

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

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

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

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

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

#### KEEP HEALTH CARE PROMISES TO VETERANS

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

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

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

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

Mr. Speaker, on January 19, 1995, I introduced, along with Congressmen GEREN, BARTON, CONDIT, and SAM JOHN-

SON, H.R. 580, which is a bill to allow the reimbursement to the Department of Defense by the Department of Health and Human Services for care rendered to Medicare eligible retirees and their families in military treatment facilities. This is better known as Medicare subvention.

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

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

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

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

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

Mr. Speaker, this new legislation makes a good attempt to solve the problems brought on by the CBO cost estimate of Medicare subvention. As

DOD's managed health care program, TRICARE, is implemented throughout the country, many military retirees within many of my colleagues' districts will be affected, so I urge my colleagues to support this bill and to become cosponsors.

#### GENETIC DISCOVERIES AND OUR HEALTH PRIVACY

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

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

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

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

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

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

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