full and prompt restoration of lost interest to uninvested trust funds within the limits of the law.

I am pleased with the results of the GAO report. This report confirms my belief that Secretary Rubin acted properly and averted a serious and volatile crisis. Once again, I think we should commend the actions Secretary Rubin took this past winter.

VOTE ''NO'' ON OPIC CORPORATE WELFARE PROGRAM

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

Mr. SANDERS. Mr. Speaker, let us be frank. Exxon, Ford, Citibank, and DuPont are profitable multibillion dollar corporations who pay their CEO's millions of dollars in salary. These companies do not need OPIC corporate welfare payments from the taxpayers of this country to provide them with incentives to invest abroad. Incentives to invest abroad.

At a time when some Members of this body are proposing huge cuts in Medicare, Medicaid, education, veterans programs, environmental protection, it is totally absurd to increase the amount of corporate welfare that we provide to these huge profitable corporations.

Not only is this a bad deal for taxpayers, it is bad economic development and job creation. Many of these same corporations are downsizing, laying off hundreds of thousands of American workers. Our policy should not be to encourage these companies to invest abroad, our policy should be to demand that these companies reinvest in the United States of America, in the State of Vermont, all over this country, and create decent paying jobs here.

Let us vote no on this OPIC corporate welfare program.

COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT SHOULD RELEASE SPECIAL COUNSEL REPORT ON SPEAKER GINGRICH BEFORE ADJOURNMENT

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

Mr. WARD. Mr. Speaker, I am appalled at how my colleagues across the aisle are misusing the powers of the Committee on Standards of Official Conduct. They have stalled the review process on a complaint about Speaker GINGRICH to such an extent that now they may not even address the allegations at all before we adjourn this year.

Exactly what does the Committee on Standards of Official Conduct do, if it will not report on findings? What is in the report that they do not want the American people to see it?

The investigation has so far cost the American people half a million dollars. I think these same taxpayers, as well as Mr. GINGRICH's own constituents in Georgia, deserve to know if the allegations are true or false.

If the Republicans on the Committee on Standards of Official Conduct plan to adjourn before addressing this complaint, the least they should do is release the report from the outside counsel. Let the people of America judge for ourselves if there is any wrongdoing.

TAX CUTS FOR THE WEALTHY MEANS CUTS FOR MEDICARE AND STUDENT LOANS

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

Mr. BROWN of Ohio. Mr. Speaker, we have been here before. The same folks who brought you the Government shutdown are back. Speaker NEWT GINGRICH, Bob Dole, and others want a $500 billion tax break, mostly for the wealthy.

What does that mean? It means more Medicare cuts, higher even than the $270 billion that the Gingrich-Dole plan originally gave us. It means a doubling of premiums. Where premiums are $46 a month for senior citizens for Medicare, those premiums will go to $90 or $100 a month, perhaps even $110 a month, to pay for the tax break for the wealthy that Mr. Dole and Mr. GINGRICH want to bring to us. It means higher deductibles and higher copayments for Medicare. It means elimination and cutting back of the student loan program and higher costs for those student loans that still remain.

Mr. Speaker, these tax breaks for the wealthy mean more Medicare cuts, more student loan cuts. They are simply not what the public wants.

THE ARGUMENT AGAINST A RETURN TO SUPPLY SIDE ECONOMICS

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

Mr. HINCHEY. Mr. Speaker, just before the August recess the Wall Street Journal published an op-ed urging Presidential candidate Bob Dole to embrace a return to supply side economics. Shortly thereafter the Journal printed a letter I authored in response to that op-ed, showing that the economy performed better since 1992 than it had during the previous 12 years of supply side economics.

In comparing economic performance under Clinton since 1992, to the Reagan-Bush years, we find that under President Clinton the economy has grown more rapidly, employment has risen at a faster rate, per capita income has increased more quickly, and the deficit is much smaller relative to the economy.

Last month's unemployment rate of 5.1 percent provides evidence of just how healthy the economy has become despite the fact that the growth has not been shared equally among all regions of the Nation.

Mr. Speaker, we owe much of this progress to the success of the 1993 budget reduction law which was enacted by the Democratic Congress. It was reduced the deficit by more than 60 percent. It has expanded the EITC program, providing tax breaks averaging $500 for New Yorkers alone.

Let us not return to supply side economics. Let us keep on a steady course which is providing economic growth for all Americans.

GOP MEANS GET OLD PEOPLE

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

Mr. PALLONE. Mr. Speaker, I support tax cuts cuts. We all support tax cuts, but not when they are at the expense of Medicare.

We have already witnessed attempts by the Gringrich-Dole Congress over the last 2 years to raid Medicare for tax breaks for the rich. Democrats stood up and stopped the Republicans dead in their tracks, preventing the demise of Medicare as we know it.

Today, Bob Dole is back in town, meeting with Speaker GINGRICH behind closed doors, likely discussing ways to attack Medicare again for their tax break schemes. Last year Speaker GINGRICH and former Senator Dole proposed the largest Medicare cuts in history to pay for a tax break that would have primarily benefited the wealthy.

Mr. Speaker, it is the same old story. GOP truly means get old people, again and again.

□ 1230

APPOINTMENT OF CONFEREES ON H.R. 3666, DEPARTMENTS OF VETERANS AFFAIRS AND HOUSING AND URBAN DEVELOPMENT, AND INDEPENDENT AGENCIES APPROPRIATIONS ACT, 1997

Mr. LEWIS of California. Mr. Speaker, I ask unanimous consent to take from the Speaker's table the bill (H.R. 3666) making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 1997, and for other purposes, with Senate amendments thereto, disagree to the Senate amendments and agree to the conference asked by the Senate.

The SPEAKER pro tempore (Mr. CAMP). Is there objection to the request of the gentleman from California?

There was no objection.

MOTION TO INSTRUCT CONFEREES

Mr. STOKES. Mr. Speaker, I offer a motion to instruct.

The Clerk read as follows:

Mr. STOKES moves that the managers on the part of the House be instructed to agree

to the amendments of the Senate numbered 95, 117, and 118.

The SPEAKER pro tempore. The gentleman from Ohio [Mr. STOKES] and the gentleman from California [Mr. LEWIS] each will control 30 minutes.

The Chair recognizes the gentleman from Ohio [Mr. STOKES].

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

Mr. Speaker, I rise to explain my motion to instruct House conferees on the 1997 VA-HUD-Independent Agencies Appropriations Act. I will be the first to admit that this instruction is not quite the norm, but I strongly believe that circumstances and timing dictate this course of action.

The first part of my motion deals with benefits for Vietnam Veterans' children suffering from spina bifida if their parents were exposed to agent orange. It directs the House conferees to agree to the Agent Orange Benefits Act added by the Senate (amendment number 95). The Senate provision is supported by the administration and is the result of research conducted by the National Academy of Sciences in response to congressional direction in 1991. A report issued by the National Academy this past March updated an earlier study presented in 1993. This year's report indicated limited suggestive evidence of an association between exposure to agent orange and incidence of spina bifida in offspring. Based on this new study, the VA has recommended that spina bifida in veterans' offspring be considered service-connected. Without this important provision, the VA lacks the authority to extend benefits to the children of veterans.

Although caring for the spina bifida children will have a cost, the amendment more than compensates for those expenses. By overturning the Gardner decision, the amendment fully pays for the cost of treatment and benefits and even returns several million dollars to the U.S. Treasury for deficit reduction. Under the Gardner decision will still allow veterans to receive compensation for additional disability or death caused by the VA only if there is evidence the VA was at fault. It is noteworthy that provisions overturning the Gardner decision have been included in several recent reconciliation bills. Since it appears highly unlikely that a separate reconciliation bill will be enacted this Congress, it makes sense to capture these savings now.

The second part of my motion deals with parity for mental health coverage under group health plans. It directs the House conferees to agree to the Senate amendment, No. 118, that would require health plans that have benefit limits on medical and surgical condition is to have the same limits on mental conditions. This provision is supported by National Alliance for the Mentally Ill, the National Mental Health Association, the American Psychiatric Association, the American Psychological Association, and the American Medical Association, among others.

Certain opponents of this measure may argue that small businesses can not absorb the cost of this provision. I strenuously disagree with that assessment. The Congressional Budget Office estimates that private insurance premiums will increase by only 0.4 percent under the terms of this provision, of which employers would pay only .16 percent. In addition, small businesses with 25 or fewer employees are exempt from the provision. Also, the provision ceases to have effect if it would result in a 1 percent or greater increase in the cost of a group health plan's premiums. I am convinced these modifications adequately address the concerns of small businesses.

The final part of my motion directs the House conferees to agree to the Senate amendment, No. 117, requiring health plan coverage for a minimum hospital stay of 48 hours for newborns and mothers following childbirth. This provision was agreed to by a unanimous vote in the other body. Similar legislation in the House has the bipartisan support of more than 150 cosponsors. The provision makes common sense, and it often makes economic sense. Too many times when newborn children and their mothers are discharged from hospitals just hours after birth, complications such as jaundice or more serious conditions require rehospitalization usually at greater cost. Mr. Speaker, the CBO estimates the only cost of this provision in 1997 is $1 million for the establishment of an advisory commission. Over the period 1997–2002, it is anticipated asset sales will more than offset any impact on the Federal deficit.

Mr. Speaker, as I said at the outset, I realize this approach is somewhat usual in that these provisions more properly lie within the jurisdiction of the legislative committees. Were it not for the looming adjournment date and the shortness of time remaining in which to do our business as well as the broad-based support for these provisions, I would not be urging this course. Also, since it appears likely the VA–HUD appropriations conference report may not offer an opportunity for separate votes on these important matters, this may be House Members' only chance to indicate their position on these issues.

For all these reasons, I strongly urge my colleagues to support my motion to instruct the VA–HUD conferees.

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

Mr. LEWIS of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I cannot help but respond or react to my colleague's comments regarding these very, very important matters that now, by way of a motion to instruct, will be directed toward the conference on that bill that has to do with the Departments of Veterans Affairs, Housing, NASA, EPA, not health care. The gentleman has indicated that this may very well be one of the few trains to leave town and, therefore, these items of great importance ought to be attached to this package just because there will be no other chance.

I wanted to be very clear, Mr. Speaker, that this is the first time, that the chairman of the subcommittee has had a chance to even take a look at these items. They address subject areas that are very, very important, but they are subject areas that are not germane to our bill. They are subject areas that, indeed, deserve the light of day that normally would involve our legislative hearing process. They are very important items to the consumers who might be impacted by these items if they should eventually become a permanent part of this bill and have it be signed into law.

Just to make a specific point regarding the three items, if one would just address oneself to the 48-hour notice regarding that which should be required of health insurance that is available to people in the consuming public. Essentially this instruction would tell the conferees by way of the House that we should include a requirement of a 48-hour notice within our bill as it goes to the President's desk.

Frankly, there are lots of pros and cons to that issue. But indeed I am not sure the American public is ready to receive this issue in this form. Average families out there, after the fact, are going to realize that suddenly there is a new premium added to their insurance contracts because of some action arbitrarily taken by the House, taken by the House without any notice to them, taken by the House without any indication as to how that will impact their future health care circumstances.

Indeed, just before we broke for the recess, we had a health care package move forward from the House to the President. That package did not include this 48-hour notice item. Indeed it was much too controversial for the authorizing committees to deal with at the time. So as of this moment, we are about to put them into this train that is leaving town without our knowing whether the arguments in favor weigh on that side or the arguments against weigh on the other side. It is exactly how we should not be handling appropriations bills.

I must say that I am tempted to talk with my colleague, the gentleman from Ohio [Mr. STOKES], my dear friend from Ohio, and ask him in great detail about spina bifida and about mental health parity, but frankly he and I, even in our own subcommittee discussions where we talk off the record, have not had a chance to discuss these matters.

□ 1245

Mr. Speaker, I presume he like myself, even though I spent a lot of years in the health insurance business, does not presume expertise in these technical policy areas.

This is absolutely the wrong way to legislate, at the wrong time, in an environment that will create problems

that we are going to have to live with ourselves in the months and years ahead, and the public at the other end will be scratching their heads and saying is this what we sent them up there to do?

Mr. LIVINGSTON. Mr. Speaker, will the gentleman yield?

Mr. LEWIS of California. Mr. Speaker, I yield to the gentleman from Louisiana.

Mr. LIVINGSTON. Mr. Speaker, I want to compliment the gentleman on his statement. As I understand it, none of these three issues constitute subject matter that would be ordinarily entertained by this particular bill. Traditionally the VA–HUD appropriations bill deals with the funding of the Veterans' Administration, the Department of Housing and Urban Development and a lot of independent agencies, but this bill is not a general health bill; is it?

Mr. LEWIS of California. That is correct; is it not.

Mr. LIVINGSTON. If the gentleman would yield further, it just strikes me as a very, very unusual procedure for us to find that these totally extraneous issues, no matter how meritorious they may be, and in fact are worthy, because our hearts go out to anybody with a child with spina bifida or to a mother who has left the hospital early, but still there are extraneous issues to this bill. And to be dropped on the gentleman at the last minute and be told, ''Well, you've got to consider these without regard to the traditional authorization process,'' is, in fact, not the way that legislation ought to be conducted.

I know it is the position of the gentleman from Ohio [Mr. STOKES] that the membership should vote to instruct the conferees on this particular issue and to go and accept what the Senate has done, but it does seem to me to risk a great danger that we in the haste of trying to do good things in advance of an election all of a sudden adopt things, measures, in such a legislative domain which later on prove to be ill advised or unwarranted or beyond capability to afford or within, say, a trend of increasing government direction that, frankly, the American people tend to resent these days.

The whole procedure is highly subject to question, so I just want to commend the gentleman from California [Mr. LEWIS] for raising this issue; I agree with him. I do not know if this matter were brought to a vote how it would turn out. I suspect that most Members would be inclined to sympathize with the subject matter. But I have to stress it is my own feeling that this is just not the way to conduct the legislative business of the United States of America.

Mr. LEWIS of California. Mr. Speaker, I appreciate the gentleman's comments, and they are very helpful comments.

Mr. Speaker, I yield 2 minutes to the gentleman from New York [Mr. SOLOMON], chairman of the Committee on Rules.

Mr. SOLOMON. Mr. Speaker, let me commend my good friend, the gentleman from California [Mr. LEWIS] and his ranking member for the great job they do on this very difficult appropriations subcommittee dealing with so many agencies and departments, and I know it is a very difficult job.

Having said that, I would just have to say that there is no need for a motion to instruct on the provision regarding the Newborns and Mothers Health Protection Act because the Republican leadership has already agreed to accept that provision, and we will be fighting for it.

Mr. Speaker, this provision is critical because the well-being of newborn babies and new mothers is at stake all across this country.

Mr. Speaker, we will be ashamed to let political maneuvering getting in the way of passing this vital piece of legislation that is attached to the VA–HUD appropriation bill.

Mr. Speaker, I have recently heard from a gentleman in my district whose 19-year-old daughter is a victim of this terrible trend of drive-through deliveries. She delivered a baby this past April, and she was released from the hospital less than 24 hours later, kicked out of the hospital, even though the baby had a severe blood disorder, and, my colleagues, 4 days later this young 19-year-old mother had her lung explode, and she has since had three strokes. Tragically, she is still in the hospital and will never again lead a normal life. She is a 19-year-old who cannot even take care of her newborn baby. That is so, so pathetic.

It is these examples, and there are many more, that drove me to introduce this legislation which was subsequently taken up over in the Senate the other day, sponsored by Mrs. KASSEBAUM, Mr. FRIST, and Mr. BRADLEY on a bipartisan basis, and it is badly, badly needed. So I would just hope that my good friend, the gentleman from California [Mr. LEWIS] and the ranking member would support that legislation when it is taken up in the conference.

Regardless of the outcome of this vote, we must continue to fight for the well-being of the most cherished population, these young newborns.

Mr. LEWIS of California. Mr. Speaker, I yield myself whatever additional time I might consume.

Mr. Speaker, I think most Members who are focusing at all upon this discussion know full well that these riders that are being proposed by way of this motion to instruct are items that on the surface look very, very appealing. There is little doubt that it would be foolish of any of us to suggest that Members ought to walk in here and vote knee-jerk, or otherwise, against this proposal.

Having said that, I think the public would be misinformed if they thought this appropriations committee of our authorizing committees of jurisdiction had reviewed these issues, held hearings effectively on these issues and really provided the kind of input that the legislative process ought to included.

One more time we are asked to support riders at the last moment, and I want the Speaker and my colleagues to know that as I go to conference I will weigh very carefully the amount of input that we have received from those Members who have responsibilities of jurisdiction. By no way, shape or form does this reflect what I consider to be an obligation on my part to respond positively to these last-minute considerations, which fall well outside my jurisdiction.

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

Mr. STOKES. Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from New Jersey [Mrs. ROUKEMA].

(Mrs. ROUKEMA asked and was given permission to revise and extend her remarks.)

Mrs. ROUKEMA. Mr. Speaker, I thank our colleague, the gentleman from Ohio [Mr. STOKES], for presenting this motion here today, and I rise in strong support of the motion. I want to stress again that these issues that we are dealing with today have bipartisan support both in this House as well as in the other body, and I want to also say that on the subject of the early, discharge or the so called drive-by delivery, I really appreciate what our colleague, the gentleman from New York [Mr. SOLOMON], has said here today, and I want to endorse it. But I want to stress to all our people here that there is urgent need for medical care for these mothers that are postpartum and these newborn babies.

Mr. Speaker, we do not keep mothers and babies in hospitals to give them hotel service. They are there for medical reasons, whether it is jaundice and mental retardation or hemorrhaging, and that has already been said very well today by the gentleman from Ohio [Mr. STOKES].

But I want to go on to the second issue, and that is the question of mental health and the parity question under mental health. Again, I want to stress that this is a bipartisan issue. One of the most prominent Republican leaders in the other body is the author of this proposal. Senator DOMENICI put this in the Senate bill, and it is that provision that we want protected in this motion to instruct. This discrimination against mental health medical treatment must end, and it must end now. It is the product of gross ignorance and apathy, and this Congress should go on record today against it.

Members realize, as the gentleman from Ohio [Mr. STOKES], has outlined, that it is different from the original parity issue. It releases the cap on lifetime payments, and the Senate adopted it with full support, full bipartisan support.

But again I want to say that this should not be viewed here today as a

partisan issue, and I believe, and here I believe strongly and congratulate the gentleman from Ohio [Mr. STOKES], that the campaign rhetoric must stop and we must do something here and now for the American people, hard-working families, on issues that count, and this definitely is it. The fictions and the ignorance about mental health treatment, the actual return of payment, return of payment to the employers, and to the work and productivity is very apparent, everyone knows it, and we must stop the fiction surrounding this and tell those people that have projected huge costs that they are unrealistic and they really do not know what they are talking about. With that, I thank my colleague from Ohio for having yielded this time to me.

In my State of New Jersey, our Governor, Christine Todd Whitman, has already signed a 48-hour minimum hospitalization proposal into law, and it has been very well received by the public.

I want my colleagues to realize that the latest version of mental health parity is a very modest requirement that health insurance companies provide equal coverage for physical and mental illness in their annual caps and lifetime caps—that's all. Nothing more, nothing less.

In other words, insurance carriers can no longer impose dramatically lower annual or lifetime limits for mental illness coverage than those which they offer for physical ailments.

Today, I will be introducing the House companion bill to the Domenici-Wellstone bill with a bipartisan coalition of Members who share my view that the flagrant discrimination health insurance companies engage in with respect to treating mental illness must come to an end. Retaining this modest proposal begins that process.

Both the Bradley-Frist and Domenici-Wellstone amendments were overwhelmingly approved by the Senate, and I believe that these amendments would enjoy similar levels of support in the House provided that they are retained in the final conference committee.

Mr. STOKES. Mr. Speaker, I yield 3 minutes to the distinguished gentlewoman from New York [Mrs. LOWEY].

Mrs. LOWEY. Mr. Speaker, at the outset I want to thank the gentleman from California [Mr. LEWIS] and the gentleman from Ohio [Mr. STOKES], my good friends, for their really outstanding work on this bill.

Mr. Speaker, I rise in strong support of this motion which includes 3 provisions that are critically needed by American families. One of the provisions included in this motion will provide health care, vocational rehabilitation and compensation to Vietnam veterans and their families who are dealing with the effects of exposure to agent orange. A recent report by the National Academy of Sciences showed a link between Vietnam veterans' exposure to agent orange and the occurrence of spina bifida in their children. This provision will give the families of our proud veterans the support they need to care for their children suffering from spina bifida as a result of their military service.

This motion also includes a provision that will insure that mothers and newborns receive adequate hospital coverage during the critical time following a delivery. We have all read the tragic stories of women and babies forced from the hospital before they were ready to go because of the increasing number of health insurers limiting hospital coverage to 24 hours or less. I know as a mother of three grown children how very important this time is to a new mother. The Bradley amendment mandates minimum hospital coverage of 48 hours for a normal delivery and 96 hours for cesarean section. The standards are set by the American College of Obstetricians and Gynocologists and the American Academy of Pediatrics. This provision does not mandate how long any single patient should remain in the hospital but assures that the decision about what is best for each mother and baby's health is made by the patient and her doctor and not by an inflexible insurance policy.

Finally this motion takes us another step toward improving the health security of hard-working Americans and their families. Sadly the health insurance reform bill passed earlier this summer did not include a simple provision to insure that mental health benefits are treated like other health benefits. Not long before the Senate unanimously approved mental health parity, and nearly 100 of my colleagues in the House signed a letter to the Speaker in support of it. Yet when the final bill reached the floor it was gone; shame on this House.

With this motion to recommit we have a second chance to end discrimination against mental illness and help remove its stigma. Mr. Speaker, we must not let this opportunity to do what is right slip away yet again. I urge my colleagues to support this motion.

Mr. LEWIS of California. Mr. Speaker, I have no further requests for time, but I will yield myself 2 minutes by way of closing to make a minor point.

Mr. Speaker, I think the House should know that this motion to instruct does involve a number of very important policy areas, instructing the House to take action as conferees dealing with the other body. In the area of mental parity, for example, there are some very real costs that are involved. While in the 1997 year those costs are difficult to measure over a period of 5 years, there will be an absolute cost of somewhere near 550 millions of dollars.

□ 1300

That would be a cost obligation extended forward without any discussions at the authorizing committee level, and without any real debate or light of day in terms of the pros and cons related to that very important subject area.

As we deal with questions that relate to the newborn, a similar problem. These are issues that through the appropriate authorizing committees could very well have been discussed thoroughly. But suddenly in this motion to instruct we have a package here that, over time, is going to cost a minimum of $110 million. We have identified ways to pay for it without any kind of thorough review.

One of the suggestions, as indicated by the other body, is that we might sell Governor's Island, a little spot in New York that is of interest to some of my colleagues. I am not sure if the Members who have had the Governor's Island near their territory have been consulted at all. I think probably not. My colleague, the gentlewoman from New York [Ms. MOLINARI], indicated to me that there had been very little consultation as far as she personally is concerned. I understand Governor's Island may be in another Member's district. If I asked him, I am sure he was not consulted about that transfer.

Further, there is another little item that makes up a big part of that package. We are going to sell the airspace rights above Union Station as a mechanism for providing funding for this new solution that the House must face as we try to conclude this bill that is the only train leaving town. It is not the way to carry forward our business, Mr. Speaker. Indeed, I do not feel obligated to follow the letter of this procedural motion, as this chairman goes forward.

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

Mr. STOKES. Mr. Speaker, I am pleased to yield 3 minutes to the distinguished gentlewoman from Maryland [Mrs. MORELLA].

Mrs. MORELLA. Mr. Speaker, I really appreciate the time being allocated to me by the gentleman from Ohio [Mr. STOKES] and the fact that he has sponsored what I consider to be a very important motion to instruct the conferees on the bill.

I have always respected the work he has done, and I do want this body to know of my great respect for the gentleman from California [Mr. LEWIS], who chairs the subcommittee and who has done such an exemplary job and is so humane.

This particular motion would include three critical and humane provisions that have been incorporated by our colleagues in the other body. I think they do have bipartisan support. There is no doubt about it.

First, it would incorporate the mental health parity compromise that was accepted by the Senate. This compromise is a critical step towards finally treating mental illness like the disease it is. I heard from the President of the American Psychological Association, Dr. Eist, who testified before the Civil Service Subcommittee last week on mental health parity. He emphasized what we already know: Mental illness is treatable, and treating mental illness saves money and increases productivity.

Mr. Speaker, this compromise is really quite modest. It provides parity for annual and lifetime caps. It includes a

provision included by Senator GRAHAM to ensure that it will not cause premiums to rise by more than 1 percent. In light of the last CBO report that estimated that premiums will rise less than one-sixth that amount, I think it is highly unlikely we would ever reach that ceiling.

Second, the motion incorporates the 48-hour postpartum care provision that has been discussed. I am a cosponsor on the House side of the Solomon version of that very important bill. I would like very much to see it in the VA–HUD bill. As managed care becomes increasingly prevalent, we are seeing mothers and their newborns in and out of the hospital in as short a time as 12 hours.

Many illnesses in newborns are not detectable until the first 48 hours. Those first 2 days are absolutely critical. Guidelines of the American Pediatric Association and ACOG specify that mothers should stay in the hospital for 48 hours for normal delivery and 96 for cesarean delivery. This provision would ensure that this happens.

My State of Maryland has enacted similar legislation. Although many insurers are finding loopholes to get around it, it is having a very positive effect on those who are now able to stay the full 48 hours, and federally this would enhance what the State has done.

Third, this motion to instruct would include the agent orange spina bifida provision. Surely our Government should be responsible for the health care of children with spina bifida if one of their parents was exposed to agent orange during the Vietnam war. It is the only responsible and humane thing to do.

I urge my colleagues to pass the motion.

Mr. STOKES. Mr. Speaker, I am pleased to yield 3 minutes to the distinguished gentleman from West Virginia [Mr. WISE].

Mr. WISE. Mr. Speaker, I thank the gentleman from Ohio [Mr. STOKES] for yielding time to me.

I rise in favor of this motion to instruct on all three provisions, which I think are vital; but, if I could speak to the one dealing with mental health parity, I think this is crucial legislation. Let me give the Members some examples why.

Currently many insurance policies have lifetime caps of $1 million for various diseases: cancer, heart, et cetera. However, the lifetime limits for mental illness are often set at $50,000 or less; $1 million here, $50,000 here. Additionally, insurance plans impose annual caps of sometimes $10,000 or less on treatments of mental illness, but these caps are usually not imposed on other medical conditions.

What happens then is that these limits on mental illness cause individuals not to seek the treatment or to pay out of pocket. They must rely on public mental health facilities, or if they can afford it, to pay themselves. This is important language because, while we were not able to get parity in the health reform legislation that passed this year, we do have a chance at limited parity this year. I would urge my colleagues to support that.

Mr. Speaker, are there good reasons why? Let me give the Members some statistics why this is so important. Mental illnesses and disorders cost our society over $270 billion annually each year in lost productivity and treatment costs. Roughly almost 20 percent of our adults in this country suffer from mental or addictive disorders in any 6-month period, but only 20 percent of the 20 percent, one out of five, will get any kind of treatment.

Seven and one-half million American children are plagued by mental disorders, such as depression, autism, and learning disabilities. In 1985 and only 30 cents was spent on research for every $100 of costs imposed by mental disorders. Let me repeat that; 30 cents was spent on research for every $1,300 of costs imposed by mental disorders. In comparison, 73 cents and $1.63 respectively were spent on research for every $100 of costs in heart disease and cancer.

Insurance programs, including Medicare, continue to discriminate against individuals with mental illness by requiring a higher copayment than other services. In my own State of West Virginia, we found that almost 42,000 West Virginians receive some type of mental health treatment. There are 1.8 million people in West Virginia. In other words, only 2.3 percent are getting any kind of treatment.

Mr. Speaker, this is crucial legislation. It is not enough. I am very grateful for the gentlewoman from New Jersey, Mrs. MARGE ROUKEMA, chair of the mental health working group, who with the gentleman from Oregon, Mr. PETER DEFAZIO and myself, have cochaired that organization, a bipartisan organization. I am thinking back to Syl Conte, who for so many years fought for the decade of the brain, and all the gains that has brought those suffering from mental disabilities and mental afflictions.

The fact of the matter is that this is money well spent, and this is important legislation. I urge Members to support the motion to instruct.

Mr. STOKES. Mr. Speaker, I am leased to yield 3 minutes to the gentleman from New Jersey [Mr. PALLONE].

Mr. PALLONE. Mr. Speaker, I also rise in favor of this motion to instruct. I agree, of course, with all three provisions that are being specified here. But I particularly want to make reference in support of the newborn and mother's health, with a 48-hour minimum hospital stay, addressing the so-called drive-through delivery problem that increasingly we see around the country with various insurance companies.

My own State of New Jersey requires a minimum stay of 48 hours for normal delivery and 4 days for a C-section. But I have to say that, even though there are a number of States like New Jersey increasingly that are passing State laws for minimum hospital stays for newborns, there are also a lot of loopholes.

For example, in New Jersey, where a lot of people work in New York City or work in Philadelphia, many times the insurance coverage is excepted from the State law because the person, mother or father in this case, works out of State.

In addition, some of the insurance companies that are based out of New Jersey have claimed that they do not have to abide by New Jersey's law with regard to minimum hospital stay. We do need Federal legislation. Let no one suggest this can be handled strictly by the States. It cannot. We do need Federal legislation to guarantee minimum stays for mothers with newborn children.

Mr. Speaker, I just want to relate my own experience with this situation. Both of my children were born by C-section. When my daughter, who just turned 3 years old, was born, our insurance company, our policy, allowed for 4 days for a C-section. But when my son was born, he is now 18 months, the policy had changed. The insurance company only allowed 2 days for a C-section.

Some people say it is up to the doctor, the doctor can always make an exception. But what happens in these cases is that the doctors are basically told by the insurance companies that, if they make an exception and let the child or mother stay an extra day or two, then they are basically penalized. They are told, if this continues, they may lose their hospital privileges or they may not be covered anymore.

We were basically told we only had the 2 days for my son. What happened is just before he was to be released from the hospital they found that he had jaundice, so they let him stay. They let my wife and him stay another day, for the third day. But that is an excellent example of the type of disorders that can be found, or that are not found unless a child stays the extra day. Jaundice is something that is not discovered very quickly, and many times children and mothers who are released from the hospitals go home and they found that they have jaundice, and they have to come back into the hospital again.

I am very supportive of this legislation and this motion to instruct. There is no question in my mind that mothers should have at least 48 hours for a normal delivery and they should have the 4 days for a C-section. It is the only right thing to do. The choice should be with the mother and the doctor, not with the insurance company. I fully support this motion to instruct.

Mr. STOKES. Mr. Speaker, I am pleased to yield 3 minutes to the gentlewoman from California [Ms. PELOSI], a highly respected and hardworking member of the Committee on Appropriations.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding time to me.

Mr. Speaker, I am grateful to Mr. STOKES for presenting this motion to instruct conferees on the VA–HUD appropriations bill. As Members know, and others have attested to, the motion instructs the conferees to agree to three meritorious Senate provisions. The first is the Daschle amendment, which would authorize the VA to provide benefits to children born with spina bifida if one of the parents was exposed to agent orange during the Vietnam war.

Spina bifida is a debilitating birth defect resulting when the fetus's spine fails to form properly. Fortunately, we can help improve the lives of the children involved, with the benefits.

Mr. Speaker, this is a very important provision.

The second provision is the Domenici-Wellstone amendment to begin the important process of increasing coverage for treatment of mental illnesses. This limited provision simply requires any group health insurance that covers mental illness to provide the same amounts on annual and lifetime coverage that the plan provides for physical illness.

Much more needs to be done to ensure equity for coverage for mental illness, but this is a good beginning. Anyone who has had mental illness in their families can attest to the importance of moving toward a more equitable insurance coverage. The pain caused by mental illness is immense. The loss to productivity is staggering. We need to do more, and we need to do it now.

Next, I come to the third area, where Congress by this motion to instruct has the opportunity to end the shameful practice of drive-through deliveries. I feel most comfortable talking about this issue, I say proudly to the gentleman from Ohio [Mr. STOKES] and the gentleman from California [Mr. LEWIS], as the mother of five children, and soon to be grandmother. I see the difference in how mothers were treated when they went to the hospital to have babies when I had my children, and what my daughter faces now, and many other young women face now.

Mr. Speaker, I thank the gentlemen that we are privileged to serve with in this body should all listen to the women on this issue. When it comes to delivering babies, we know of what we speak. We have been there. We have done that. Twenty-four hours simply may not be enough in many cases.

I have received a great deal of mail from my constituents on this subject, so I do not speak only from personal experience, but from the pleas of new mothers for more coverage. The Bradley amendment would require insurance companies to cover at least 48 hours of hospitalization for a conventional delivery and at least 96 hours for a cesarean section.

□ 1315

In California 1 out of every 6 births are covered by insurers limiting coverage to 24 hours. This attempt to limit coverage is associated with increased complications requiring women to have to return to the hospital, so they are not saving any money. I will submit for the record an example which I have received from my constituent, as I urge my colleagues to give our babies a healthy start and our mothers a good start, too, on that wonderful adventure of motherhood and support the Stokes motion to instruct.

Mr. STOKES. Mr. Speaker, I yield 3 minutes to the gentleman from California [Mr. WAXMAN], the distinguished ranking member on the Subcommittee on Health and Environment of the Committee on Commerce.

Mr. WAXMAN. Mr. Speaker, I thank the gentleman very much for yielding me some time so I could speak in favor of the motion to instruct the conferees.

Mr. Speaker, we have an opportunity to remedy a serious mistake this House made when we failed to act to assure parity of treatment for mental health care benefits in earlier legislation. There is simply no excuse for the continued discrimination against people with mental health problems.

The Republican majority refused to allow the inclusion of the Domenici-Wellstone compromise in the conference agreement on the Kennedy-Kassebaum health insurance portability bill. It was wrong then, and it would be compounding the error to refuse it again.

The losers because of our failure to act are the American people. It is every person and every family who has known the tragedy of struggling with mental illness and having no adequate insurance coverage for the services needed to treat it.

The proposal before us is a modified one that only assures parity for mental health benefits in terms of annual and lifetime limits on benefits. It is affordable, it is necessary, it is right. We cannot say no again to taking this vital, important step.

Let us send a clear and strong message to our conferees to adopt this provision and bring some fairness and sense to our treatment of mental health benefits. I hope that all Members will instruct the conferees to go along with this provision, and that the conferees come back with a recommendation to use this opportunity to put in these provisions, to move down the track to assuring what ought to be complete parity between mental and physical health insurance coverage.

Mr. STOKES. Mr. Speaker, I yield myself the balance of my time.

The SPEAKER pro tempore (Mr. CAMP). The gentleman from Ohio is recognized for 3½ minutes.

Mr. STOKES. Mr. Speaker, this motion to instruct, although offered by our side of the House, is certainly offered in a bipartisan manner. I think it is evident that it has strong bipartisan support by virtue of the fact that I have yielded both to Members on this side and the other side of the aisle.

That is as it should be, because that is also in keeping with the manner in which I try to work on the subcommittee with the chairman of this particular subcommittee, a man for whom I have the highest regard and whom I deem to be a good friend and with whom I have enjoyed working. It is in that vein that I am working with him and look forward to working with him in conference to bring back to the House a bill that both he and I will continue to support, as I supported the bill which he brought to the floor a month or so ago. Working with JERRY LEWIS is one of the finest experiences I have had in the House, and I want to continue and will continue working with him on that bipartisan type of basis.

I said originally that the procedure here does deviate somewhat from the norm. I wish that we had had more time for he and I to sit down and discuss this, but in working with the leadership on this side, I gave him notices as quickly as I could do so. I apologize to him personally for any inconvenience that caused him in any respect.

I hope that the Members of the House will vote on these three very important issues. This is the only opportunity that our body has had to endorse these very important issues. I think it is important that we go to conference having been instructed by the House on the importance of these three issues on a bipartisan basis to all of the American people. I urge my colleagues to support this motion to instruct the conferees.

Mr. LEWIS of California. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, in making an effort to conclude this discussion, I just wanted to mention for the record that the motion to instruct is quite unusual. It involves three areas that are really new to this subcommittee, areas that really do not involve our field of jurisdiction. They were included because it is an election year and these items are of concern to many groups out there, and it does sound like good policy.

The public should know that if these provisions become law, there are very significant implications in terms of the premiums that consumers and businesses would have to pay across the country to meet this new mandate from the Federal Government. Uncle Sam is not giving us anything for free in this process.

Having said that, I do know a little bit about some of this subject area because of my own professional background in the life and health insurance business. I am very disconcerted that we would even be considering these measures in this form without giving them the kind of serious hearings by committees of jurisdictions that they truly deserve.

My colleague from California who spoke earlier, HENRY WAXMAN, and I have worked together for many, many a year. He is a very talented Member,

without a doubt. Yet over the years when he was the chairman of the subcommittee that did have responsibility in these areas, I did not see measures coming forth from that subcommittee reflecting those expressions that we heard today on the floor.

Indeed, it is very close to election, only 8 weeks away. At this point in time, I believe, as the House votes on this, all the Members will understand that we will go to conference on these issues that are not under the jurisdiction of this subcommittee.

GENERAL LEAVE

Mr. LEWIS of California. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on H.R. 3666, and that I may include tabular and extraneous material.

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

There was no objection.

Mr. SANDERS. Mr. Speaker, today Congress has the opportunity to put an end to the insidious practice of insurance companies sending moms and babes home before they are ready to go.

Hurried discharges after childbirth fly in the face of established medical practice, insult the precious institution of motherhood, and greatly increase the likelihood that newborn babies could suffer irreversible brain damage or require emergency medical care for illnesses within hours or days after discharge. These abbreviated stays also put mothers at risk.

Mothers and doctors are not seeking cadillac health care coverage, they are merely demanding similar coverage to that received by mothers and infants in every other industrialized nation on Earth.

Efforts by insurers to arbitrarily limit maternity stays for mothers and newborns should be of concern to all of us. Decisions on how long mothers and newborns should stay in the hospital should be made by doctors and patients together based upon medical and health care needs and not primarily by the short-term business predictions of shortsighted health insurance providers.

Mr. Speaker, the former CEO of U.S. Healthcare, Leonard Abramson, earned $20 million in a single year. Following the recent acquisition of U.S. Healthcare by Aetna, Mr. Abramson made a personal profit of approximately $1 billion. With an additional night in the hospital for a mother and her child costing between $700 to $1100, Mr. Abramson's take home pay and bonus could provide as many as 1,020,000 babies and their mothers an extra night in the hospital. To put it another way, one man's salary and bonus is enough to provide one-quarter of all the babies born in America and their moms an extra night in the hospital.

In August of 1995, the House of Representatives passed a resolution that I introduced which called upon the insurance industry as a whole to abide by the established discharge guidelines of the American College of Obstetricians and Gynecologists an the American Academy of Pediatrics until there is clear and convincing evidence to demonstrate a need for a change in these guidelines. Unfortunately, the insurance industry has done nothing in response to congressional resolve on this matter, except organize opposition to such coverage.

Today Congress has the chance to require insurance companies to pay for appropriate maternity stays for mothers and their newborns by supporting the motion to instruct on the VA–HUD bill. I encourage my colleagues to support the motion to instruct and stand with American families.

Mr. MILLER of California. Mr. Speaker, I rise in strong support of the motion offered by Mr. STOKES, particularly with regard to two important provisions that will have great benefits for American families—the provisions to protect new mothers and their infants by ensuring minimum maternity benefits; and provisions that begin to address the very serious problem of health insurance discrimination against persons with mental illness.

I was the first Member of Congress to introduce legislation to stop drive-through deliveries when it became apparent in my home State of California, where managed care is widely used, that short hospital stays for maternity was a good way to save insurers money. Such short stays were having serious consequences for the health and well-being of new mothers and their babies, and it was clear that legislation was needed to prescribe a minimum period for insurance coverage to stop insurers from dictating what should be a medical decision. At least 29 States have agreed and adopted such laws or regulations.

We must guarantee that this minimum standard be applied nationally, and include so-called ERISA plans, and the only way we can do this is through the amendment to the VA–HUD appropriations bill that was adopted unanimously by the Senate under the able leadership of Senator BRADLEY. The gentleman from New York [Mr. SOLOMON], and I join in a bipartisan effort to promote the Bradley/Kassebaum/Frist babies legislation that was moving in the Senate and in the House by jointly sponsoring H.R. 3226. At last count, 111 of you have signed on to this bill, and the President has repeatedly urged its adoption.

As far as the mental health parity provisions are concerned, they are an important first step to equalize health insurance plan coverage for the treatment of mental illnesses and other medical conditions. The evidence is clear: severe mental illness is every bit as debilitating and treatable as physical illnesses. When is this country going to stop the unfounded prejudice against the mentally ill? When are insurers going to stop perpetuating this myth that coverage for mental illness will somehow break the bank and that this somehow justifies insurance discrimination against millions of citizens? The Senate has seen the light on this issue and has voted three times this Congress for mental health parity. While the provisions most recently adopted in H.R. 3666 do not go as far as I would have preferred, I do believe they establish a critical new protection for individuals who suffer from mental illness who need catastrophic insurance coverage, and for their families.

I am happy that the gentleman from Ohio has brought the attention of the House to these important provisions that were added to H.R. 3666 by the other body, and urge my colleagues to support his effort.

Mr. LEWIS of California. Mr. Speaker, I have no further requests for time, and I yield back the balance of my time.

The SPEAKER pro tempore. Without objection, the previous question is ordered on the motion to instruct.

There was no objection.

The SPEAKER pro tempore. The question is on the motion to instruct offered by the gentleman from Ohio [Mr. STOKES].

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

Mr. STOKES. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 392, nays 17, not voting 24, as follows:

[Roll No. 407]

YEAS—392

Abercrombie
Ackerman
Allard
Andrews
Archer
Armey
Bachus
Baesler
Baker (CA)
Baker (LA)
Baldacci
Ballenger
Barcia
Barr
Barrett (NE)
Barrett (WI)
Bartlett
Barton
Bass
Bateman
Becerra
Beilenson
Bentsen
Bereuter
Berman
Bevill
Bilbray
Bishop
Bliley
Blumenauer
Blute
Boehlert
Boehner
Bonilla
Bonior
Bono
Borski
Boucher
Brewster
Browder
Brown (CA)
Brown (OH)
Brownback
Bryant (TN)
Bryant (TX)
Bunn
Bunning
Burr
Burton
Buyer
Callahan
Calvert
Camp
Canady
Cardin
Castle
Chabot
Chambliss
Chapman
Chenoweth
Christensen
Chrysler
Clay
Clayton
Clement
Clinger
Clyburn
Coble
Coburn
Coleman
Collins (GA)
Collins (MI)
Combest
Condit
Conyers
Costello
Cox
Coyne
Cramer
Crane
Crapo
Cremeans
Cubin
Cummings
Cunningham
Danner
Davis
Deal
DeFazio
DeLauro
Dellums
Deutsch
Diaz-Balart
Dickey
Dicks
Dingell
Dixon
Doggett
Dooley
Dornan
Doyle
Dreier
Duncan
Dunn
Durbin
Edwards
Ehrlich
Engel
English
Ensign
Eshoo
Evans
Everett
Ewing
Farr
Fattah
Fawell
Fazio
Fields (LA)
Fields (TX)
Filner
Flake
Flanagan
Foglietta
Foley
Forbes
Ford
Fowler
Fox
Frank (MA)
Franks (CT)
Franks (NJ)
Frelinghuysen
Frisa
Frost
Funderburk
Furse
Gallegly
Gejdenson
Gekas
Gephardt
Gibbons
Gilchrest
Gillmor
Gilman
Gonzalez
Goodlatte
Goodling
Gordon
Goss
Green (TX)
Greene (UT)
Greenwood
Gunderson
Gutierrez
Gutknecht
Hall (OH)
Hall (TX)
Hamilton
Hansen
Harman
Hastert
Hastings (FL)
Hastings (WA)
Hayworth
Hefley
Hefner
Hilliard
Hinchey
Hobson
Hoekstra
Hoke
Holden
Horn
Hostettler
Hoyer
Hunter
Hutchinson
Hyde
Inglis
Jackson (IL)
Jackson-Lee (TX)
Jacobs
Jefferson
Johnson (SD)
Johnson, E. B.
Johnson, Sam
Jones
Kanjorski
Kaptur
Kasich
Kelly
Kennedy (MA)
Kennedy (RI)
Kennelly
Kildee
Kim

King
Kingston
Kleczka
Klink
Klug
Kolbe
LaFalce
LaHood
Lantos
Latham
LaTourette
Laughlin
Lazio
Leach
Levin
Lewis (GA)
Lewis (KY)
Lightfoot
Lincoln
Linder
Lipinski
Livingston
LoBiondo
Lofgren
Longley
Lowey
Lucas
Luther
Maloney
Manton
Manzullo
Markey
Martinez
Martini
Mascara
Matsui
McCollum
McCrery
McDade
McDermott
McHale
McHugh
McInnis
McIntosh
McKeon
McKinney
Meehan
Meek
Menendez
Metcalf
Meyers
Mica
Millender-McDonald
Miller (CA)
Miller (FL)
Minge
Mink
Moakley
Molinari
Montgomery
Moorhead
Moran
Morella
Murtha
Myers
Myrick
Nadler
Neal
Nethercutt
Neumann
Ney
Nussle
Oberstar
Obey
Olver
Ortiz
Orton
Owens
Oxley
Packard
Pallone
Parker
Paxon
Payne (NJ)
Payne (VA)
Pelosi
Peterson (FL)
Peterson (MN)
Petri
Pickett
Pombo
Pomeroy
Porter
Poshard
Pryce
Quillen
Quinn
Radanovich
Rahall
Ramstad
Rangel
Reed
Regula
Richardson
Rivers
Roberts
Roemer
Rogers
Ros-Lehtinen
Rose
Roth
Roukema
Roybal-Allard
Royce
Rush
Sabo
Salmon
Sanders
Sanford
Sawyer
Saxton
Schaefer
Schiff
Schroeder
Schumer
Seastrand
Sensenbrenner
Serrano
Shaw
Shays
Shuster
Sisisky
Skaggs
Skeen
Skelton
Slaughter
Smith (MI)
Smith (NJ)
Smith (TX)
Smith (WA)
Souder
Spence
Spratt
Stark
Stearns
Stenholm
Stockman
Stokes
Studds
Stupak
Talent
Tanner
Tate
Tauzin
Taylor (MS)
Taylor (NC)
Tejeda
Thompson
Thornberry
Thornton
Thurman
Tiahrt
Torres
Torricelli
Towns
Traficant
Upton
Velazquez
Vento
Visclosky
Volkmer
Vucanovich
Walker
Walsh
Wamp
Ward
Waters
Watt (NC)
Watts (OK)
Waxman
Weldon (FL)
Weldon (PA)
Weller
White
Whitfield
Wicker
Williams
Wise
Wolf
Woolsey
Wynn
Yates
Young (AK)
Young (FL)
Zimmer

NAYS—17

Campbell
Cooley
DeLay
Doolittle
Ehlers
Geren
Hancock
Herger
Johnson (CT)
Knollenberg
Largent
Lewis (CA)
Rohrabacher
Scarborough
Shadegg
Stump
Thomas

NOT VOTING—24

Bilirakis
Brown (FL)
Collins (IL)
de la Garza
Ganske
Graham
Hayes
Heineman
Hilleary
Houghton
Istook
Johnston
McCarthy
McNulty
Mollohan
Norwood
Pastor
Portman
Riggs
Scott
Solomon
Torkildsen
Wilson
Zeliff

□ 1345

Messrs. KNOLLENBERG, THOMAS, and LEWIS of California changed their vote from ''yea'' to ''nay.''

Messrs. CRAPO, CHRYSLER, and SMITH of Michigan changed their vote from ''nay'' to ''yea.''

So the motion was agreed to.

The result of the vote was announced as above recorded.

PERSONAL EXPLANATION

Ms. MCCARTHY. Mr. Speaker, during rollcall vote No. 407, the motion to instruct conferees on H.R. 3666, I was unavoidably detained. Had I been present, I would have voted ''aye.'' I ask unanimous consent that my statement appear in the RECORD immediately following rollcall vote No. 407.

□ 1345

The SPEAKER pro tempore (Mr. DREIER). Without objection, the Chair appoints the following conferees: Mr. LEWIS of California, Mr. DELAY, Mrs. VUCANOVICH, and Messrs. WALSH, HOBSON, KNOLLENBERG, FRELINGHUYSEN, NEUMANN, LIVINGSTON, STOKES, MOLLOHAN, CHAPMAN, Ms. KAPTUR, and Mr. OBEY.

There was no objection.

IMMIGRATION IN THE NATIONAL INTEREST ACT OF 1996

Mr. SMITH of Texas. Mr. Speaker, pursuant to clause 1 of rule XX, and by direction of the Committee on the Judiciary, I move to take from the Speaker's table the bill (H.R. 2202) to amend the Immigration and Nationality Act to improve deterrence of illegal immigration to the United States by increasing border patrol and investigative personnel, by increasing penalties for alien smuggling and for document fraud, by reforming exclusion and deportation law and procedures, by improving the verification system for eligibility for employment, and through other measures, to reform the legal immigration system and facilitate legal entries into the United States, and for other purposes, with a Senate amendment thereto, disagree to the Senate amendment, and agree to the conference asked by the Senate.

The SPEAKER pro tempore. Does the gentleman from Texas wish to debate the motion to go to conference?

Mr. SMITH of Texas. Mr. Speaker, this is the customary request which will enable us to go to conference on this important bill.

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

The previous question was ordered.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from Texas [Mr. SMITH].

The motion was agreed to.

MOTION TO INSTRUCT OFFERED BY MR. CONYERS

Mr. CONYERS. Mr. Speaker, I offer a motion to instruct conferees.

The Clerk read as follows:

Mr. CONYERS moves that the managers on the part of the House at the conference on the disagreeing votes of the two Houses on the Senate amendment to the bill H.R. 2202 be instructed to recede to the provisions contained in section 105 (relating to increased personnel levels for the Labor Department).

The SPEAKER pro tempore. The gentleman from Michigan [Mr. CONYERS] will be recognzied for 30 minutes, and the gentleman from Texas [Mr. SMITH] will be recognized for 30 minutes.

The Chair recognizes the gentleman from Michigan [Mr. CONYERS].

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

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

Mr. CONYERS. Mr. Speaker, the motion I am offering would instruct conferees to retain the provisions in the Senate-passed bill that provides for 350 additional Department of Labor wage and hour inspectors and staff to enforce violations of the Federal wage and hour laws. It is no more complicated and no less simple than that.

The reason is that the cornerstone of our efforts to control immigration must be to shut off the job magnet that draws so many undocumented aliens into the country. Increasing border patrols is of course important, but that can be done through the appropriations process, as we have been doing for the last 2 years. But it is imperative that we enhance the authority to prosecute those employers who knowingly hire illegal workers instead of American workers.

For example, we know that each year more than 100,000 foreign workers enter the work force by overstaying their visas. No amount of border enforcement will deter this, since they enter legally with passports and visas. No amount of border enforcement will deter the desire, the magnet that draws people into this country, and that is to seek jobs. The only way to deter this form of illegal immigration is in the workplace, by denying them jobs.

Case in point: In the 14-month-old Detroit newspaper dispute we have reports of illegal immigrants, not replacement workers from within the United States, but people without a valid passport, no right in this country, are coming in and they have been investigated, INS is conducting investigations on them. It is a serious incursion and a serious charge and it is being investigated by INS now, but this gives reason for the instruction motion that I would urge that we adopt in as large a number as possible.

We must enhance the authority to prosecute employers who knowingly hire illegal workers instead of American workers, and there can be no doubt that an increased number of Labor Department inspectors will reduce the possibility that employers will hire illegal workers. The Jordan Commission, remembering the late Barbara Jordan, recommended this increase, since studies show that most employers who hire illegal workers also violate labor standards.

This goes together. We want to deal with this problem and the only way is to move to the Senate-passed version that authorizes 350 additional inspectors to enforce these violations or alleged violations of Federal Wage and hour laws.

The report of the Jordan Commission concluded with this statement: The commission believes that an effective work site strategy for deterring illegal immigration requires enhancement of