

This is an agency known as one of the most efficient in the District of Columbia. They have already made sizable cuts. They are going down to \$369,000 in cuts. They have made \$239,000 very rapidly. But the rest requires, obviously, local legislation and the following of personnel rules.

We are today, at 2:15, to have the fourth cloture vote on the D.C. appropriation in the Senate of the United States, the fourth. Each time there has been a cloture vote on whether to pass our appropriation, it has gotten fewer votes than it got the last time. Somebody is playing games, here. But the folks who are suffering are not represented by anybody in this body except me, so I have to come before this body to say that the CR that is due out Friday simply must contain the District of Columbia, or you will have to suffer the consequences. You will have to suffer the embarrassment. My constituents and I have already suffered the pain.

Congress is fond of saying that it is acting in the District with less democracy than other jurisdictions because "It is the Capital of the United States, and it is our responsibility." When is the Congress going to perform like it recognized that it has a responsibility? The residents I represent are second per capita in taxes paid to the Federal Treasury, and yet have no voting representation in this body, and no representation whatsoever in the Senate. Put yourself in their position, when the money being held up is their money, not this body's money, money owed them for taxes.

If this is everybody's city, which is why the Congress says it exercises jurisdiction over it, then it is time for the Congress of the United States to act like it.

URGING SUPPORT FOR THE ROUKEMA HEALTH CARE REFORM LEGISLATION

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

Mr. PALLONE. Mr. Speaker, last week over 150 Democrats signed a letter of support for positive health care reform legislation sponsored by the Republican congresswoman, the gentlewoman from New Jersey, MARGE ROUKEMA. Her bill is similar to the Kennedy-Kassebaum legislation that has been introduced in the Senate, and has gained wide bipartisan support. In fact, Senator KASSEBAUM already has a commitment to bring up her bill in mid-April, and a number of health care organizations, providers, including the American Medical Association, have signed on and said that this is a good bill.

Essentially that we have now is bipartisan support, both Democrats and Republicans, both House and Senate Members, and the President of the

United States, President Clinton, who said that if this bill comes to his desk he will sign it.

The Roukema bill essentially would ensure that Americans will no longer have their health coverage denied or limited because of so-called preexisting conditions. The bill also helps people keep their health coverage if they get sick, lose their jobs, or change jobs. This is a bill that could pass the House of Representatives if the Republican leadership in this House would only let it come to the floor.

In fact, it is now my understanding that the House Republican leadership, under Speaker GINGRICH, is taking a different tack and plans on introducing health care legislation that includes controversial provisions to pander to various special interest groups. In other words, instead of letting the Roukema or Kennedy-Kassebaum bill come to the floor with everybody's support and have it signed by the President, they are now going to bring in another bill loaded with all kinds of special interests, special interest provisions; for example, increasing tax-free medical savings accounts, limiting malpractice awards, a number of things that are very controversial and that would prevent any kind of health insurance reform from passing this House and being signed into law.

I just wanted to mention one of the provisions that GINGRICH and the Republicans have talked about, and this is the Medical Savings Accounts, or MSA's. The Speaker tried to include MSA's when they are trying to cut Medicare last year, and now they are trying to insert this untested idea into the health care reform bill, which would provide a financial windfall for the Golden Rule Insurance Company, whose top executive has given Republican political committees excessive contributions in the past few years.

During the Medicare debate it was found that the MSA would cost Medicaid an additional \$3 billion. How can the Republican leadership believe they can try to pass this in health care reform? It is not a reform; it is actually catering to special interests. In the end it means health care costs will increase for the average working family.

Serious health care reform was attempted 3 years ago and failed because Congress tried to overhaul the whole system with one piece of legislation. I would maintain that the lesson from that experience is Congress needs to take a step-by-step approach to decrease the number of uninsured Americans. I think that is what we would accomplish in a small, modest way with the Roukema bill.

Again, however, the Republican leadership does not really want health care reform. If they did, then they would not be loading up a bill that benefits the special interests over the uninsured. If they wanted health care reform, why did they bring up this illustrious Contract With America last year?

Essentially what we are seeing here is the same old Republican leadership games. There is bipartisan support for the Kennedy-Kassebaum Senate bill. One hundred and thirty respected business groups, insurance groups, and health care providers have endorsed it. The House version, sponsored by the gentlewoman from New Jersey [Mrs. ROUKEMA], a Republican, has bipartisan support and will reduce the number of uninsured by millions. It is a positive step that will help working families by increasing portability and eliminate preexisting conditions.

If the Republican leadership truly wanted health care reform, they should consider using the Roukema legislation as the vehicle for it. It is irresponsible to try to please all the special interests when Congress can be working together to reduce the number of uninsured Americans.

What I am simply saying, Mr. Speaker, is this: We know that the Roukema bill can pass and address the issue of preexisting conditions and portability. Let us bring it to the Committee on Commerce, let us bring it to the floor. Let us not load it up with all these other things that will make it impossible for it to pass. I think it is incumbent upon the Republican leadership to allow this bill to come out and be considered in a simple form, rather than this new grab-bag package that they are now proposing to introduce and bring before various congressional committees.

RECESS

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

Accordingly (at 1 o'clock and 1 minute p.m.), the House stood up in recess until 2 p.m.

□ 1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker at 2 p.m.

PRAYER

The Chaplain, Rev. James David Ford, D.D., offered the following prayer:

As the Sun rises to greet each day and gives light and warmth to every person, so may Your word of grace, O God, greet us each morning and guide us on our daily walk. We recognize that when we look only to ourselves and our own vision, we often falter and faint and we can lose our bearing and drift with the winds of time and the tides of the moment. Speak to us, O God, in the depths of our hearts, nurture our souls, enlighten our minds, and encourage us to use our hands in the works of justice and of peace. Amen.