should allow the right to choose to stand on its own.

Mr. Chairman, I rise in opposition to this amendment offered by Representative COBURN to exclude ''negotiations specifically relating to requiring a health plan to cover abortion or abortion services.''

H.R. 1304, the Quality Health Care Coalition Act is about controlling health costs and quality and access to health care, not about limiting health care services because of a mention of abortion. It does so by amending the antitrust laws to allow health care professionals to jointly negotiate the terms of their contracts with health care plans.

This bill is not about abortion rights. That debate has already been decided in the Supreme Court in 1973 in the landmark ruling of *Roe* v. *Wade*. Furthermore, just yesterday, once again the Supreme Court upheld a woman's right to choose whether or not an abortion is right for her, without the State enacting undue restrictions. By ruling the Nebraska ''partial-birth'' ban unconstitutional, the Court reiterated that *Roe* v. *Wade* is still the law of the land and cannot be undermined with ambiguous anti-abortion language.

Under the Coburn amendment, providers could not negotiate against any oppressive restrictions that appear in their contracts concerning abortion services. Such restrictions could include a ban on referring clients for abortions elsewhere, or from discussing abortion as a medically appropriate and legal option with patients.

The amendment runs counter to the spirit of the underlying legislation—the goal of which is to empower health-care providers in their negotiations with large health plans. This amendment is merely another attempt to stigmatize abortion by separating it from other medical care.

Contrary to what the amendment sponsors will argue, H.R. 1304 would not force insurance companies to provide abortion coverage. In fact, specific benefits are not usually outlined in contracts between health plans and providers. Rather, they are contained in contracts between health plans and patients or groups of patients or employers on their behalf.

H.R. 1304 would not alter this practice. The Coburn amendment, however, would silence physicians and other providers. Those 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.

Physicians would be precluded from negotiating on their patient's behalf with hospitals to provide abortions in cases of medical emergency, or even mentioning that an abortion does not meet an adequate standard of care. Although today's Coburn amendment is limited to abortion or abortion services, it is very likely that those who seek to gag doctors from discussing abortion with their patients would soon target other reproductive health services, such as tubal ligations, sterilization, or contraception!

H.R. 1304 gives health care professionals the power to jointly negotiate contract terms to promote quality health care for their patients. H.R. 1304 would provide guarantees that patients are protected from bureaucratic abuses and help pave the way for such assurances.

Mr. Chairman, this amendment is strongly opposed by the American College of Obstetricians and Gynecologists and the American Medical Women's Association because this is an inappropriate amendment designed to kill support for this bill.

Personalized attention is what most Americans desire from their doctors, social workers and other care providers. H.R. 1304 encourages doctors to focus on the care they give to their patients. It allows us to return to an era when physicians were able to act on behalf of their patients and not for the benefit of the bottom line for an insurance company.

I ask my colleagues not to support such outlandish tactics and to rise above this so that we might approve this most significant piece of legislation.

Mr. COBURN. Mr. Chairman, I yield myself the balance of the time.

Mr. Chairman, my point is said by this chart, is that, in fact, the rule of the land is that they do not provide good health care unless they are willing to terminate an unborn child. That is NARAL's position. That is where we are headed with the language as it is written in this bill.

This bill has great intention. The authors never intended this quirk of availability to be there. That was not the intention of the gentleman from California (Mr. CAMPBELL). But it is there. And unless it is fixed, what will happen is NARAL's position that they are not providing health care unless they are terminating unborn children in every health plan, every Catholic hospital in this country that are on health insurance or extended facility will be at the mercy of NARAL.

Seventy-five percent of the people in this country, the latest poll, believes it is murder to kill an unborn child. Twenty-five percent of the people in this country are wrong. They are wrong.

There is a God in heaven, and we will pay a price for what we are doing to unborn children.

Do not let this bill go out of this House without this amendment. My colleagues will doom not only those organizations that are there for life, but they will doom some of the best health care organizations in the country.

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

Mr. CONYERS. Mr. Chairman, I yield the balance of the time to the gentlewoman from New York (Mrs. MALONEY).

Mrs. MALONEY of New York. Mr. Chairman, I yield to the gentleman from Michigan (Mr. CONYERS).

Mr. CONYERS. Mr. Chairman, the word ''abortion'' does not appear. I wrote this with the gentleman from California (Mr. CAMPBELL). We can assure our colleagues that in no place does the word ''abortion'' appear.

I just want to emphasize that.

□ 0040

Mrs. MALONEY of New York. Mr. Chairman, I thank the gentleman for his leadership.

Mr. Chairman, I rise against the amendment of the gentleman from Oklahoma (Mr. COBURN). No HMO has ever required a doctor to perform an abortion. They have never required a doctor to perform an abortion. This amendment is totally unnecessary. Come on, we all know what this is about.

The Campbell-Conyers amendment, the underlying bill, is not about abortion. The Coburn amendment is irrelevant, deceptive, and transparent. Its goal has nothing to do with abortion. Its goal is to try to undermine a very thoughtful and important bill. I urge a no vote on the Coburn amendment and a yes vote for Campbell-Conyers.

Mr. Chairman, I yield to the gentlewoman from New York (Mrs. LOWEY), my good friend.

Mrs. LOWEY. Mr. Chairman, I would like to clarify the statement from my good friend, the gentleman from Oklahoma (Mr. COBURN), who said that unless someone is willing to terminate an unborn child they cannot practice medicine. Look at what the Greenwood amendment says, that the Committee on Rules and the gentleman would not accept. It clearly says and provides for a religious exception.

The CHAIRMAN. The question is on the amendment offered by the gentleman from Oklahoma (Mr. COBURN).

The question was taken; and the Chairman announced that the noes appeared to have it.

Mr. COBURN. Mr. Chairman, I demand a recorded vote, and pending that, I make the point of order that a quorum is not present.

The CHAIRMAN. Pursuant to House Resolution 542, further proceedings on the amendment offered by the gentleman from Oklahoma (Mr. COBURN) will be postponed.

The point of no quorum is considered withdrawn.

It is now in order to consider amendment No. 6 printed in House Report 106–709.

AMENDMENT NO. 6 OFFERED BY MR. DAVIS OF ILLINOIS

Mr. DAVIS of Illinois. Mr. Chairman, I offer an amendment.

The CHAIRMAN. The Clerk will designate the amendment.

The text of the amendment is as follows:

Amendment No. 6 offered by Mr. DAVIS of Illinois:

Add at the end the following new subsection:

(j) SENSE OF CONGRESS.—It is the sense of Congress that decisions regarding medical care and treatment should be made by the physician or health care professional in consultation with the patient.

The CHAIRMAN. Pursuant to the order of the House today, the gentleman from Illinois (Mr. DAVIS) and a Member opposed each will control 5 minutes.

The Chair recognizes the gentleman from Illinois (Mr. DAVIS).

PARLIAMENTARY INQUIRY

Mr. CAMPBELL. Mr. Chairman, I have a parliamentary inquiry.

The CHAIRMAN. The gentleman from California (Mr. CAMPBELL) may inquire.

Mr. CAMPBELL. In the absence of anyone opposed, may I claim the time for additional speakers on our side?

The CHAIRMAN. The gentleman from California (Mr. CAMPBELL) may claim the time in opposition, by unanimous consent.

Mr. CAMPBELL. Mr. Chairman, I ask unanimous consent to claim the time in opposition to the amendment, that I like and support.

The CHAIRMAN. Is there objection to the unanimous consent request of the gentleman from California?

Mr. DICKS. Mr. Chairman, I object.

The CHAIRMAN. Objection is heard.

The gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, first of all, I want to commend and congratulate the gentleman from California (Mr. CAMPBELL) and the gentleman from Michigan (Mr. CONYERS) on the introduction of a necessity whose time has come, that is, the Quality Health-Care Coalition Act.

I also want to thank the Committee on Rules for making my amendment in order. The amendment that I offer today enhances the underlying bill by expressing a sense of Congress relative to decisions regarding medical care and treatment. This amendment simply states that it is the sense of this body that decisions regarding medical care and treatment should be made primarily by the physician or health care professional in consultation with the patient.

In my congressional district I have 22 hospitals and a vast a array of other health and medical research institutions and many residents with serious health and medical needs. Oftentimes health providers and patients will agree on a course of action, a course of treatment, that they consider best.

However, the HMO or insurer will have, in some cases, drafted guidelines and rules that will not allow payment for the suggested treatment prescribed by the doctor.

That leads to a situation where the doctor may have to forego his or her prescribed recommendation in order to get the patient's bill paid. In some instances, this has led to tragic consequences for patients. Quality health care is not only found in providing access. It is also found in the ability of doctors and other health providers to find remedies that may be outside the box. In other words, clinicians working for HMOs who draw guidelines to suggest that one size fits all, limit medical potential and the use of modern medical technology and does not allow for unique individual differences that patients may have.

The power of insurers to determine coverage potentially gives them the power to dictate professional standards of care for all but the wealthiest of patients. That is not appropriate. It is not good care, and it is not right.

Too many patients are suffering because HMOs have put profits ahead of patient care. This House cannot stand silently by while insurance company decisions are superseding the recommendations of health experts and doctors.

It is time that we strengthen the doctor-patient relationship. Therefore, I would urge support for this important amendment and urge its passage. I would also suggest that on the eve of July 4, I believe that it is time that we pass a declaration of independence for this Nation's doctors, nurses and other health care providers who along with their patients ought to be able to determine the best and most appropriate course of action.

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

PARLIAMENTARY INQUIRY

Mr. OSE. Mr. Chairman, parliamentary inquiry.

The CHAIRMAN. The gentleman will state his parliamentary inquiry.

Mr. OSE. Mr. Chairman, wishing to speak in favor of the gentleman's amendment, how would I go about requesting time?

The CHAIRMAN. The gentleman would proceed by asking unanimous consent for additional time, which would be granted on both sides.

Mr. OSE. Mr. Chairman, I ask unanimous consent to address the House for 2 minutes in favor of the amendment.

The CHAIRMAN. Is there objection to the request of the gentleman from California? Objection is heard.

Is any Member in the Chamber seeking to control time in opposition?

Mr. DAVIS of Illinois. Mr. Chairman, could I inquire of the Chair how much time I have left?

The CHAIRMAN. The gentleman from Illinois (Mr. DAVIS) has 1 minute remaining.

Mr. DAVIS of Illinois. Mr. Chairman, then I would be pleased to yield the 1 minute that I have remaining to the gentleman from California (Mr. OSE).

Mr. OSE. Mr. Chairman, I thank the gentleman from Illinois (Mr. DAVIS) for his very cordial provision of time.

Mr. Chairman, I rise in support of the gentleman's amendment, and I just wish to relate the impact in my district of the lack of available physician or health care professional assistance within the Medicare HMO sector of the health care market. The consequence that I am referring to is HCFA's interpretive nature on reimbursement rates that are allowed to Medicare HMOs and the like, and the consequence on doctors for providing service.

I saw a study today that estimates that HCFA has exacted over $50 billion over congressional intent by virtue of BBA–97. To the extent that we can return control of these decisions to a doctor and the patient, this is a step in the right direction, and I heartily endorse it.

The CHAIRMAN. Is there any Member seeking time in opposition?

Mr. THOMAS. Mr. Chairman, I seek the time in opposition.

The CHAIRMAN. The gentleman from California (Mr. THOMAS) is recognized for 5 minutes.

Mr. THOMAS. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I do so to enter into a colloquy with my colleague, the gentleman from Illinois (Mr. DAVIS), only for clarification purposes.

I do believe that the sense of this resolution is to make sure that medical decisions are made by the medical professionals, but I do have some concern about the wording because it says that it is the sense of Congress that decisions regarding medical care and treatment should be made by the physician or, and here is my concern, health care professional. We had heard some discussion earlier on another amendment that this legislation was not just about physicians; that it was about other health care professionals as well.

□ 0050

I am concerned about the class that would be covered by the term health care professional, because it is possible that some of those categories may, in fact, be jobs that we would not want to have the decision making and treatment recommendation in their hands. So was the intent of the gentleman from Illinois (Mr. DAVIS) in terms of expanding beyond physicians the decision-making capability regarding medical care and treatment?

Mr. DAVIS of Illinois. Mr. Chairman, will the gentleman yield?

Mr. THOMAS. I yield to the gentleman from Illinois.

Mr. DAVIS of Illinois. Mr. Chairman, the intent is oftentimes medical providers work as a team. The physician is generally the lead person on the team, and so the language is not restricted to a physician in a situation where only he or she is working alone, but also as they work as members of a team who might be working on a particular problem.

Mr. THOMAS. Reclaiming my time, I thank the gentleman for the clarification. I still have difficulty with the

language, because the word between physician and health care professional is not ''and,'' it is ''or.'' So that it could be the physician or the health care professional, and the health care professional, depending on the way we define it, could be the candy striper in the hospital, and the candy striper in the hospital is the health care professional, and they make decisions regarding medical care and treatment.

Does Congress want to go on record that it is the sense of Congress that the orderly, that the cook, that the person who is doing menial tasks but is classified as the health care professional is going to make decisions regarding medical care and treatment. Is that what we are doing it?

Mr. DAVIS of Illinois. If the gentleman would continue to yield, the definition of health care professional reads in the bill: The term health care professional means an individual who provides health care items or services, treatment, assistance with activities of daily living or medications to patients and who to the extent required by State or Federal law possesses specialized training that confers expertise in the provision of such items or services, treatment, assistance, or medications.

Mr. THOMAS. Reclaiming my time, Mr. Chairman, that means that somebody who is trained in giving someone a bath, because they are incapable of doing that is one of the activities of daily living that would be classified as the health care professional and, therefore, Congress believes that they should make medical care and treatment decisions; that is what the sense of Congress says.

I think it is fairly early in the morning, and we are getting a little carried away in terms of what we want to do. If we want to say as a Congress, people who give people baths ought to be able to make medical decisions about their care and treatment, vote yes on this sense of Congress.

Mr. GANSKE. Mr. Chairman, will the gentleman yield?

Mr. THOMAS. I yield to the gentleman from Iowa.

Mr. GANSKE. I say to the gentleman from California (Mr. THOMAS) maybe one way to resolve this at this late hour is simply that it sounds as if basically these people, health professionals, this is covered within the extent of the duties that are described generally within their job.

Mr. THOMAS. Reclaiming my time, Mr. Chairman, I think the gentleman from Iowa (Mr. GANSKE) will find that is about the all-inclusive description of health care professionals I have heard, including people who give people baths.

Mr. GANSKE. If the gentleman will continue to yield. Again, I would not have a problem with a person whose job it is to give a patient a bath, if that is the only thing we are talking about.

Mr. THOMAS. I understand that, but this says the sense of Congress is that decisions regarding medical care and treatment, it does not say how we take a bath.

The CHAIRMAN. All time has expired.

The question is on the amendment offered by the gentleman from Illinois (Mr. DAVIS).

The amendment was agreed to.

Mr. THOMAS. No, no, I was on my feet.

The CHAIRMAN. The gentleman will suspend.

Mr. THOMAS. I was on my feet.

The CHAIRMAN. The gentleman from California (Mr. THOMAS) did not call for a recorded vote. The Chair moved the further proceedings.

SEQUENTIAL VOTES POSTPONED IN COMMITTEE OF THE WHOLE

The CHAIRMAN. Pursuant to House Resolution 542, proceedings will now resume on those amendments on which further proceedings were postponed in the following order:

Amendment No. 1 by Mr. BALLENGER of North Carolina;

Amendment No. 2 by Mr. STEARNS of Florida;

Amendment No. 3 by Mr. COX of California;

Amendment No. 4 by Mr. TERRY of Nebraska; and,

Amendment No. 5 by Mr. COBURN of Oklahoma.

The Chair will reduce to 5 minutes the time for any electronic vote after the first vote in this series.

AMENDMENT NO. 1 OFFERED BY MR. BALLENGER

The CHAIRMAN. The pending business is the demand for a recorded vote on Amendment No. 1 offered by the gentleman from North Carolina (Mr. BALLENGER) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 71, noes 345, not voting 19, as follows:

[Roll No. 367]

AYES—71

Armey
Ballenger
Bartlett
Barton
Bass
Bateman
Bereuter
Biggert
Bliley
Blunt
Boehner
Bonilla
Bono
Burton
Buyer
Cannon
Castle
Chabot
Coble
Coburn
Combest
Cunningham
DeLay
DeMint
Dreier
Dunn
Ewing
Gekas
Goodling
Goss
Gutknecht
Hastert
Hayworth
Hoekstra
Hostettler
Houghton
Hulshof
Johnson (CT)
Kingston
Knollenberg
Kolbe
LaHood
Largent
Lewis (KY)
Linder
McCrery
McKeon
Miller, Gary
Myrick
Nussle
Packard
Pease
Pitts
Pomeroy
Pryce (OH)
Radanovich
Ramstad
Rogers
Ryan (WI)
Ryun (KS)
Sanford
Schaffer
Sensenbrenner
Shadegg
Stump
Sununu
Terry
Thomas
Tiahrt
Watkins
Watt (NC)

NOES—345

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldacci
Baldwin
Barcia
Barr
Barrett (NE)
Barrett (WI)
Becerra
Bentsen
Berkley
Berman
Berry
Bilbray
Bilirakis
Bishop
Blagojevich
Blumenauer
Boehlert
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (FL)
Brown (OH)
Bryant
Burr
Callahan
Calvert
Camp
Campbell
Canady
Capps
Capuano
Cardin
Carson
Chambliss
Chenoweth-Hage
Clayton
Clement
Clyburn
Collins
Condit
Conyers
Cooksey
Costello
Cox
Coyne
Cramer
Crane
Crowley
Cubin
Cummings
Danner
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Doolittle
Doyle
Duncan
Edwards
Ehlers
Ehrlich
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Fletcher
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goode
Goodlatte
Gordon
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Gutierrez
Hall (OH)
Hall (TX)
Hansen
Hastings (FL)
Hayes
Hefley
Herger
Hill (IN)
Hill (MT)
Hilleary
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Holden
Holt
Hooley
Horn
Hoyer
Hunter
Hutchinson
Hyde
Inslee
Isakson
Istook
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson, E. B.
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kasich
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kleczka
Kucinich
Kuykendall
LaFalce
Lampson
Lantos
Larson
Latham
LaTourette
Lazio
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Manzullo
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McHugh
McInnis
McIntyre
McKinney
Meehan
Menendez
Metcalf
Mica
Millender-McDonald
Miller (FL)
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (KS)
Moran (VA)
Morella
Murtha
Nadler
Napolitano
Neal
Nethercutt
Ney
Northup
Norwood
Oberstar
Obey
Olver
Ortiz
Ose
Owens
Oxley
Pallone
Pascrell
Pastor
Paul
Payne
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pombo
Porter
Portman
Price (NC)
Quinn
Rahall
Rangel
Regula
Reyes
Reynolds
Riley
Rivers
Rodriguez
Roemer
Rogan
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Royce
Rush
Sabo
Salmon
Sanchez
Sanders
Sandlin
Sawyer
Saxton
Scarborough
Schakowsky
Scott
Serrano
Sessions
Shaw
Shays
Sherman
Sherwood
Shimkus
Shows
Simpson
Sisisky
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)

Snyder
Souder
Spence
Spratt
Stabenow
Stearns
Stenholm
Strickland
Stupak
Sweeney
Talent
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Thurman
Tierney
Toomey
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Visclosky
Vitter
Walden
Walsh
Wamp
Waters
Watts (OK)
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wu
Wynn
Young (AK)

NOT VOTING—19

Archer
Clay
Cook
Filner
Fowler
Hastings (WA)
Johnson, Sam
Klink
Markey
Martinez
McIntosh
McNulty
Meek (FL)
Meeks (NY)
Shuster
Stark
Taylor (NC)
Vento
Young (FL)

□ 0113

Messrs. LARSEN, BARCIA, GOODLATTE, GREEN of Wisconsin, LATHAM, and SHAYS changed their vote from ''aye'' to ''no.''

Mr. HOEKSTRA and Mr. LINDER changed their vote from ''no'' to ''aye.''

So the amendment was rejected.

The result of the vote was announced as above recorded.

ANNOUNCEMENT BY THE CHAIRMAN

The CHAIRMAN. Pursuant to House Resolution 542, the Chair announces that he will reduce to a minimum of 5 minutes the period of time within which a vote by electronic device will be taken on each amendment on which the Chair has postponed further proceedings.

AMENDMENT NO. 2 OFFERED BY MR. STEARNS

The CHAIRMAN. The pending business is the demand for a recorded vote on amendment No. 2 offered by the gentleman from Florida (Mr. STEARNS) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIRMAN. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 94, noes 320, not voting 21, as follows:

[Roll No. 368]

AYES—94

Armey
Ballenger
Barton
Bass
Bereuter
Biggert
Bilirakis
Bliley
Blunt
Boehner
Bonilla
Bono
Brady (TX)
Burton
Buyer
Cannon
Castle
Chabot
Coble
Coburn
Combest
Crane
Cunningham
Davis (FL)
DeLay
DeMint
Dooley
Dreier
Ehlers
Ehrlich
Gekas
Goodlatte
Goodling
Goss
Green (WI)
Hansen
Hastert
Hayworth
Hefley
Herger
Hill (IN)
Hoekstra
Hostettler
Hulshof
Hutchinson
Johnson (CT)
Kingston
Knollenberg
Kolbe
Largent
Larson
Latham
Lewis (KY)
Lucas (OK)
Luther
McCrery
McInnis
McKeon
Mica
Miller, Gary
Mink
Moran (KS)
Myrick
Northup
Nussle
Oxley
Packard
Pease
Pitts
Pombo
Pomeroy
Portman
Pryce (OH)
Radanovich
Ramstad
Ryan (WI)
Ryun (KS)
Salmon
Sanford
Sensenbrenner
Shadegg
Shays
Souder
Spence
Stearns
Stump
Sununu
Terry
Thomas
Tiahrt
Toomey
Watkins
Wicker
Young (AK)

NOES—320

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldacci
Baldwin
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Bateman
Becerra
Bentsen
Berkley
Berman
Berry
Bilbray
Bishop
Blagojevich
Blumenauer
Boehlert
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Bryant
Burr
Callahan
Calvert
Camp
Campbell
Canady
Capps
Capuano
Cardin
Carson
Chambliss
Chenoweth-Hage
Clayton
Clement
Clyburn
Collins
Condit
Conyers
Cooksey
Costello
Cox
Coyne
Cramer
Crowley
Cubin
Cummings
Danner
Davis (IL)
Davis (VA)
Deal
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Doolittle
Doyle
Duncan
Dunn
Edwards
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Ewing
Farr
Fattah
Fletcher
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goode
Gordon
Graham
Granger
Green (TX)
Greenwood
Gutierrez
Gutknecht
Hall (OH)
Hall (TX)
Hastings (FL)
Hayes
Hill (MT)
Hilleary
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Holden
Holt
Hooley
Horn
Hoyer
Hunter
Hyde
Inslee
Isakson
Istook
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson, E. B.
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kasich
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kleczka
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
LaTourette
Lazio
Leach
Levin
Lewis (CA)
Lewis (GA)
Linder
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Maloney (CT)
Maloney (NY)
Manzullo
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McHugh
McIntyre
McKinney
Meehan
Meeks (NY)
Menendez
Metcalf
Millender-McDonald
Miller (FL)
Miller, George
Minge
Moakley
Mollohan
Moore
Moran (VA)
Morella
Murtha
Nadler
Napolitano
Neal
Nethercutt
Ney
Norwood
Oberstar
Obey
Olver
Ortiz
Ose
Owens
Pallone
Pascrell
Pastor
Paul
Payne
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Porter
Price (NC)
Quinn
Rahall
Rangel
Regula
Reyes
Reynolds
Riley
Rivers
Rodriguez
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Royce
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Saxton
Schaffer
Schakowsky
Scott
Serrano
Sessions
Shaw
Sherman
Sherwood
Shimkus
Shows
Simpson
Sisisky
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Spratt
Stabenow
Stenholm
Strickland
Stupak
Sweeney
Talent
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Thurman
Tierney
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Visclosky
Vitter
Walden
Walsh
Wamp
Waters
Watt (NC)
Watts (OK)
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wilson
Wise
Wolf
Woolsey
Wu
Wynn

NOT VOTING—21

Archer
Clay
Cook
Filner
Fowler
Hastings (WA)
Houghton
Johnson, Sam
Klink
Lee
Markey
Martinez
McIntosh
McNulty
Meek (FL)
Scarborough
Shuster
Stark
Taylor (NC)
Vento
Young (FL)

□ 0120

Mr. ROGAN changed his vote from ''aye'' to ''no.''

So the amendment was rejected.

The result of the vote was announced as above recorded.

AMENDMENT NO. 3 OFFERED BY MR. COX

The CHAIRMAN. The pending business is the demand for a recorded vote on the amendment offered by the gentleman from California (Mr. COX) on which further proceedings were postponed and on which the ayes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIRMAN. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 201, noes 214, not voting 20, as follows:

[Roll No. 369]

AYES—201

Aderholt
Armey
Bachus
Baker
Ballenger
Barr
Barrett (NE)
Bartlett
Barton
Bass
Bateman
Bereuter
Biggert
Bilbray
Bilirakis
Bliley
Blunt
Boehner
Bonilla
Bono
Boyd
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Campbell
Canady
Cannon
Castle
Chabot
Chambliss
Chenoweth-Hage
Clement
Coble
Coburn
Collins
Combest
Cooksey
Cox
Crane
Cubin
Cunningham
Davis (VA)
Deal
DeLay
DeMint
Dickey
Doolittle
Dreier
Duncan
Dunn
Edwards
Ehlers
Ehrlich
Etheridge
Everett
Ewing
Fletcher
Foley
Fossella
Frelinghuysen
Gallegly

Ganske
Gekas
Gibbons
Gilchrest
Gillmor
Goode
Goodlatte
Goodling
Goss
Graham
Granger
Greenwood
Gutknecht
Hall (TX)
Hansen
Hastert
Hayes
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hobson
Hoekstra
Hostettler
Hulshof
Hunter
Hutchinson
Hyde
Isakson
Istook
Jenkins
John
Johnson (CT)
Jones (NC)
Kasich
Kingston
Knollenberg
Kolbe
Kuykendall
LaHood
Largent
Latham
Lazio
Leach
Lewis (CA)
Lewis (KY)
Lucas (OK)
Manzullo
McCollum
McCrery
McInnis
McKeon
Metcalf
Mica
Miller (FL)
Miller, Gary
Moore
Moran (KS)
Moran (VA)
Myrick
Nethercutt
Northup
Norwood
Nussle
Ose
Oxley
Packard
Pease
Peterson (PA)
Petri
Pickering
Pickett
Pitts
Pombo
Porter
Portman
Price (NC)
Pryce (OH)
Radanovich
Ramstad
Reynolds
Riley
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Roukema
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sanford
Scarborough
Schaffer
Sensenbrenner
Sessions
Shadegg
Shaw
Shimkus
Simpson
Sisisky
Skeen
Smith (MI)
Smith (TX)
Souder
Spence
Spratt
Stearns
Stenholm
Stump
Sununu
Talent
Tancredo
Tanner
Tauzin
Taylor (MS)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Upton
Vitter
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Whitfield
Wicker
Wilson
Wolf
Young (AK)

NOES—214

Abercrombie
Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barcia
Barrett (WI)
Becerra
Bentsen
Berkley
Berman
Berry
Bishop
Blagojevich
Blumenauer
Boehlert
Bonior
Borski
Boswell
Boucher
Brady (PA)
Brown (FL)
Brown (OH)
Capps
Capuano
Cardin
Carson
Clayton
Clyburn
Condit
Conyers
Costello
Coyne
Cramer
Crowley
Cummings
Danner
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Diaz-Balart
Dicks
Dingell
Dixon
Doggett
Dooley
Doyle
Emerson
Engel
English
Eshoo
Evans
Farr
Fattah
Forbes
Ford
Frank (MA)
Franks (NJ)
Frost
Gejdenson
Gephardt
Gilman
Gonzalez
Gordon
Green (TX)
Green (WI)
Gutierrez
Hall (OH)
Hastings (FL)
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holden
Holt
Hooley
Horn
Houghton
Hoyer
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kleczka
Kucinich
LaFalce
Lampson
Lantos
Larson
LaTourette
Lee
Levin
Lewis (GA)
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Luther
Maloney (CT)
Maloney (NY)
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McHugh
McIntyre
McKinney
Meehan
Meeks (NY)
Menendez
Millender-McDonald
Miller, George
Minge
Mink
Moakley
Mollohan
Morella
Murtha
Nadler
Napolitano
Neal
Ney
Oberstar
Obey
Olver
Ortiz
Owens
Pallone
Pascrell
Pastor
Paul
Payne
Pelosi
Peterson (MN)
Phelps
Pomeroy
Quinn
Rahall
Rangel
Regula
Reyes
Rivers
Rodriguez
Roemer
Rothman
Roybal-Allard
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Saxton
Schakowsky
Scott
Serrano
Shays
Sherman
Sherwood
Shows
Skelton
Slaughter
Smith (NJ)
Smith (WA)
Snyder
Stabenow
Strickland
Stupak
Sweeney
Tauscher
Thompson (CA)
Thompson (MS)
Thurman
Tierney
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Velazquez
Visclosky
Walden
Waters
Watt (NC)
Waxman
Weiner
Weldon (PA)
Weller
Wexler
Weygand
Wise
Woolsey
Wu
Wynn

NOT VOTING—20

Archer
Clay
Cook
Filner
Fowler
Hastings (WA)
Johnson, Sam
Klink
Linder
Markey
Martinez
McIntosh
McNulty
Meek (FL)
Rush
Shuster
Stark
Taylor (NC)
Vento
Young (FL)

□ 0126

Mr. TANNER and Mr. MORAN of Virginia changed their vote from ''no'' to ''aye.''

So the amendment was rejected.

The result of the vote was announced as above recorded.

AMENDMENT NO. 4 OFFERED BY MR. TERRY

The CHAIRMAN. The pending business is the demand for a recorded vote on amendment No. 4 offered by the gentleman from Nebraska (Mr. TERRY) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIRMAN. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 78, noes 338, not voting 19, as follows:

[Roll No. 370]

AYES—78

Armey
Ballenger
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Bereuter
Biggert
Bilirakis
Bliley
Blunt
Boehner
Bonilla
Bono
Burton
Buyer
Cannon
Castle
Chabot
Coble
Coburn
Combest
Cox
Crane
DeLay
DeMint
Dreier
Dunn
Ewing
Gekas
Goodlatte
Goodling
Goss
Green (WI)
Hastert
Hayworth
Hoekstra
Hostettler
Hulshof
Johnson (CT)
Kingston
Knollenberg
Kolbe
Largent
Latham
Lewis (KY)
McCrery
McKeon
Miller, Gary
Myrick
Nussle
Oxley
Packard
Pease
Pitts
Pomeroy
Pryce (OH)
Radanovich
Ramstad
Rogers
Ryan (WI)
Ryun (KS)
Sanford
Schaffer
Sensenbrenner
Shadegg
Skeen
Souder
Stump
Sununu
Tancredo
Terry
Thomas
Tiahrt
Toomey
Walden
Watkins

NOES—338

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Baca
Bachus
Baird
Baker
Baldacci
Baldwin
Barcia
Barr
Bateman
Becerra
Bentsen
Berkley
Berman
Berry
Bilbray
Bishop
Blagojevich
Blumenauer
Boehlert
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brady (TX)
Brown (FL)
Brown (OH)
Bryant
Burr
Callahan
Calvert
Camp
Campbell
Canady
Capps
Capuano
Cardin
Carson
Chambliss
Chenoweth-Hage
Clayton
Clement
Clyburn
Collins
Condit
Conyers
Cooksey
Costello
Coyne
Cramer
Crowley
Cubin
Cummings
Cunningham
Danner
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Doolittle
Doyle
Duncan
Edwards
Ehlers
Ehrlich
Emerson
Engel
English
Eshoo
Etheridge
Evans
Everett
Farr
Fattah
Fletcher
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goode
Gordon
Graham
Granger
Green (TX)
Greenwood
Gutierrez
Gutknecht
Hall (OH)
Hall (TX)
Hansen
Hastings (FL)
Hayes
Hefley
Herger
Hill (IN)
Hill (MT)
Hilleary
Hilliard
Hinchey
Hinojosa
Hobson
Hoeffel
Holden
Holt
Hooley
Horn
Houghton
Hoyer
Hunter
Hutchinson
Hyde
Inslee
Isakson
Istook
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson, E. B.
Jones (NC)
Jones (OH)
Kanjorski
Kaptur
Kasich
Kelly
Kennedy
Kildee
Kilpatrick
Kind (WI)
King (NY)
Kleczka
Kucinich
Kuykendall
LaFalce
LaHood
Lampson
Lantos
Larson
LaTourette
Lazio
Leach
Lee
Levin
Lewis (CA)
Lewis (GA)
Lipinski
LoBiondo
Lofgren
Lowey
Lucas (KY)
Lucas (OK)
Luther
Maloney (CT)
Maloney (NY)
Manzullo
Mascara
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McHugh
McInnis
McIntyre
McKinney
Meehan
Meeks (NY)
Menendez
Metcalf
Mica
Millender-McDonald
Miller (FL)
Miller, George
Minge
Mink
Moakley
Mollohan
Moore
Moran (KS)
Moran (VA)
Morella
Murtha
Nadler
Napolitano
Neal
Nethercutt
Ney
Northup
Norwood
Oberstar
Obey
Olver
Ortiz
Ose
Owens
Pallone
Pascrell
Pastor
Paul
Payne
Pelosi
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pombo
Porter
Portman
Price (NC)
Quinn
Rahall
Rangel
Regula
Reyes
Reynolds
Riley
Rivers
Rodriguez
Roemer
Rogan
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Roybal-Allard
Royce
Rush
Sabo
Salmon
Sanchez
Sanders
Sandlin
Sawyer
Saxton
Scarborough
Schakowsky
Scott
Serrano
Sessions
Shaw
Shays
Sherman
Sherwood
Shimkus
Shows
Simpson
Sisisky
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Snyder
Spence
Spratt
Stabenow

Stearns
Stenholm
Strickland
Stupak
Sweeney
Talent
Tanner
Tauscher
Tauzin
Taylor (MS)
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Thurman
Tierney
Towns
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Velazquez
Visclosky
Vitter
Walsh
Wamp
Waters
Watt (NC)
Watts (OK)
Waxman
Weiner
Weldon (FL)
Weldon (PA)
Weller
Wexler
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Woolsey
Wu
Wynn
Young (AK)

NOT VOTING—19

Archer
Clay
Cook
Filner
Fowler
Hastings (WA)
Johnson, Sam
Klink
Linder
Markey
Martinez
McIntosh
McNulty
Meek (FL)
Shuster
Stark
Taylor (NC)
Vento
Young (FL)

□ 0133

So the amendment was rejected.

The result of the vote was announced as above recorded.

AMENDMENT NO. 5 OFFERED BY MR. COBURN

The CHAIRMAN. The pending business is the demand for a recorded vote on amendment No. 5 offered by the gentleman from Oklahoma (Mr. COBURN) on which further proceedings were postponed and on which the noes prevailed by voice vote.

The Clerk will redesignate the amendment.

The Clerk redesignated the amendment.

RECORDED VOTE

The CHAIRMAN. A recorded vote has been demanded.

A recorded vote was ordered.

The CHAIRMAN. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 213, noes 202, answered ''present'' 1, not voting 19, as follows:

[Roll No. 371]

AYES—213

Aderholt
Armey
Bachus
Baker
Ballenger
Barcia
Barr
Barrett (NE)
Bartlett
Barton
Bateman
Bereuter
Berry
Bilirakis
Bliley
Blunt
Boehner
Bonilla
Borski
Brady (TX)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Cannon
Chabot
Chambliss
Chenoweth-Hage
Coble
Coburn
Collins
Combest
Costello
Cox
Crane
Cubin
Cunningham
Danner
Davis (VA)
Deal
DeLay
DeMint
Diaz-Balart
Dickey
Doolittle
Doyle
Dreier
Duncan
Dunn
Ehlers
Ehrlich
Emerson
English
Everett
Ewing
Fletcher
Forbes
Fossella
Gallegly
Gekas
Gillmor
Goode
Goodlatte
Goodling
Goss
Graham
Green (WI)
Gutknecht
Hall (OH)
Hall (TX)
Hansen
Hastert
Hayes
Hayworth
Hefley
Herger
Hill (MT)
Hilleary
Hobson
Hoekstra
Holden
Hostettler
Hulshof
Hunter
Hutchinson
Hyde
Isakson
Istook
Jenkins
John
Jones (NC)
Kanjorski
Kasich
Kildee
King (NY)
Kingston
Knollenberg
Kucinich
LaFalce
LaHood
Largent
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lucas (KY)
Lucas (OK)
Manzullo
Mascara
McCollum
McCrery
McHugh
McInnis
McIntyre
McKeon
Metcalf
Mica
Miller, Gary
Moakley
Mollohan
Moran (KS)
Murtha
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Oberstar
Ortiz
Oxley
Packard
Pease
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pitts
Pombo
Portman
Quinn
Radanovich
Rahall
Regula
Reynolds
Riley
Roemer
Rogan
Rogers
Rohrabacher
Ros-Lehtinen
Royce
Ryan (WI)
Ryun (KS)
Salmon
Sanford
Saxton
Scarborough
Schaffer
Sensenbrenner
Sessions
Shadegg
Sherwood
Shimkus
Shows
Simpson
Skeen
Skelton
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Spence
Stearns
Stenholm
Stump
Stupak
Sununu
Talent
Tancredo
Tauzin
Taylor (MS)
Terry
Thomas
Thornberry
Thune
Tiahrt
Toomey
Traficant
Upton
Vitter
Walsh
Wamp
Watkins
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Weygand
Whitfield
Wicker
Wilson
Wolf
Young (AK)

NOES—202

Abercrombie
Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barrett (WI)
Bass
Becerra
Bentsen
Berkley
Berman
Biggert
Bilbray
Bishop
Blagojevich
Blumenauer
Boehlert
Bonior
Bono
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Campbell
Capps
Capuano
Cardin
Carson
Castle
Clayton
Clement
Clyburn
Condit
Conyers
Cooksey
Coyne
Cramer
Crowley
Cummings
Davis (FL)
Davis (IL)
DeFazio
DeGette
Delahunt
DeLauro
Deutsch
Dicks
Dingell
Dixon
Doggett
Dooley
Edwards
Engel
Eshoo
Etheridge
Evans
Farr
Fattah
Foley
Ford
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gejdenson
Gephardt
Gibbons
Gilchrest
Gilman
Gonzalez
Gordon
Granger
Green (TX)
Greenwood
Gutierrez
Hastings (FL)
Hill (IN)
Hilliard
Hinchey
Hinojosa
Hoeffel
Holt
Hooley
Horn
Houghton
Hoyer
Inslee
Jackson (IL)
Jackson-Lee (TX)
Jefferson
Johnson (CT)
Johnson, E.B.
Jones (OH)
Kaptur
Kelly
Kennedy
Kilpatrick
Kind (WI)
Kleczka
Kolbe
Kuykendall
Lampson
Lantos
Larson
Lazio
Lee
Levin
Lewis (GA)
Lofgren
Lowey
Luther
Maloney (CT)
Maloney (NY)
Matsui
McCarthy (MO)
McCarthy (NY)
McDermott
McGovern
McKinney
Meehan
Meeks (NY)
Menendez
Millender-McDonald
Miller (FL)
Miller, George
Minge
Mink
Moore
Moran (VA)
Morella
Nadler
Napolitano
Neal
Obey
Olver
Ose
Owens
Pallone
Pascrell
Pastor
Payne
Pelosi
Pickett
Pomeroy
Porter
Price (NC)
Pryce (OH)
Ramstad
Rangel
Reyes
Rivers
Rodriguez
Rothman
Roukema
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Schakowsky
Scott
Serrano
Shaw
Shays
Sherman
Sisisky
Slaughter
Smith (WA)
Snyder
Spratt
Stabenow
Strickland
Sweeney
Tanner
Tauscher
Thompson (CA)
Thompson (MS)
Thurman
Tierney
Towns
Turner
Udall (CO)
Udall (NM)
Velazquez
Visclosky
Walden
Waters
Watt (NC)
Waxman
Weiner
Wexler
Wise
Woolsey
Wu
Wynn

ANSWERED ''PRESENT''—1

Paul

NOT VOTING—19

Archer
Clay
Cook
Filner
Fowler
Ganske
Hastings (WA)
Johnson, Sam
Klink
Markey
Martinez
McIntosh
McNulty
Meek (FL)
Shuster
Stark
Taylor (NC)
Vento
Young (FL)

□ 0139

So the amendment was agreed to.

The result of the vote was announced as above recorded.

Mr. CONYERS. Mr. Chairman, I will not offer a motion to recommit. As the lead cosponsor of the bill, I wish that the Coburn amendment had been defeated but notwithstanding its adoption I am asking everyone to vote aye on final passage.

This vote is not being scored by the pro choice community.

The CHAIRMAN. The question is on the committee amendment in the nature of a substitute, as amended.

The committee amendment in the nature of a substitute, as amended, was agreed to.

The CHAIRMAN. Under the rule, the Committee rises.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. PEASE) having assumed the chair, Mr. SHIMKUS, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration 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, pursuant to House Resolution 542, he reported the bill back to the House with an amendment adopted by the Committee of the Whole.

The SPEAKER pro tempore. Under the rule, the previous question is ordered.

Is a separate vote demanded on any amendment to the committee amendment in the nature of a substitute adopted by the Committee of the Whole? If not, the question is on the amendment.

The amendment was agreed to.

The SPEAKER pro tempore. The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

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

RECORDED VOTE

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

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 276, noes 136, answered ''present'' 2, not voting 20, as follows:

[Roll No. 372]

AYES—276

Abercrombie
Ackerman
Aderholt
Allen
Andrews
Baca
Bachus
Baker
Baldacci
Barcia
Barr
Bartlett
Bentsen
Berry
Bilbray
Bishop
Blagojevich
Blumenauer
Boehlert
Bonior
Borski
Boswell
Boucher
Boyd
Brady (PA)
Brown (FL)
Brown (OH)
Bryant
Burr
Callahan
Calvert
Camp
Campbell
Canady
Capuano
Cardin
Carson
Chambliss
Chenoweth-Hage
Clayton
Clement
Clyburn
Collins
Condit
Conyers
Cooksey
Costello
Coyne
Cramer
Crowley
Cubin
Cummings
Danner
Davis (FL)
Davis (IL)
Davis (VA)
Deal
DeFazio
Delahunt
DeLauro
Diaz-Balart
Dickey
Dicks
Dingell
Doolittle
Doyle
Duncan
Edwards
Ehrlich
Emerson
Engel
English
Etheridge
Evans
Everett
Farr
Fattah
Fletcher
Foley
Forbes
Ford
Fossella
Frank (MA)
Franks (NJ)
Frelinghuysen
Frost
Gallegly
Ganske
Gejdenson
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goode
Goodlatte
Gordon
Graham
Granger
Green (TX)
Green (WI)
Greenwood
Hall (OH)
Hall (TX)
Hansen
Hayes
Hefley
Hill (IN)
Hill (MT)
Hilleary
Hilliard
Hinchey
Hinojosa
Hoeffel
Holden
Hooley
Horn
Hoyer
Hulshof
Hunter
Hutchinson
Hyde
Isakson
Istook
Jackson-Lee (TX)
Jefferson
Jenkins
John
Johnson, E. B.
Jones (NC)
Kanjorski
Kaptur
Kasich
Kelly
Kennedy
Kildee
Kind (WI)
King (NY)
Kleczka
Kolbe
Kucinich
Kuykendall
LaFalce
Lampson
Lantos
LaTourette
Lazio
Leach
Levin
Lewis (CA)
Lewis (KY)
Linder
Lipinski
LoBiondo
Lucas (KY)
Lucas (OK)
Maloney (CT)
Maloney (NY)
Manzullo
Mascara
Matsui
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McKinney
Meehan
Menendez
Mica
Miller (FL)
Moakley
Mollohan
Moore
Moran (KS)
Moran (VA)
Morella
Murtha
Nadler
Napolitano
Neal
Nethercutt
Ney
Norwood
Oberstar
Obey
Olver
Ortiz
Ose
Pallone
Pascrell
Pastor
Paul
Payne
Peterson (MN)
Peterson (PA)
Petri
Phelps
Pickering
Pickett
Pombo
Porter
Price (NC)
Rahall
Regula
Reyes
Reynolds
Riley
Rivers
Rodriguez
Roemer
Rogan
Rohrabacher
Ros-Lehtinen
Rothman
Roukema
Royce
Rush
Ryan (WI)
Salmon
Sanders
Sandlin
Sawyer
Saxton
Scarborough
Scott
Serrano
Sessions
Shaw
Shimkus
Shows
Simpson
Sisisky
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Snyder
Souder
Spratt
Stabenow
Stenholm
Strickland
Stupak
Sweeney
Talent
Tancredo
Tanner
Tauscher
Tauzin
Taylor (MS)
Thompson (CA)
Thompson (MS)
Thornberry
Thune
Tierney
Traficant
Turner
Udall (CO)
Udall (NM)
Upton
Vitter
Wamp
Weiner
Weldon (FL)
Weller
Weygand
Whitfield
Wicker
Wilson
Wise
Wolf
Wu
Wynn

NOES—136

Armey
Baird
Baldwin
Ballenger
Barrett (NE)
Barrett (WI)
Barton
Bass
Bateman
Bereuter
Berkley
Berman
Biggert
Bilirakis
Bliley
Blunt
Boehner
Bonilla
Bono
Brady (TX)
Burton
Buyer
Cannon
Capps
Castle
Chabot
Coble
Coburn
Combest
Cox
Crane
Cunningham
DeGette
DeLay
DeMint
Deutsch
Dixon
Doggett
Dooley
Dreier
Dunn
Ehlers
Eshoo
Ewing
Gekas
Goodling
Goss
Gutierrez
Gutknecht
Hastings (FL)
Hayworth
Herger
Hobson
Hoekstra
Holt
Hostettler
Houghton
Inslee
Jackson (IL)
Johnson (CT)
Jones (OH)
Kilpatrick
Kingston
Knollenberg
LaHood
Largent
Larson
Latham
Lee
Lewis (GA)
Lofgren
Lowey
Luther
McCarthy (MO)
McCrery
McHugh
McInnis
McKeon
Meeks (NY)
Millender-McDonald
Miller, Gary
Miller, George
Minge
Mink
Myrick
Northup
Nussle
Oxley
Packard
Pease
Pelosi
Pitts
Pomeroy
Portman
Pryce (OH)
Quinn
Radanovich
Ramstad
Rangel
Rogers
Roybal-Allard
Ryun (KS)
Sabo
Sanchez
Sanford
Schaffer
Schakowsky
Sensenbrenner
Shadegg
Shays
Sherman
Sherwood
Skeen
Smith (WA)
Stearns
Stump
Sununu
Terry
Thomas
Thurman
Tiahrt
Toomey
Towns
Velazquez
Visclosky
Walden
Walsh
Waters
Watkins
Watt (NC)
Watts (OK)
Waxman
Weldon (PA)
Wexler
Woolsey
Young (AK)

ANSWERED ''PRESENT''—2

Becerra
Owens

NOT VOTING—20

Archer
Clay
Cook
Filner
Fowler
Hastings (WA)
Johnson, Sam
Klink
Markey
Martinez
McIntosh
McNulty
Meek (FL)
Metcalf
Shuster
Spence
Stark
Taylor (NC)
Vento
Young (FL)

☐ 0157

Mr. THOMAS changed his vote from ''aye'' to ''no.''

Mr. ROYCE and Mr. PORTER changed their vote from ''no'' to ''aye.''

So the bill was passed.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PROVIDING FOR CONSIDERATION OF CONCURRENT RESOLUTION PROVIDING FOR ADJOURNMENT OF THE HOUSE AND SENATE FOR INDEPENDENCE DAY DISTRICT WORK PERIOD

Mr. REYNOLDS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 541 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 541

Resolved, That upon the adoption of this resolution is shall be in order, any rule of the House to the contrary notwithstanding, to consider a concurrent resolution providing for adjournment of the House and Senate for the Independence Day district work period.

SEC. 2. House Resolutions 469 and 482 are laid on the table.

The SPEAKER pro tempore (Mr. PEASE). The gentleman from New York (Mr. REYNOLDS) is recognized for 1 hour.

Mr. REYNOLDS. Mr. Speaker, I yield to the gentleman from Massachusetts (Mr. MOAKLEY).

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

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

The previous question was ordered.

The resolution was agreed to.

A motion to reconsider was laid on the table.

PROVIDING FOR CONDITIONAL ADJOURNMENT OR RECESS OF THE SENATE AND CONDITIONAL ADJOURNMENT OF THE HOUSE

Mr. REYNOLDS. Mr. Speaker, pursuant to the rule, I call up from the Speaker's table the Senate concurrent resolution (S. Con. Res. 125) and ask for its immediate consideration in the House.

The Clerk read the Senate concurrent resolution, as follows:

S. CON. RES. 125

Resolved by the Senate (the House of Representatives concurring), That when the Senate recesses or adjourns at the close of business on Thursday, June 29, 2000, Friday, June 30, 2000, or on Saturday, July 1, 2000, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand recessed or adjourned until noon on Monday, July 10, 2000, or until such time on that day as may be specified by its Majority Leader or his designee in the motion to recess or adjourn, or until noon on the second day after members are notified to reassemble pursuant to section 2 of this concurrent resolution, whichever occurs first; and that when the House adjourns on the legislative day of Thursday, June 29, 2000, or Friday, June 30, 2000, on a motion offered pursuant to this concurrent resolution by its Majority Leader or his designee, it stand adjourned until 12:30 p.m. on Monday, July 10, 2000, for morning-hour debate, or until noon on the second day after Members are notified to reassemble pursuant to section 2 of this concurrent resolution, whichever occurs first.

SEC. 2. The Majority Leader of the Senate and the Speaker of the House, acting jointly after consultation with the Minority Leader of the Senate and the Minority Leader of the House, shall notify the Members of the Senate and House, respectively, to reassemble whenever, in their opinion, the public interest shall warrant it.

The SPEAKER pro tempore. The Senate concurrent resolution is not debatable.

Without objection, the previous question is ordered.

There was no objection.

The Senate concurrent resolution was concurred in.

A motion to reconsider was laid on the table.