N. PROVIDERS

1. Will Provider Monopolies Occur?
2. Small Pharmacies
3. Fee-for-service Providers
4. Will All Willing Providers Be Approved?
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WILL PROVIDER MONOPOLIES OCCUR?

QUESTION:

Will this new system drive providers toward consolidating so that monopolies will occur and competition will be stifled? (Reps. McMillan, Shays, Volkmer)

ANSWER

- No, although there will be some easing and clarification of enforcement, the anti-trust laws will remain in effect.
- Moreover, there will be ease of entry provisions for any willing provider.
- However, special measures may be needed to assure the availability of hospital beds for independent physicians in underserved areas where hospitals elect to participate in an area plan.
- We're providing incentives to stimulate the development of community-based plans -- including loans and grants to increase access to capital.

SMALL PHARMACIES

QUESTION:

Will small pharmacies be able to compete under this plan? (Rep. Snowe, Rep. Brewster, W&M)

ANSWER:

- Yes, the expanded coverage for prescription drugs will increase the need for quality pharmacy services, not only to fill prescriptions but to play an important role in the management of care and promotion of quality.

- Also, as a condition of participation under Medicare and Medicaid, manufacturers of prescription pharmaceutical products sold in interstate commerce would have to offer discounts to all purchasers of pharmaceuticals on equal terms.

FEE-FOR-SERVICE PROVIDERS

QUESTION:

What behavior can we expect from the fee-for-service providers? What happens if these providers simply decide that joining a plan would not be in their financial interest? Does the system mean that this will be the end of the traditional fee-for-service practitioner? (Rep. Mike Kopetski)

ANSWER:

- Under health care reform, current fee-for-service providers could elect to participate in managed health care or continuing seeing patients on a fee-for-service basis.
- Each regional and corporate alliance must offer at least one fee-for-service plan based on fee schedules negotiated by alliances with willing providers. Each fee-for-service plan would be required to reimburse providers up to the scheduled amount.

WILL ALL WILLING PROVIDERS BE APPROVED?

QUESTION:

What is the situation with any willing provider? Currently, networks and plans can exclude providers, how will it work in the new system? Will all providers be approved providers? (Reps. McDermott, Brewster)

ANSWER:

- Every community will be required to have a plan where any willing provider will be able to participate.

- However, managed care plans will have the option to limit the number and type of providers in the plan and can establish different payment rates for participating providers and those outside the plan.

- In addition, providers are free to --will be encouraged to-- set up their own plans to offer efficient, high quality care in their communities.

CAN PLANS CONTROL WHO'S COVERED?

QUESTION:

Can a plan draw its own area and fix it so that it only serves the wealthy (say for example in LA). Also could the plan draw its district so that it doesn't have an essential access provider in its area? How are you going to ensure that minority providers aren't locked out? (Rep. Scott)

ANSWER:

- First, Title VI of the Civil Rights Act will preclude discrimination and provide protection both to providers and recipients.

- In addition, States may require plans to establish service areas to ensure that eligible populations are covered.

- However, financial incentives will reinforce these rules. Plans that do manage to draw a more favorable enrollment--either by luck or by design--will be paid a risk adjusted premium that offsets the case-mix advantage.

- Alliances may not subdivide a primary metropolitan statistical area and may not discriminate against health plans or providers on the basis of race, gender, ethnicity, religion, or organizational arrangement.

- Health plans may not discriminate against providers on the basis of race, ethnicity, gender, religion, mix of health professionals or patient population.

WILL PUBLIC HOSPITALS BE SUBSIDIZED?

QUESTION:

You are taking into account a risk adjuster for plans based on health status. What are you going to do about additional payments for public hospitals that aren't a part of the Academic Health Centers, but who are still treating "sicker" patients.

ANSWER:

- First, these facilities are the victims of the current system. They disproportionately serve non-paying uninsured populations and low-paying Medicaid patients. Under reform, all of these patients will be covered and will be compensated for at higher reimbursement rates.

- Secondly, the risk adjusters will ensure that plans receive greater compensation from the alliances for populations that are disproportionately "sicker." Therefore, the plans that contract out with these facilities will be in a position to ensure that they are adequately reimbursed.

- Thirdly, if these hospitals are designated as essential community providers, health plans are required to contract with them for a period of not less than five years.

- Lastly, the plan currently provides for grants to essential community providers to improve their facilities and form their own health care networks in order to make them more competitive within the community.

WILL SMALL GROUP PRACTICES BE PROTECTED?

QUESTION:

Small group practices are frightened; how will they be protected?

ANSWER:

- Special loan and grant funds will be available to enable groups of physicians to network and develop plans.
- Small group practices will have the option to negotiate with plans to provide services under a managed care model, or to provide services under the fee-for-service plan.

GUARANTEED PROVIDER WAGES

QUESTION:

What are we going to do to guarantee prevailing wages for providers? (Dickey)

ANSWER:

► No, there are no guarantees to pay providers prevailing wages.

ACADEMIC HEALTH CENTERS

QUESTION:

How will high cost medical schools and academic health centers be protected under the plan? (Rep. Kennedy)

ANSWER:

- The Health Security Act creates a national pool of funds to support costs associated with the institutional costs of research, development of new medical technology, treatment of rare and unusually severe illnesses and provision of specialized patient care.

- Academic health centers, including affiliated teaching hospitals will receive a new separate payment as reimbursement for costs incurred over and above the cost of routine patient care.

RURAL PROVIDERS

QUESTION:

How will rural facilities and health care personnel be affected under the plan?

ANSWER:

- I used to be very concerned about the impact of reform on rural areas. Now I feel that reform will benefit rural areas the most. Here's why:

- Under our current system, citizens and health care providers living in rural areas face some of the greatest health care challenges that confront our nation. These areas have too few primary care providers, disproportionate numbers of uninsured and underinsured populations, greater numbers of Medicaid patients who frequently are reimbursed at very low rates, and frequently have larger numbers of Medicare patients who are paid for at lower rates than private insurers.

- The reform's structural changes will ensure that rural providers and facilities finally have fully paying patients when they arrive at doctors' offices and hospitals. This will be the key to assuring that these providers not only survive, but hopefully flourish. Increased access to reimbursement will help communities attract and retain desperately needed providers.

- In addition, access to care is ensured for Americans who live in rural areas by designating independent health professionals and health care institutions as "essential community providers".

- During a five-year transition phase, health plans in underserved areas are required to contract with and reimburse established community-based providers that are designated as essential community providers.

- Finally, the reform proposal would provide new funds to underserved areas to support capacity expansion and to provide access to health care for low-income, underserved, hard-to-reach, and otherwise vulnerable populations.

ENCOURAGING PROVIDER NETWORKS

QUESTION:

What will you do to encourage providers to network? (Rep. Fazio)

ANSWER:

- Under the reform plan, physician networks will be encouraged by providing grant and loan funds to develop provider networks.

- Additionally, we are clarifying anti-trust laws and providing prompt opinions so as not to have a chilling effect on physicians who wish to form legitimate plans.

- In urban and rural areas, additional funds will be available to develop infrastructure communications and other links between health care providers.

SCOPE OF PRACTICE STANDARDS

QUESTION:

What will be done to eliminate practice barriers for mid-range , allied health professionals? Will there be a Federal standard for the medical scope of practice, i.e., will State restrictions on licensing limit the scope of practice for nurse practitioners, midwives, etc.? (Rep. DeLauro)

ANSWER:

- More can be done to broaden the range of health care professionals providing basic health care services to individuals.

- As a part of health care reform, HHS will develop, and encourage States to adopt, model "scope of practice and licensing standards."

- However, there will not be a Federal preemption of the States' authority to license health care professionals.

- Under reform, we are overriding State scope of practice laws that restrict a providers ability to practice within their skill training.

ANTITRUST REFORM/PROVIDER JOINT VENTURES

QUESTION:

What happens to provider joint ventures under the plan?

ANSWER:

- Legitimate concerns exist about the need for greater clarity concerning antitrust enforcement policy and the ability of some health care providers to be sure their conduct comports with antitrust rules.

- For hospital mergers, hospital joint ventures and purchasing arrangements, and physician network joint ventures the Department of Justice and Federal Trade Commission will publish guidelines that provide safety zones for provider joint ventures, provide examples of actions that will not be challenged by the agencies, and will inaugurate expedited business review or advisory opinion procedures.

HOSPITALS' CONCERNS

QUESTION:

How do I convince hospitals (in New York City) that they will be at least as well off under this plan?

ANSWER:

- The Health Security Act includes several provisions that improve the ability of hospitals to provide improved health care services while reducing costs.

- Hospitals will be more secure knowing that all patients entering the hospital will have insurance providing the comprehensive basic benefits, including hospitalization services.

- Since all Americans will have health care insurance, patients will no longer need to go to emergency rooms for basic primary care services. Hospitals will then be able to redirect their resources to their essential mission of acute care.

- The reform plan includes an initiative to streamline regulatory activities by replacing the current myriad of regulations with uniform standards for licensing health care institutions.

- Paperwork burden will be reduced substantially by the implementation of standard forms, including a single reimbursement form, and the development of networked, automated health care information systems.

ESSENTIAL ACCESS PROVIDERS

QUESTION:

How will "essential access providers," for whom special protections will be granted, be defined?

ANSWER:

- The plan calls for the Secretary to designate essential access providers.
- We are exploring the criteria and we would welcome your recommendations.

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What are we going to do to guarantee prevailing wages for providers? (Dickey)

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LM é. See benefits package for exact language.

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0. **MEDICAL MALPRACTICE**

1. Medical Malpractice Proposals Weak

2. Limits on Attorneys Fees -- Waive for Small Cases?

3. Why Not Discipline Providers Like Attorneys

4. Will Cap on Fees Generate More Suits?

5. Certificate of Merit -- New Cottage Industry for Doctors?

6. Why not Cap Non-Economic Damages?

7. What About Stricter State Reforms?

8. Will the Plan Preempt State Malpractice Laws?

9 Why Non-Binding Alternative Dispute Resolution?

10. Certificate of Merit -- Not Effective

11. Practice Guidelines -- Affirmative Defense

12. Delayed Effective Date for Medical Guidelines

MEDICAL MALPRACTICE PROPOSALS WEAK

QUESTION:

Everything about your plan seems very comprehensive except the section on medical malpractice. Why is it so weak?

ANSWER:

- I don't think our proposal in this area is weak.
- It protects consumers by placing caps on attorneys' fees.
- It protects physicians who abide by well-documented practice guidelines.
- It also protects against ~~unmeritorious~~ frivolous claims by requiring a certificate of merit, and the mandatory use of alternative dispute resolution mechanisms.

We'd like to hear your thoughts before reacting to litigation

LIMITS ON ATTORNEYS FEES -- WAIVE FOR SMALL CASES?

QUESTION:

What about allowing a waiver on the limit of attorneys' fees for small cases?

ANSWER:

- I don't think we can say that where there is an injured victim of medical malpractice it is a small case.
- Even so, we believe by requiring alternative dispute resolution, victims will have a better opportunity to have their claims resolved.
- From a policy standpoint, we are seeking to ensure that victims get the majority of any award.

WHY NOT DISCIPLINE PROVIDERS LIKE ATTORNEYS

QUESTION:

Shouldn't there be disciplinary recourse against providers like there is for attorneys?

ANSWER:

- There is recourse against providers. Currently, hospitals have access to the National Practioners' Data Bank which contains information about a provider's history with regard to malpractice claims filed against them.
- The hospitals are free to use that information in selecting who may be granted privileges at their facilities.

- We're ~~developing a data~~ going to make that information available to the public as well.

WILL CAP ON FEES GENERATE MORE SUITS?

QUESTION:

Won't your malpractice proposals just generate more suits because you limit the amount attorneys can make off each suit?

ANSWER:

- If anything, we believe there will be fewer suits because plaintiffs attorneys will have reduced incentives to take a suit.

CERTIFICATE OF MERIT -- NEW COTTAGE INDUSTRY FOR DOCTORS

QUESTION:

Won't the requirement of a certificate just drive doctors into a cottage industry of certification?

ANSWER:

- I don't expect that this will be anymore a growth industry than physicians offering their services to testify as experts at trial.

WHY NOT CAP NON-ECONOMIC DAMAGES?

QUESTION:

Why don't you place caps on non-economics the same way you do with attorneys fees?

ANSWER:

- In developing our proposals it was our goal not to disadvantage victims.
- We believe caps hurt the youngest and most severely injured.
- While there is some evidence that they do control growth in malpractice premiums and awards, they do so by punishing the most vulnerable to achieve negligible savings.

We'd like to hear your views and work with you on this.

WILL THE PLAN PREEMPT STATE MALPRACTICE LAWS?

QUESTION:

Will your plan preempt State malpractice laws? For example, if a State has already limited non-economic damages, can that remain in effect? (Rep. Durbin)

ANSWER:

- If a State has already enacted more stringent tort reforms, they would remain in effect. In the case of non-economic damages, if a State has set a cap, its law would control.

- With regard to attorneys' fees, if the State's cap is lower than ours (33 1/3% of the award) it would prevail.

WHAT ABOUT STRICTER STATE REFORMS?

QUESTION:

Many States that have enacted tort reforms have placed a cap on non-economic damages, so why did you avoid this in your plan? Also, many States that have enacted tort reforms have severed the tie between joint and several liability. Why did you preserve that tie?

ANSWER:

- In choosing the set of reforms we wanted to include in our plan we focused on what made the most sense in terms of "fairness" for the "victim".

- While we have not included these particular reforms in our plan, we are not preempting the States from having such provisions.

WHY NON-BINDING ALTERNATIVE DISPUTE RESOLUTION?

QUESTION:

Why have you not made alternative dispute resolution binding?

ANSWER:

- By requiring alternative dispute resolution in each plan, we believe many suits will be resolved without protracted, costly litigation.
- It would be fundamentally unfair to bar victims of medical malpractice from access to the courts.

CERTIFICATE OF MERIT -- NOT EFFECTIVE

QUESTION:

It is my understanding in some States that have the certificate, or a pretrial screening panel which is comparable, it has not been effective in deterring plaintiffs from pursuing a claim in court. What makes you think it will work now?

ANSWER:

- Once our proposals are in place, we will be looking at medical malpractice in a "reformed" delivery system.
- There will be greater access to care and higher quality.
- In that new system, we believe that the set of measures we have proposed will be effective in protecting both victims and providers.

FOLLOW-UP:

My State has overturned the use of pre-trial screening panels, so are they now being forced to reinstate them?

ANSWER:

- Under our plan, they would now be required to have a physician review claims to verify that the conduct producing the injury deviated from the established standards of care.

KEY INFORMATION:

Currently 16 States have mandatory pre-trial screening panels, 6 have voluntary panels. In addition, 5 States have repealed the use of such panels, and another 5 States have had the courts overturn the use of the panels.

PRACTICE GUIDELINES -- AFFIRMATIVE DEFENSE

QUESTION:

Your plan calls for the development of practice guidelines, can these be used as an affirmative defense in a malpractice suit?

ANSWER:

- It is our intent that as the various medical practice guidelines are developed and in place, providers adhering to those standards would be protected from a claim of malpractice.
- The provider will be able to use the practice guidelines as an affirmative defense.

DELAYED EFFECTIVE DATE FOR MEDICAL GUIDELINES

QUESTION:

Why is there a one year waiting period before the protection for adhering to the medical guidelines kicks in?

ANSWER:

- Under our proposal, HHS will develop a pilot program based on guidelines set out by the National Quality Management program.
- We will be developing the guidelines over time, as those guidelines are developed, HHS will work with States to enact laws that protect providers who adhere to the guidelines.
- The exact time frame for when those guidelines will take effect has not been specified.

P. FEDERAL PROGRAMS

1. Veterans Hospitals and Competition
2. Veterans Hospitals and Medicare
3. Military and Veterans -- Inclusion in Plan
4. Indian Health Service
5. School-Based Clinics -- Parents' Choice

Public Employees

6. FEBHP -- Why Included?
7. State and Local Public Employees -- Inclusion in Plan

VETERANS HOSPITALS AND COMPETITION

QUESTION:

If veterans can go wherever they want, and the VA can compete as a health plan, aren't you placing a federal hospital in competition with the private sector? (Fish)

ANSWER:

► I think I should point out that Americans who are not veterans are not eligible to enroll in the VA plans, so that the population they will be competing for are the veterans. This competition can have two pay-offs for veterans; one, they will be provided with more care options and, two, may be provided better services because in some cases the VA program, in order to compete, may have to revise and improve their services.

VETERANS HOSPITALS AND MEDICARE

QUESTION:

Will the VA hospitals now be eligible for Medicare reimbursement?

ANSWER:

► Yes, but only when they serve Veterans who have high incomes and non-service connected health problems.

QUESTION:

What is the cost of this?

ANSWER:

► I don't know, but we will provide it for you.

QUESTION:

Will VA hospitals be required to meet Medicare conditions of participation?

ANSWER:

► I understand your concerns on this matter. We believe that as new money goes into the VA hospital system the quality of care will improve.

KEY INFORMATION

We do not specify this requirement in the plan.

MILITARY AND VETERANS -- INCLUSION IN PLAN

QUESTION:

How will you treat active military and their families and veterans?

ANSWER:

- The Secretary of Defense supports coordinating the military system with national health reform and DOD will develop a plan for implementation. The DOD plan would cover those are currently eligible for care in the military system.

- The Department of Veterans Affairs may organize its health centers and hospitals into health plans, or allow them to function as health providers contracting with plans or other providers to deliver services. All veterans would be eligible to enroll in a VA health plan if one exists in their area with veterans with service-connected disability receiving top priority.

INDIAN HEALTH SERVICE

QUESTION:

How will you treat the Indian Health Service?

ANSWER:

- Our commitment to the Indian Health Service does not change. IHS health programs will operate outside health alliances.

- However, American Indians and Alaska Natives may enroll in a health plan through regional alliances and may receive care through the IHS if that plan contracts with the IHS for services.

- In turn, an IHS program may serve non-Indians enrolled in a health plan if that plan has contracted with the IHS to provide services.

SCHOOL BASED CLINICS --PARENTS' CHOICE

QUESTION:

How would you address the parents' concerns that they don't want their kids to get health care through school based clinics? (Rep. Emerson)

ANSWER:

- Whether schools have health service clinic programs is a decision that will be left up to the local school board. I would expect that the role of parents will be critical to this decision as well as to decisions about the design and availability of such services.

- Reform provides local flexibility for the design of a service delivery system to best meet the needs of their children.

FEHBP -- WHY INCLUDED

QUESTION:

Why include the Federal Employee Health Benefit Plan enrollees when that plan is doing so well? Why not have the FEHBP as a separate corporate alliance?

ANSWER:

- I believe that the FEHBP will be improved by requiring that a standardized package of benefits be available to all Federal employees.

- Also, by including Federal employees under the Plan there is the opportunity to protect their benefits against the political pressures to cut them as a part of efforts to constrain the Federal budget.

STATE AND LOCAL PUBLIC EMPLOYEES -- INCLUSION IN PLAN

QUESTION:

How will you treat State and local public employees? (Rep. Dingell/Sangmeister)

ANSWER:

- State and local public employees will be included in regional alliances just as Federal employees are included.

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POSTAL SERVICE -- WHY NOT INCLUDED?

QUESTION:

Why are you excluding the Postal Service from the Plan?

ANSWER:

- The Postal Service is a quasi-governmental agency whose bargaining arrangements make it more similar to Taft-Hartley plans or rural electric and telephone cooperatives.

Flag - I don't know how they feel about including the Postal Workers. Think this is reg to us

STATE AND LOCAL PUBLIC EMPLOYEES -- INCLUSION IN PLAN

QUESTION:

How will you treat State and local public employees? (Rep. Dingell/Sangmeister)

ANSWER:

- State and local public employees will be included ~~under the Health Security Plan~~ in Alliances just as Federal employees are included.

HOUSE COMMITTEE ON WAYS AND MEANS

ROSTENKOWSKI, DAN (IL), CHAIRMAN

DEMOCRATS (24)

Gibbons, Sam (FL)
Pickle, J.J. (TX)
Rangel, Charles (NY)
Stark, Pete (CA)
Jacobs, Andrew, Jr. (IN)
Ford, Harold (TN)
Matsui, Robert (CA)
Kennelly, Barbara (CT)
Coyne, William (PA)
Andrews, Mike (TX)
Levin, Sander (MI)
Cardin, Benjamin (MD)
McDermott, Jim (WA)
Kleczka, Gerald (WI)
Lewis, John (GA)
Payne, Lewis (VA)
Neal, Richard (MA)
Hoagland, Peter (NE)
McNulty, Michael (NY)
Kopetski, Michael (OR)
Jefferson, William (LA)
Brewster, Bill (OK)
Reynolds, Mel (IL)

REPUBLICANS (14)

Archer, Bill (TX), Ranking
Crane, Philip (IL)
Thomas, Bill (CA)
Shaw, E. Clay, Jr. (FL)
Sundquist, Don (TN)
Johnson, Nancy (CT)
Bunning, Jim (KY)
Grandy, Fred (IA)
Houghton, Amo (NY)
Herger, Wally (CA)
McCrery, Jim (LA)
Hancock, Mel (MO)
Santorum, Rich (PA)
Camp, David (MI)

Ways and Means Committee Profile

Given its role in the budget reconciliation process, financing will be this committee's primary focus with respect to health care reform. Ways and Means members are generally resistant to the introduction of new spending programs that do not have accompanying, stable financing. They are also generally resistant to financing -- through taxes or Medicare cuts -- spending programs under the jurisdiction of other committees.

Ways and Means' interests generally reflect its urban membership. Due to constituency issues and the overall tax-writing authority of the committee, corporate (including pharmaceutical) interests are important to them. Also, the committee's jurisdiction over AFDC reinforces strong interest among key members in the concerns of low-income people.

With respect to health care reform, a main concern of Rostenkowski's is protecting the jurisdiction of his committee and to keep from being overshadowed by Energy and Commerce.

Ways and Means is still haunted by the demise of a piece of legislation they were proud to have pushed through -- Medicare catastrophic. In the last Congress, with interest in health care reform heating up, Rostenkowski wanted to play it safe, and held out for an incremental rather than a comprehensive approach, believing that was the sentiment of most of the members. The Health Subcommittee chairman, however, wanted benefit expansions as well as insurance reforms and enlisted the help and cosponsorship of the Majority Leader when Rostenkowski showed no interest in moving a bill that did not have the votes. It died in subcommittee.

In this session, Stark has reintroduced his health care reform/cost containment bill and his Medicare-for-all bill. The latter reflects his particular bias. Another bias is his opinion of HMOs, which he believes compromise quality for the sake of cost controls. This is one of his major concerns with the Administration's proposal. In addition, he believes the effect of the Administration's plan will be to dismantle the Medicare program and that this is a deliberate move on our part. We can expect him to voice these themes during the Committee's hearings.

Congressman McDermott, a key player in health care reform, will make a pitch for his single payer approach to health care reform, which has over 80 co-sponsors. He is also unhappy over our giving the President's proposal the same title as his bill.

Another Member with a key interest in health care reform is Mike Andrews, who, along with two other members of the Conservative Democratic Forum, Reps. Cooper and Stenholm, sponsored a bill in the last Congress that was modeled after work by Alain Enthoven

and the Jackson Hole Group. We will get his and Mr. Jacobs' support on increasing the cigarette tax. Both have introduced bills to do this. Congressman Matsui also supports "sin" taxes.

The AMA's and the hospital industry's interests will be represented by Jake Pickle, who also opposes global budgets and caps on expenditures.

Congressman Cardin will have an interest in how States' programs will be treated under our plan. He has introduced a bill, modeled after Maryland's program, that would allow States to develop their own rate-setting programs to meet a budget target.

We can expect Rep. Rangel to take this opportunity to complain about the Administration's slowness in appointing a drug czar. Drug abuse is at the top of Mr. Rangel's agenda and he believes it is an important contributor to spiraling health care costs.

POLITICAL PROFILE

After over three decades in the House, Ways and Means Committee Chairman Dan Rostenkowski still wields a heavy gavel. He backs his subcommittee chairmen, allowing them free reign to move key legislation. However, during the last session, as the debate over health care reform heated up in the Health Subcommittee, Rosty refused to let Subcommittee Chairman Stark's bill move without assurances it could garner the votes necessary to pass the full Committee. The bill died in Subcommittee. Since 1989, the Chairman's ability to build coalitions within the Committee has diminished. He opposed the Medicare catastrophic coverage legislation, but outside interests stymied his efforts to stop its enactment. On health care reform the Chairman has not taken a position, preferring to keep his options open. In the last Congress, he leaned toward small group market reform and other incremental reforms, although in the last Congress, he also sponsored a bill to apply Medicare payment methodologies to the private sector. His primary concern in the current debate will be protecting the jurisdiction of his committee rather than the details of the plan itself.

Congressman Dan Rostenkowski (D-IL) 8th

Born:	1/2/28, Chicago, IL
Education:	Attended Loyola U.
Military:	Army, 1946-48
Prev. Occup:	Insurance executive
Family:	Wife, LeVerne Pirkins; 4 children
Religion:	Roman Catholic
Pol. Career:	IL House, 1953-55; IL Senate, 1955-59
Elected:	1958
Residence:	Chicago
Committees:	Ways and Means, Chairman

LEGISLATIVE INTERESTS

103rd: Cong. Rostenkowski has sponsored legislation (H.R. 19) to provide coverage of certain preventive services under part B of Medicare. He cosponsored a bill to improve the administration of the Medicare program (Pickle, H.R. 22).

POLITICAL PROFILE

Although Cong. Sam Gibbons has been in the House for over three decades and involved in many major debates, he has always been a step or two away from real power. For a decade he has held the No. 2 spot on Ways and Means, but he may retire before he attains the Committee chair. Gibbons was the floor manager for many of the social programs of the Great Society during the Johnson Administration. However, he voted against school busing and the Civil Rights Amendments of 1964 and 1968. He has since changed his stand on civil rights.

Gibbons' primary legislative issue is free trade. As chairman of the Trade Subcommittee, he has blocked numerous Democratic attempts to raise trade barriers. He has not been a major player on health care legislation, but has long advocated extending Medicare to all Americans. In July the Congressional Monitor quoted him as saying he had told the Clinton's he would be ready to support "whatever the President comes up with."

Congressman Sam Gibbons (D-FL) 7th

Born:	1/20/20, Tampa, FL
Education:	U. of FL, B.A., J.D.
Military:	Army, 1941-45
Prev. Occup:	Lawyer
Family:	Wife, Martha Hanley; 3 children
Religion:	Presbyterian
Pol. Career:	FL House, 1953-59; FL Senate, 1959-63
Elected:	1962
Residence:	Tampa
Committees:	Ways and Means

LEGISLATIVE INTERESTS

103rd: Cong. Gibbons cosponsored the Family and Medical Leave Act of 1993 (P.L. 103-3). Gibbons is also a cosponsor of H.R. 1200, the single payer bill sponsored by Cong. McDermott.

POLITICAL PROFILE

Like Lyndon Johnson, whose House seat he occupies, Cong. J.J. Pickle is a man of rural populist roots. As an LBJ protege, in his first two years in the House Pickle backed the Civil Rights Act of 1964 and the Voting Rights Act of 1965, which caused him political difficulty in his district. Now third in seniority on Ways and Means, he has been involved in a variety of major issues, including Social Security, trade and revision of the tax code.

Whatever he does on the Oversight Subcommittee in the future, he will have trouble matching his earlier achievements as chairman of the Social Security Subcommittee in the 98th Congress. Convinced that the way to save the Social Security system was to raise the retirement age, he successfully prevailed on the House floor against Claude Pepper of Florida, who proposed solving the system's financing problems by increasing the payroll tax. Pickle's approach became law in 1983 and he relinquished the Social Security subcommittee chairmanship, saying that he had accomplished his major goal.

Congressman J.J. Pickle (D-TX) 10th

Born:	10/11/13, Roscoe, TX
Education:	U. of TX, B.A.
Military:	Navy, 1942-45
Prev. Occup:	Public relations and advertising executive
Family:	Wife, Beryl McCarroll; 3 children
Religion:	Methodist
Pol. Career:	No previous office
Elected:	1963
Residence:	Austin
Committees:	Ways and Means

He attempted to salvage the ill-fated Medicare Catastrophic Insurance Act, but to no avail.

On health care reform, he opposes global budgets or caps because he believes they undermine competitiveness.

LEGISLATIVE INTERESTS

103rd: Cong. Pickle introduced legislation (H.R. 22) to improve the administration of the Medicare program (as well as a number of other Federal agencies). The bill emanates from Pickle's Oversight Subcommittee and institutes management reforms designed to prevent fraud, abuse and mistaken payments. In the 102nd Congress, Pickle introduced similar legislation, which was incorporated into H.R. 11, the Revenue Act of 1992. Cong. Pickle is also a cosponsor of the Freedom of Choice Act (Edwards, H.R. 25).

POLITICAL PROFILE

Cong. Charles Rangel has held the secure Harlem, New York City district seat for over two decades. He is 4th in seniority on Ways and Means and is a past chairman of the Health Subcommittee. Rangel is known as a skillful backroom negotiator, and he sees himself as a protector of the true liberal traditions of the Democratic Party. Rangel ran unsuccessfully against Tony Coelho for Democratic Whip in 1986. On the heels of this defeat, Rangel scrambled to recapture the chairmanship of the Health Subcommittee, but the Democrats voted 17-4 to give the job to Pete Stark. He is often vocal about his problems and is known to complain about being shut out of debates. When the 103rd Congress decided to reduce the number of Select Committees, the Select Committee on Narcotics Abuse, chaired by Rangel, was the first to be voted out of existence.

Rangel is best known for his anti-drug and anti-crime campaigns, and he has had many skirmishes' with past Republican Administrations over drug policy and has been critical over this Administration's pace in approving a drug "czar". Rangel also is critical of liberalizing trade with Mexico, because of his belief that lowering the trade barriers will allow illegal drugs to enter the United States. Rangel's primary legislative interests are drug abuse and anti-crime issues. He is active on health care issues, but not a key player.

Congressman Charles Rangel (D-NY) 16th

Born:	6/11/30, New York, NY
Education:	NY U., B.S.; St. John's U., LL.B.
Military:	Army, 1948-52
Prev. Occup:	Lawyer
Family:	Wife, Alma Carter; 2 children
Religion:	Roman Catholic
Pol. Career:	NY Assembly, 1967-71; sought Democratic nomination for NY City Council president, 1969
Elected:	1970
Residence:	Manhattan
Committees:	Ways and Means

LEGISLATIVE INTERESTS

103rd: Cong. Rangel has sponsored H.R. 15, the Enterprise Zone Community Development Act of 1993, which would provide tax incentives to encourage private development in the inner cities. He cosponsored the Family and Medical Leave Act (P.L. 103-3) and a Pickle bill to improve the administration of Medicare (H.R. 22). Rangel is a cosponsor of H.R. 1200, the single payer bill sponsored by Cong. McDermott.

POLITICAL PROFILE

Liberal Cong. Pete Stark has developed a reputation for being unorthodox. However, as Chairman of the Ways and Means Subcommittee on Health, he has been effective in moving legislation consistent with the liberal agenda. Stark was dealt a major blow in his efforts to improve health services for the elderly when the Medicare catastrophic coverage legislation was repealed. The demise of this legislation left many members of Congress wary of future efforts to expand health care coverage for any group. Stark moved quickly during the 102nd Congress to introduce legislation which provided universal health care coverage based on a play-or-pay model. As the 102nd Congress drew to a close, and the House leadership searched for a reform vehicle to move, Stark offered up his "Health Care Cost Containment and Reform Act", which would have expanded health care coverage while reforming the health insurance market. The bill was held by Chairman Rostenkowski and did not move out of subcommittee. Medicare-for-all is his preferred approach to health care reform. He is sharply critical of the HMO industry. He believes the Administration's health care reform plan would dismantle the Medicare program.

Congressman Pete Stark (D-CA) 13th

Born:	11/11/31, Milwaukee, WI
Education:	MIT, B.S.; U of CA, Berkeley, M.B.A.
Military:	Air Force, 1955-57
Prev. Occup:	Banker
Family:	Wife, Deborah Roderick; 4 children
Religion:	Unitarian
Pol. Career:	Sought Democratic nomination for CA Senate, 1969
Elected:	1972
Residence:	Oakland
Committees:	Ways and Means, Joint Economic Committee, District of Columbia, Chairman

LEGISLATIVE INTERESTS

103rd: Cong. Stark has re-introduced the Health Care Cost Containment Act (H.R. 200); also H.R. 2610, a Medicare-for-all plan. He has sponsored legislation to extend and improve the ban on physician referrals to health care providers with which the physician has a financial relationship (H.R. 345); impose an excise tax on certain sales of assets of medical service organizations to managers, etc. of such organization (H.R. 483); establish in the Food and Drug Administration the Patented Medicine Prices Review Board to regulate the prices of certain prescription drugs; and amend the Internal Revenue Code to recapture certain tax benefits (H.R. 916). He has cosponsored the Family and Medical Leave Act (P.L. 103-3) and Cong. Rostenkowski's bill to cover certain preventive services under Medicare (H.R. 19). He has also cosponsored a measure to improve the administration of the Medicare program (H.R. 22). Stark is a cosponsor of H.R. 1200, the single payer bill sponsored by Cong. McDermott.

POLITICAL PROFILE

Indianans seem attracted by the same traits in Cong. Andrew Jacobs that have kept him an outsider in House politics. Outspoken in his fiscal conservatism and attention to federal waste, he has long opposed congressional salary increases.

Before becoming Chairman of the Social Security Subcommittee, Jacobs chaired the Health Subcommittee. When the Social Security Reform Act reached Ways and Means in 1983, he added a Medicare payment plan which set fixed costs for inpatient treatment of various diseases. He also pushed to freeze Medicare payments to physicians and to prohibit the charging of extra fees beyond those covered by Medicare.

Strongly anti-smoking, Jacobs has been a consistent advocate of doubling the cigarette tax and earmarking the extra revenues for the Hospital Insurance trust fund. He is prolific at drafting bills. The Family Support Act of 1988 included Jacobs' pilot program for college students to serve as "aunts and uncles" to welfare children. Another of his proposals made the Social Security system available to help blood banks find donors suspected of carrying the AIDS virus.

He is a strong supporter of the Social Security Administration independent status.

Congressman Andrew Jacobs Jr. (D-IN) 10th

Born:	2/24/32, Indianapolis, IN
Education:	IN U., B.S., LL.B.
Military:	Marine corps, 1950-52
Prev. Occup:	Lawyer, police officer
Family:	Wife, Kimberly Hood; 2 children
Religion:	Roman Catholic
Pol. Career:	IN House, 1959-61; Democratic nominee for US House, 1962; defeated for re-election to House, 1972; re-elected 1974
Elected:	1964
Residence:	Indianapolis
Committees:	Ways and Means

LEGISLATIVE INTERESTS

103rd: Cong. Jacobs has sponsored legislation to streamline the Social Security disability application and appeal process (H.R. 646); to make the Social Security Administration independent of the Department of Health and Human Services (H.R. 647); to require the Secretary of the Treasury to issue to the Social Security trust funds certificates of U.S. obligations (H.R. 931); and to strengthen provisions prohibiting the use of Social Security symbols for deceptive purposes (H.R. 978).

POLITICAL PROFILE

After spending two Congresses waiting vindication from allegations of bank, mail and tax fraud charges, Cong. Harold Ford was cleared of charges at the beginning to the 103rd Congress, and chairs the Ways and Means Subcommittee on Human Resources. With the reclamation of the Chair, Cong. Ford reasserted his position as a leader on national welfare policy. During the 1987 debate on welfare reform, Ford sponsored his own welfare reform legislation, the centerpiece of which was job training for welfare recipients. Major portions of Cong. Ford's legislation were incorporated into the welfare reform package which became law in 1988.

LEGISLATIVE INTERESTS

103rd: Cong. Ford cosponsored the Family and Medical Leave Act of 1993 (P.L. 103-3) and the Federal Program Improvement Act of 1993 (Pickle, H.R. 22). Ford is also a cosponsor of H.R. 1200, the single payer bill sponsored by Cong. McDermott.

Congressman Harold Ford (D-TN) 9th

Born:	5/20/45, Memphis, TN
Education:	TN State U., B.S.; John Gupton Mortuary, L.F.D., L.E.D.; Howard U., M.B.A.
Military:	None
Prev. Occup:	Mortician
Family:	Wife, Dorothy Bowles; 3 children
Religion:	Baptist
Pol. Career:	TN House, 1971-75
Elected:	1974
Residence:	Memphis
Committees:	Ways and Means

POLITICAL PROFILE

First elected to the House in 1978, Cong. Robert Matsui, is considered a loyal Democrat, but one who often sets his own agenda. He is a skilled fundraiser who has considered seeking higher offices including Alan Cranston's U.S. Senate seat and the California governorship.

With seven terms on the House Ways and Means Committee, Cong. Matsui combines a liberal approach to tax policy with a strong interest in protecting California businesses. Matsui's greatest accomplishment in the House was on Japanese-American redress. He was one of the lead sponsors of the 1988 law which provided monetary compensation for every survivor of the internment camps and for so-called "voluntary evacuees."

On health care reform, he supports phasing in coverage for pregnant women and children first. He supports "sin" taxes and global budgets.

Congressman Robert Matsui (D-CA) 3rd

Born:	9/17/41, Sacramento, CA
Education:	U. of CA, Berkeley, A.B.; U of CA, Hastings College of Law, J.D.
Military:	None
Prev. Occup:	Lawyer
Family:	Wife, Doris Okada; 1 child
Religion:	Methodist
Pol. Career:	Sacramento City Council, 1971-78
Elected:	1978
Residence:	Sacramento
Committees:	Ways and Means

LEGISLATIVE INTERESTS

103rd: Cong. Matsui introduced H.R. 727, the Children and Pregnant Women Health Insurance Act of 1993, to provide health insurance coverage for pregnant women and children through employment and State based insurance plans. He also introduced H.R. 728, the Social Security and SSI "AIDS" Disability Act of 1993, which would require inclusion of specific items of impairments for evaluating HIV infection in making determinations of disability under the Social Security Act.

In addition, Cong. Matsui has cosponsored: the Family and Medical Leave Act of 1993 (P.L. 103-3); the Gang Prevention and Youth Recreation Act of 1993, to provide grants to cities to establish teen resources and education centers for at-risk youth (Waters, H.R. 1019); and the Hearing Loss Testing Act of 1993, which would require hearing testing for all children born in the US (Walsh, H.R. 419).

POLITICAL PROFILE

Cong. Barbara Kennelly has a knack for getting along with the male-dominated House leadership. She had been in the chamber less than a year when she won a seat on Ways and Means and in 1984 she was appointed to the Democratic Steering and Policy Committee. In the 102th Congress, she became a Chief Deputy in the majority whip organization. Kennelly is also the first woman to serve on Intelligence as Chairwoman of the Subcommittee on Legislation. As one of her first accomplishments on Ways and Means, she won passage of a law to encourage payment of child support. She is also considered an expert on the taxation of the insurance industry, and she has actively promoted legislation affecting the industry.

LEGISLATIVE INTERESTS

103rd: Cong. Kennelly introduced legislation to improve Medicaid nursing home coverage and to clarify the tax treatment of long-term care insurance (H.R. 2407). She cosponsored the Family and Medical Leave Act of 1993 (P.L. 103-3), and the National Institutes of Health Revitalization Act (Waxman, H.R. 4).

Congresswoman Barbara Kennelly (D-CT) 1st

Born:	7/10/36, Hartford, CT
Education:	Trinity College (DC), B.A.; Trinity College (CT), M.A.
Military:	None
Prev. Occup:	Public official
Family:	Husband, James Kennelly; 4 children
Religion:	Roman Catholic
Pol. Career:	Hartford Court of Common Council, 1975-79; CT Secretary of State, 1979-82
Elected:	1982
Residence:	Hartford
Committees:	Budget, Ways and Means, House Administration

POLITICAL PROFILE

Although he was elected to Congress in 1980, Cong. William Coyne has been so quiet that he has been almost invisible. Previously an accountant and a 10 year veteran of local politics, Coyne works almost entirely behind the scenes in Congress. A Party loyalist and member of Ways and Means since 1985, Coyne just switched from the Health to the Trade Subcommittee. Coyne is actively involved in issues related to his Pittsburgh district's steel industry. For example, Coyne has supported an extension of Clean Air Act compliance dates for the steel industry; promoted additional funds for unemployed workers; proposed enterprise zone legislation; and sponsored legislation to require the Bureau of Labor Statistics to collect and report data on "discouraged" workers. Coyne has never faced serious opposition, and has easily won each reelection, usually with over 70 percent of the vote.

While on the Health Subcommittee, Coyne co-sponsored the Russo Single Payer and the Stark-Gephardt Health Care Reform bills.

Congressman William Coyne (D-PA) 14th

Born:	9/24/36, Pittsburgh, PA
Education:	Robert Morris College, B.A.
Military:	Army, 1955-57
Prev. Occup:	Accountant
Family:	Single
Religion:	Roman Catholic
Pol. Career:	PA House, 1971-73; Pittsburgh City Council, 1974-81; sought Democratic nomination for PA Senate, 1972
Elected:	1980
Residence:	Pittsburgh
Committees:	Ways and Means, Budget

LEGISLATIVE INTERESTS

103rd: Cong. Coyne cosponsored the Family and Medical Leave Act (P.L. 103-3). Coyne is a cosponsor of H.R. 1200, the single payer bill sponsored by Cong. McDermott, and H.R. 2610, the Medicare for all bill sponsored by Cong. Stark.

POLITICAL PROFILE

One of the new members of the Health Subcommittee, Cong. Andrews is enjoying his new status. A member of the Conservative Democratic Forum, Andrews was a key force behind the introduction of that group's health care reform bill. The "Managed Competition Act", modeled after work by Alain Enthoven and the Jackson Hole Group, garnered strong support during the waning days of the 102nd session. Although the bill has yet to be reintroduced, CDF members (Andrews, Cooper, and Stenholm) have agreed to wait until the President announces his own plan before moving forward. The measure may garner enough support to give significant bargaining power to Congressman Andrews and his colleague, Jim Cooper, who sits on the Energy and Commerce Health Subcommittee.

His concerns include children, immunization, low-income women and rural areas. He is pro-choice and anti-tobacco.

Congressman Michael Andrews (D-TX) 25th

Born:	2/7/44, Houston, TX
Education:	U. of TX, B.A.; Southern Methodist U., J.D.
Military:	None
Prev. Occup:	Lawyer
Family:	Wife, Ann Bowman; 2 children
Religion:	Episcopalian
Pol. Career:	Democratic nominee for US House, 1980
Elected:	1982
Residence:	Houston
Committees:	Ways and Means, Budget, Joint Economic Committee

LEGISLATIVE INTERESTS

103rd: Cong. Andrews introduced legislation to increase excise taxes on cigarettes and use the money to expand Medicaid (H.R. 1246). Cong. Andrews has cosponsored legislation to protect children from exposure to environmental tobacco smoke (Durbin, H.R. 710).

POLITICAL PROFILE

A former labor leader who represents a district dominated by auto industry workers, Cong. Sander Levin's main interest is international trade. A strong loyalist, Cong. Levin was appointed to the Ways and Means Committee in 1988. He has used the seat largely to pursue his interests on trade. First elected in 1982, he has easily won each reelection with over 70 percent of the vote.

Congressman Sander Levin (D-MI) 17th

Born:	9/6/31, Detroit, MI
Education:	U. of Chicago, B.A.; Columbia U., M.A.; Harvard U., LL.B.
Military:	None
Prev. Occup:	Lawyer
Family:	Wife, Victoria Schlafer; 4 children
Religion:	Jewish
Pol. Career:	MI Senate, 1965-71; Democratic nominee for governor, 1970, 1974
Elected:	1982
Residence:	Southfield
Committees:	Ways and Means, District of Columbia

Known for his gentlemanly demeanor and cerebral approach, Levin tends to discuss complex issues in detail. When he first arrived on Ways and Means, Levin proposed welfare reform legislation, which he cosponsored with Senator Moynihan of New York. His bill would have required states to establish work training and education for AFDC recipients and provide services to help those trying to become self-sufficient. On health care, Levin has not endorsed any reform proposal; however, he was an important participant in drafting H.R. 5502, the Stark-Gephardt compromise proposal of the 102nd Congress. Levin was one of the last defenders of the 1988 Medicare catastrophic health insurance legislation prior to its repeal. In support of the large teaching hospitals in his district, Levin defends Medicare payments to hospitals (particularly indirect medical education (IME) payments to teaching hospitals). He believes consumers want fraud, waste and abuse reduced before they would be willing to pay more. He supports living wills and home care, both of which he believes are cost-savers.

LEGISLATIVE INTERESTS

103rd: Cong. Levin cosponsored the Family and Medical Leave Act (P.L. 103-3).

POLITICAL PROFILE

After serving in the Maryland State Legislature for 20 years, the last 8 as Speaker, Congressman Cardin was elected to Congress in 1986. Cardin was only 23 when elected to the State Legislature, and at 35, became the youngest Speaker in the State's history. In his third year in Congress, Cardin was appointed to Ways and Means. At home, Cardin has easily won each reelection with over 70 percent of the vote.

On Ways and Means, Cardin became a member of the Health Subcommittee, where he has supported the party positions on Medicare and Social Security Subcommittee. On health care reform, Cardin strongly advocates an all-payer rate setting system like the one he helped to create in Maryland. Although Cardin introduced his own health care reform bill, last year he was an active participant in drafting H.R. 5502, the Stark-Gephardt compromise bill. In addition, Cardin sponsored Medicare bills that would impose standards relating to the prevention of fraud and abuse on suppliers of durable medical equipment under Part B of Medicare. Cardin continues to speak in support of all-payer rate setting within the framework of any health care reform proposal. He takes an active interest in Social Security's Administrative budget since many of the agency's employees live within his district.

Congressman Benjamin Cardin (D-MD) 3rd

Born:	10/5/43, Baltimore, MD
Education:	U. of Pittsburgh, B.A.; U of MD, LL.B
Military:	None
Prev. Occup:	Lawyer
Family:	Wife, Myra Edelman; 2 children
Religion:	Jewish
Pol. Career:	MD House, 1967-87; Speaker, 1979-87
Elected:	1986
Residence:	Baltimore
Committees:	Ways and Means, House Administration, Standards of Official Conduct

LEGISLATIVE INTERESTS

103rd: Cong. Cardin sponsored a bill modeled after Maryland's program that would allow states to develop their own rate-setting/payment programs to meet a budget target. It includes an emphasis on preventive care and portability in insurance plans (H.R. 1398). He cosponsored the Family and Medical Leave Act (P.L. 103-3). He also co-sponsored Cong. Fazio's access to abortions bill and legislation to require/expand Medicaid/Medicare coverage of mammography screening. In addition, he sponsored a provision that was included in OBRA 1993 to provide coverage of anticancer drugs in Medicare.

POLITICAL PROFILE

One of just three physicians in the House, Cong. Jim McDermott is well liked and respected by his colleagues. McDermott's legislative experience, political connections, personality and pragmatic attitude have made him a serious player in health policy debates.

McDermott began his political career in the Washington State House in 1971, served in the State Senate from 1975-80, and made three unsuccessful attempts for the governor's office. In 1988, he gave up a three year Foreign Service commitment as a psychiatrist in Zaire to run for the U.S. House seat.

Cong. McDermott is keenly interested in establishing national health insurance and has been a key advocate on AIDS issues. In the latter arena, he was instrumental in authorizing $150 million for housing assistance for people with AIDS.

Congressman Jim McDermott (D-WA) 7th

Born:	12/28/36, Chicago, IL
Education:	Wheaton College, B.S.; U of IL, M.D.
Military:	Navy Medical Corps, 1968-70
Prev. Occup:	Psychiatrist
Family:	Divorced; 2 children
Religion:	Episcopalian
Pol. Career:	WA House, 1971-73; WA Senate, 1975-87; sought Democratic nomination for governor, 1972-84; Democratic nominee for governor, 1980
Elected:	1988
Residence:	Seattle
Committees:	Ways and Means, District of Columbia, Standards of Official Conduct

LEGISLATIVE INTERESTS

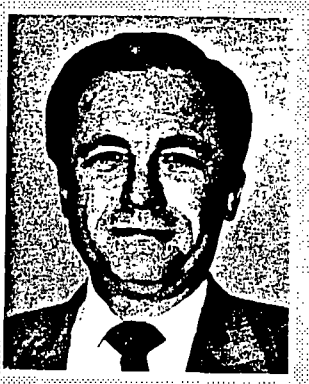
103rd: Cong. McDermott sponsored H.R.1200, the American Health Security Act, a single payer National health insurance program (85 co-sponsors). He has cosponsored the Family and Medical Leave Act of 1993, (PL# 103-3); the National Domestic Violence Hotline Act of 1993, which would provide grants to establish and operate a national domestic violence hotline (Morella, H.R. 522); and the Preventing Our Kids from Inhaling Deadly Smoke (PRO-KIDS) Act of 1993, which would require the EPA to develop guidelines for nonsmoking policies in buildings owned or leased by Federal agencies (Durbin, H.R. 710).

POLITICAL PROFILE

First elected to the Wisconsin State Assembly at the age of 24, Cong. Gerald Kleczka has had a long career in politics. He served 11 years in the State House and was elected to the U.S. House of Representatives in 1984. Cong. Kleczka comes from a safe, largely Polish, Democratic district from the southside of Milwaukee. Although viewed as a dependable Democratic vote for the leadership, he is known also as a street-smart combative politician.

Much of his past legislative agenda has been on banking and savings and loan issues. In the social issues arena, Cong. Kleczka had been a consistent vote against abortion rights until the 1989 Supreme Court Webster ruling, when he was a swing vote allowing federal funding of abortions in cases of rape and incest. He supported Russo's single payer health care reform legislation last year.

Congressman Gerald Kleczka (D-WI) 4th



Born:	11/26/43, Milwaukee, WI
Education:	Attended U. of Wisconsin
Military:	WI Air National Guard, 1963-69
Prev. Occup:	Accountant
Family:	Wife, Bonnie Scott
Religion:	Roman Catholic
Pol. Career:	WI Assembly, 1969-73; WI Senate, 1975-84
Elected:	1984
Residence:	Milwaukee
Committees:	Ways and Means, House Administration

LEGISLATIVE INTERESTS

103rd: Cong. Kleczka cosponsored the Family and Medical Leave Act (P.L. 103-3); and the Gift of Life Congressional Medal Act of 1993, a measure that would establish a congressional commemorative medal for organ donors and their families (Stark, H.R. 1012).

POLITICAL PROFILE

Cong. John Lewis (D-GA) 5th

Born:	2/21/40, Troy, AL
Education:	American Baptist Theological Seminary, B.A.; Fisk U., B.A.
Military:	None
Prev. Occup:	Civil rights activist
Family:	Wife, Lillian Miles; 1 child
Religion:	Baptist
Pol. Career:	Special election candidate for US House, 1977; Atlanta City Council, 1982-86
Elected:	1986
Residence:	Atlanta
Committees:	Ways and Means

The son of a black sharecropper and the first in his family to finish high school, Representative John Lewis is a celebrated leader of the Civil Rights movement. Having met and been influenced by Dr. Martin Luther King at the age of 18, Lewis organized the first lunch counter sit-in in Nashville, Tennessee. In May 1961, he was on the first of the Freedom Rides, riding buses as they were attacked and burned; he was viciously beaten in Rock Hill, South Carolina, and Montgomery, Alabama. In the 1970's he served as the Associate Director of ACTION under President Carter.

After serving four years on the Atlanta city council, Cong. Lewis fought a bitter campaign with his former ally, state Senator Julian Bond, for the U.S. House seat vacated by Wyche Fowler in 1986. He won that seat and subsequent House elections with over 75 percent of the vote. In the 102nd Congress, Lewis was appointed one of three Chief Deputies in the Majority Whip organization.

Representative Lewis is a confirmed liberal and votes with the Democratic Party on key issues, including cutting funds for the Strategic Defense Initiative, opposing death penalties for drug-related murders, and supporting the requirement for plant-closing notifications, which none of his more conservative colleagues in the Georgia delegation supported.

He is a freshman member of the Health Subcommittee.

LEGISLATIVE INTERESTS

103rd: Cong. Lewis has cosponsored the Family and Medical Leave Act (P.L. 103-3). He is also a cosponsor of H.R. 1200, the single payer bill sponsored by Cong. McDermott.

POLITICAL PROFILE

Cong. Lewis Payne, a successful developer, was tapped to fill the vacant seat created by the death of Cong. Dan Daniel. Payne is considered a "progressive conservative," who balances being a conservative with traditional Democratic actions. For instance, he voted for using force against Iraq and a constitutional ban on flag burning. However, he is a consistent supporter of both abortion and civil rights. Also, Cong. Payne endeared himself to the business community by voting against a minimum wage increase and the family and medical leave act.

Cong. Payne is a member of the Conservative Democratic Forum (CDF), the Rural Health Care Coalition and the Mainstream Forum.

LEGISLATIVE INTERESTS

103rd: Cong. Payne is a cosponsor of H.R. 5936, the CDF Managed Competition bill sponsored by Cong. Cooper.

Congressman Lewis Payne (D-VA) 5th

Born:	7/9/45, Amherst, VA
Education:	VA Military Inst., B.S.; U of VA, M.B.A.
Military:	Army, 1968-70
Prev. Occup:	Developer; businessman
Family:	Wife, Susan King; 4 children
Religion:	Presbyterian
Pol. Career:	No previous office
Elected:	1988
Residence:	Nellysford
Committees:	Ways and Means

POLITICAL PROFILE

A former city councilman and mayor of Springfield, Cong. Richard Neal was first elected to Congress in 1988. Neal spent a quiet first term "learning the ropes" on the Banking Committee. After surviving a strong challenge in 1990, Neal is now entering his third term. He was appointed to the Ways and Means Committee this year, replacing former Congressman Brian Donnelly (D-MA). Although Neal has usually voted the party line, he voted in opposition to Federal funding for abortions, (even in cases of rape and incest); in opposition to the 1989 congressional pay raise, and in opposition to the 1990 budget summit agreement. Neal's legislative activities have focused on banking issues, such as insolvent savings and loan institutions, and proposals to restructure the industry's deposit insurance system.

He has voted against federal funding of abortions.

LEGISLATIVE INTERESTS

103rd: Cong. Neal cosponsored the Family and Medical Leave Act (P.L. 103-3). He has also cosponsored the Enterprise Zone Community Development Act of 1993 to provide tax incentives to encourage community development in enterprise zones (Rangel, H.R.15). He has not cosponsored health care reform legislation.

Congressman Richard Neal (D-MA) 2nd

Born:	2/14/49, Worcester, MA
Education:	American International College, B.A.; U. of Hartford, M.P.A.
Military:	None
Prev. Occup:	Public official, college lecturer
Family:	Wife, Maureen Conway; 4 children
Religion:	Roman Catholic
Pol. Career:	Springfield City Council, 1978-84; Mayor of Springfield, 1984-89
Elected:	1988
Residence:	Springfield
Committees:	Ways and Means

POLITICAL PROFILE

Although elected to Congress in 1988, Cong. Peter Hoagland served for eight years in the Nebraska State legislature. A moderate Democrat, Hoagland served on the Banking Committee where he joined other moderate Democrats in writing legislation to provide incentives for landlords to continue renting to low-income families.

Hoagland has supported abortion rights, increased minimum wage and has opposed a constitutional amendment to ban flag burning. In his second term, Hoagland was appointed to the Judiciary Committee, where he pursued his interests in drug interdiction and "boot camps" for drug offenders. In the 103rd Congress, Hoagland was appointed to the Ways and Means Committee.

Congressman Peter Hoagland (D-NE) 2nd

Born:	11/17/41, Omaha, NE
Education:	Stanford, U., A.B.; Yale U., LL.B.
Military:	Army, 1963-65
Prev. Occup:	Lawyer
Family:	Wife, Barbara Erickson; 5 children
Religion:	Episcopalian
Pol. Career:	NE Legislature, 1979-87
Elected:	1988
Residence:	Omaha
Committees:	Ways and Means

LEGISLATIVE INTERESTS

103rd: Cong. Hoagland has introduced legislation to expand Medicare coverage of home health services from 5 to 7 days per week for up to 40 days(H.R. 72); a bill to require the President to send to Congress a balanced budget each year, and to require the Congress to consider the balanced budget (H.R. 75); and a bill to require as a condition of participation in Medicare, hospitals to provide parents of newborn children with information and recommendations on childhood immunizations (H.R. 77). Hoagland has not sponsored health care reform legislation.

POLITICAL PROFILE

Cong. Michael McNulty entered politics at age 22, and served in local and State government for 18 years. He was elected to Congress in 1988. Appointed to the Armed Services Committee, McNulty is more supportive of defense spending than many of his Democratic colleagues, particularly spending in support of defense installations in his district. He was one of only three House Democrats who voted for both the leadership resolution calling for continued sanctions rather than war in Kuwait, and the resolution authorizing military force. In 1990, despite his 100 percent labor voting rating, McNulty was supported by the Conservative Party and easily won reelection. McNulty is new to the Ways and Means Committee and he has no record on Ways and Means issues.

On health care reform, last year he cosponsored Russo's single-payer bill.

LEGISLATIVE INTERESTS

103rd: Cong. McNulty sponsored H.R. 911, a bill to grant immunity from personal civil liability to volunteers working on behalf of nonprofit organizations and governmental entities.

Congressman Michael McNulty (D-NY) 23rd

Born:	9/16/47, Troy, NY
Education:	College of the Holy Cross, A.B.
Military:	None
Prev. Occup:	Public official
Family:	Wife, Nancy Lazzaro; 4 children
Religion:	Roman Catholic
Pol. Career:	Green Island supervisor, 1970-77; Democratic nominee for NY Assembly, 1976; Mayor of Green Island, 1977-83; NY Assembly, 1983-89
Elected:	1988
Residence:	Green Island
Committees:	Ways and Means

POLITICAL PROFILE

After holding Republican incumbent Denny Smith to the smallest margin of victory of any incumbent in 1988, Cong. Mike Kopetski returned to win in 1990. Kopetski is considered a moderate Democrat representing a conservative district. As a freshman, he was appointed to the Agriculture, Judiciary and Space, Science and Technology Committees. Kopetski was appointed to the Ways and Means Committee in this year.

He chairs the House mental health working group. He believes tort reform should be part of health care reform, but he has not cosponsored any health care reform legislation.

LEGISLATIVE INTERESTS

103rd: Kopetski cosponsored the Family and Medical Leave Act (P.L. 103-3).

Congressman Mike Kopetski (D-OR) 5th

Born:	10/27/49, Pendleton, OR
Education:	American U., B.A.; Lewis and Clark College, J.D.
Military:	None
Prev. Occup:	Advertising executive
Family:	Wife, Linda Zuckerman; 1 child
Religion:	Not specified
Pol. Career:	OR House, 1985-89, sought Democratic nomination for US House, 1988
Elected:	1990
Residence:	Keizer
Committees:	Ways and Means

POLITICAL PROFILE

Cong. William Jefferson is Louisiana's first black congressman since Reconstruction. In 1990, in a close race with the son of New Orlean's first black mayor, Jefferson won the House seat of former Cong. Lindy Boggs, wife of the former House majority leader. Jefferson defeated the son of New Orleans' first black mayor to win election. Jefferson launched his political career in the State legislature, where he developed an interest and expertise in finance and budget issues when he chaired the Government Affairs Committee of the Louisiana Senate. He is known as a liberal Democrat, with the skill to steer federal program funds to New Orleans, and was an early supporter of President Clinton. He is a former malpractice attorney.

LEGISLATIVE INTERESTS

103rd: Jefferson cosponsored a bill to create an entitlement program for immunizing infants (Byrne, H.R. 940). He has not cosponsored any health care reform legislation.

Congressman William Jefferson (D-LA) 2nd

Born:	3/14/47, Lake Providence, LA
Education:	Souther U., B.A.; Harvard U., J.D.
Military:	Army, 1969-75
Prev. Occup:	Lawyer
Family:	Wife, Andrea Green; 5 children
Religion:	Baptist
Pol. Career:	LA Senate, 1980-91; Candidate for Mayor of New Orleans, 1982-86
Elected:	1990
Residence:	New Orleans
Committees:	Ways and Means, District of Columbia

POLITICAL PROFILE

Oklahoma's 3rd District is one of the state's most economically depressed and its most reliable Democratic stronghold; in the 84 years since statehood, it has never elected a Republican. This seat was held by former Speaker Carl Albert for 31 years. Cong. Bill Brewster began his political career in the Oklahoma House where he specialized in business and energy issues.

Brewster can be expected to use his post on the Ways and Means Committee to support incentives for economic development in rural areas and bills that benefit the energy industry. He is a licensed pharmacist. He supports global budgets and is interested in rural health issues. He has not cosponsored any health care reform legislation.

LEGISLATIVE INTERESTS

103rd: Cong. Brewster has cosponsored legislation to establish a congressional commemorative medal for organ donors (Stark, H.R. 1012).

Congressman Bill Brewster (D-OK) 3rd

Born:	11/8/41, Ardmore, OK
Education:	Southwestern OK State U., B.S.
Military:	Army Reserve, 1966-71
Prev. Occup:	Pharmacist; rancher; real estate company owner
Family:	Wife, Suzie Nelson; 1 child
Religion:	Baptist
Pol. Career:	OK House, 1983-91
Elected:	1990
Residence:	Marietta
Committees:	Ways and Means

POLITICAL PROFILE

Cong. Mel Reynolds was the only member of the 1992 class tapped for the Ways and Means Committee. This plum assignment was out of recognition for his stunning upset of the incumbent, Gus Savage. After two previous unsuccessful attempts, Reynolds defeated Savage by 63 percent to 37 percent. Although both men grew up poor in the streets of South Chicago, Reynolds excelled in school and was a Rhodes scholar, while Savage was a street organizer. The campaign was a bitter, head-to-head clash that centered on Reynolds' success in painting Savage as an ineffective politician who could not deliver to his constituents. Even some core Savage wards believed this message and voted for Reynolds. Reynolds won the majority of votes of middle class blacks and whites; he even won some Republican cross-over votes.

Reynolds is expected to use his Ways and Means post to pursue tax policies to promote private investment in housing and other inner-city concerns. He was a gunshot victim during his campaign and supports doubling the excise tax on firearms and earmarking money for hospitals with high numbers of trauma cases.

Congressman Mel Reynolds (D-IL) 2nd

Born:	1/8/52, Mound Bayou, MI
Education:	Chicago City College, A.A.; U. IL, B.A.; Oxford U., LL.B., M.A.
Military:	None
Prev. Occup:	Professor
Family:	Wife, Marisol Concepcion; 1 child
Religion:	Baptist
Pol. Career:	Sought Democratic nomination for US House, 1988; 1990
Elected:	1992
Residence:	Chicago
Committees:	Ways and Means

LEGISLATIVE INTERESTS

103rd: Cong. Reynolds cosponsored the Family and Medical Leave Act of 1993 (P.L. 103-3). Reynolds is a cosponsor of H.R. 1200, the single payer bill sponsored by Cong. McDermott.

POLITICAL PROFILE

Cong. Bill Archer has two areas of acknowledged expertise: the oil industry and Social Security. It was his idea to separate Social Security trust funds from budget calculations, and he has long supported making the Social Security Administration independent from the Department of Health and Human Services.

As a member of President Reagan's National Commission on Social Security Reform, Archer argued that Social Security should be made solvent by reducing the growth of benefits, not by increasing the payroll tax rate for younger workers. Although the Commission's recommendations lead to legislation which gradually raised the retirement age to 67, Archer did not feel it went far enough in restraining benefit growth.

In 1989, Archer led a crusade to repeal of the Medicare Catastrophic law.

A Houston native, Archer occupies the House seat of George Bush. A well-known opponent of taxes, Archer entered politics as a Democrat and did not switch parties until he was in the State Legislature. Over the years he has shown a commitment to leading while at the same time getting along.

Congressman Bill Archer (R-TX) 7th

Born:	3\22\28, Houston, TX
Education:	Rice U.; U. of TX, B.B.A., L.L.B.
Military:	Air Force 1951-53
Prev. Occup:	Lawyer; feed co. executive
Family:	Wife, Sharon Sawyer; 5 children; 2 stepchildren
Religion:	Roman Catholic
Pol. Career:	Hunters Creek Village Council, 1955-62; Texas House, 1967-71, served as a Democrat, 1967-69
Elected:	1970
Residence:	Houston
Committees:	Ways and Means

LEGISLATIVE INTERESTS

103rd: Cong. Archer has cosponsored a bill requiring that AIDS be considered a disease of public health significance under the immigration act (McCollum, H.R. 985). He is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill.

POLITICAL PROFILE

A one time presidential hopeful, Cong. Phil Crane had hoped to be the conservative standard bearer in the House, but lost out to a younger and more combative Newt Gingrich. Known for his intellect and oratorical skills, Crane is also an unyielding conservative. His actions define the ideologically pure frontier which were evidenced in his calling for the outright abolition of the National Endowment for the Arts. On the Ways and Means Committee, Cong. Crane has kept a low-profile except for issues relating to trade (he is the ranking member on the Subcommittee). He is quick to endorse cuts for domestic programs noting that neither education, housing, mail service nor a variety of other programs are mandatory Federal functions.

He is strongly anti-abortion.

LEGISLATIVE INTERESTS

103rd: Cong. Crane is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill.

Congressman Philip Crane (R-IL) 8th

Born:	11\3\30, Chicago, IL
Education:	DePauw U.; Hillsdale College, B.A.; U. of MI.; U. of Vienna, Austria,; IN U., M.A.; Ph.D.
Military:	Army, 1954-56
Prev. Occup:	History professor, author, advertising manager
Family:	Wife, Arlene Johnson; 8 children
Religion:	Protestant
Pol. Career:	Sought Republican nomination for president, 1980
Elected:	1969
Residence:	Mt. Prospect
Committees:	Ways and Means

POLITICAL PROFILE

The departure from Congress of Congressman Bill Gradison led the way for Bill Thomas to assume the ranking position on the Health Subcommittee. Thomas' combative style may invite confrontation with Chairman Stark, who enjoyed a collegial relationship with Gradison. A former roommate of Rep. Gingrich, Thomas has worked with fellow conservatives to unite GOP members in opposition to the Democratic Party line. In his first term on the Ways and Means Committee, Thomas lobbied successfully to raise the Social Security retirement age as a way to stem future payroll tax increases. Also a member of the House Administration Committee, he has led the GOP effort on campaign finance reform. He serves on the Republican Task Force on Health. He has voted for reproductive rights.

Cong. Bill Thomas (R-CA) 21st

Born:	12\6\41, Wallace, ID
Education:	San Francisco State U., B.A., M.A.
Military:	None
Prev. Occup:	Professor of political science
Family:	Wife, Sharon Hamilton; 2 children
Religion:	Baptist
Pol. Career:	CA Assembly, 1975-79
Elected:	1978
Residence:	Bakersfield
Committees:	Ways and Means, House Administration

LEGISLATIVE INTERESTS

103rd: Cong. Thomas has cosponsored legislation to improve the administration of the Medicare program (Pickle, H.R. 22), and to establish provisions in the Food Drugs & Cosmetics Act regarding the composition and labeling of dietary supplements (Gallegly, H.R. 509). Thomas is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill. He also sponsored H.R. 2261 to contain health care costs through improved consumer information, and H.R. 2851 to reform medical malpractice laws.

POLITICAL PROFILE

Cong. Clay Shaw, is a former mayor of Ft. Lauderdale. Although he voted for the Medicare catastrophic bill in 1988, the retirees in his district quickly voiced their displeasure over the surtax and put Shaw into the position of being one of the Republican members leading the efforts to repeal the bill. A former member of the Judiciary and Select Narcotics Committees, Shaw has been active in anti-drug legislation designed to address the narcotics problems in South Florida. In the 99th Congress, the Minority Leader appointed Shaw to the GOP drug task force and he is now its chairman. Shaw introduced the 1988 anti-drug bill, which included the death penalty for drug kingpins, creation of the drug czar, and use of the military for drug interdiction. He is also an advocate for drug testing of employees in the transportation industry and other industries where consumer safety is at stake.

In his position on the Subcommittee on Human Resources, he has opposed expansion of unemployment benefits and has successfully countered many of the Social Security amendments offered by former Chairman Downey. Cong. Shaw's legislative interests lie in drug abuse intervention, penalties for drug smuggling and the impact of public policy on senior citizens. He has voted against abortion funding.

Congressman E. Clay Shaw Jr. (R-FL) 22nd

Born:	4\19\39, Miami, FL
Education:	Stetson U., B.A., J.D.; U. of AL, M.B.A.
Military:	None
Prev. Occup:	Nurseryman; lawyer
Family:	Wife, Emilie Costar; 4 children
Religion:	Roman Catholic
Pol. Career:	Fort Lauderdale assistant city attorney, 1968; chief city prosecutor, 1968-69; associate municipal judge, 1969-71; city commissioner, 1971-73; vice mayor, 1973-75; mayor of Fort Lauderdale, 1975-81
Elected:	1980
Residence:	Fort Lauderdale
Committees:	Ways and Means

LEGISLATIVE INTERESTS

103rd: Cong. Shaw has sponsored H.R. 741 which would provide welfare families with education, training, job search and other services to prepare them to leave welfare within 2 years and to authorize states to conduct demonstration projects to help people leave welfare. He also sponsored H.R. 953, a Medicare provision helping small rural hospitals dependent on Medicare. Shaw has cosponsored a bill to improve the efficiency and accountability of the administration of Medicare (Pickle, H.R. 22). He is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill.

POLITICAL PROFILE

Cong. Don Sundquist is known as a savy and sure-footed politician. However, he over-reached his popularity in his failed attempt in the 101st Congress to unseat Guy Vander Jagt as chairman of the House GOP campaign committee. Many of his colleagues thought that he went too far in his criticisms of the committee's operations. His personal style is non-confrontational and he is a strong believer in party building. He is loyal to the Republican agenda and he supported the republican position on issues even when the political price was steep.

On the Ways and Means Committee, Sundquist has become interested in trade issues, especially those affecting the shoe industry and other industries in his district. Sundquist is a firm believer that many things the federal government does can be done better by local government or the private sector. Sundquist's legislative interests are in government downsizing, trade, and matters affecting rural areas.

Congressman Don Sundquist (R-TN) 7th

Born:	3\15\36, Moline, IL
Education:	Augustana College (IL), B.A.
Military:	Navy, 1957-59
Prev. Occup:	Owner of printing, advertising and marketing firm
Family:	Wife, Martha Swanson; 3 children
Religion:	Lutheran
Pol. Career:	No previous office
Elected:	1982
Residence:	Memphis
Committees:	Ways and Means

LEGISLATIVE INTERESTS

103rd: Cong. Sundquist cosponsored legislation to improve the efficiency and accountability of Medicare (Pickle, H.R. 22), the Action Now Health Care Reform Act of 1993 (Michel, H.R. 101), and an amendment allowing separate Medicare billing for EKGs (Torricelli, H.R. 421). He is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill.

POLITICAL PROFILE

Cong. Nancy Johnson is sometimes seen on the periphery of the GOP for often voting with the Democrats, but she can also be partisan. Her tendency to vote independently, both in committee and on the floor, has made it difficult for her to get the committee posts she has sought. But in the 101st Congress, she became the first Republican woman ever to serve on Ways and Means, and she has earned praise for her efforts to craft a comprehensive package of child care initiatives. Her priority issues have been Medicare, health, child care, and trade. She was the author of the Republican alternative to the Family Preservation Act in the 102nd Congress.

She has been an active member of the '92 Group, a coalition of moderate Republicans, who worked on ways to set budget priorities and reduce the deficit. Johnson served as the co-chairman of the '92 group in the 100th Congress. In 1988, she joined Lowell Weicker in ah effort to moderate the GOP's opposition to abortion rights and restore support for the Equal Rights Amendment in the party's platform.

Congresswoman Nancy Johnson (R-CT) 6th

Born:	1\5\35, Chicago, IL
Education:	Radcliffe College, B.A.; attended U. of London,
Military:	None
Prev. Occup:	Civic leader
Family:	Husband, Theodore Johnson; 3 children
Religion:	Unitarian
Pol. Career:	CT Senate, 1977-83; Republican candidate for New Britain Common Council, 1975
Elected:	1982
Residence:	New Britain
Committees:	Ways and Means; Standards of Official Conduct

LEGISLATIVE INTERESTS

103rd: Cong. Johnson has cosponsored legislation to reauthorize the National Institutes of Health (Waxman, H.R. 4); to improve access to health insurance and contain health care costs (Michel, H.R. 101); to require State Medicaid plans to provide coverage of screening mammography (Vucanovich, H.R. 425); to expand research on breast cancer (Lloyd, H.R. 615); and to provide welfare families with the education, training, job search, and work experience needed to prepare them to leave welfare within 2 years (Shaw, H.R. 741). Johnson sponsored H.R. 2317 to amend the Internal Revenue Code with respect to treatment of long-term care insurance policies. She is a cosponsor of H.R. 3080, the House Republican leadership health care reform legislation.

POLITICAL PROFILE

People who watched Cong. Jim Bunning as a major league pitcher generally described him as a tough, stubborn competitor who hated to lose and never yielded an inch to an opposing batter. Those who have watched him in politics have observed the same characteristics.

As ranking member of the Ways and Means Social Security Subcommittee, Bunning has been a supporter of eliminating the Social Security earnings limit and of making the Social Security Administration independent of the Department of Health and Human Services.

He is anti-abortion.

LEGISLATIVE INTERESTS

103rd: Cong. Bunning has cosponsored bills to eliminate the Social Security earnings limit (Hastert, H.R. 300); increase access to mammography screening under Medicaid (Vuncanovich, H.R. 425 and H.R. 427); prevent misleading Social Security mailings (Jacobs, H.R. 978); and add AIDS as a communicable disease for immigration purposes (McCollum, H.R. 985). Bunning is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill.

Congressman Jim Bunning (R-KY) 4th

Born:	10\23\31, Campbell County, KY
Education:	Xavier U., B.S.
Military:	None
Prev. Occup:	Investment broker; professional baseball player
Family:	Wife, Mary Theis; 9 children
Religion:	Roman Catholic
Pol. Career:	Fort Thomas City Council, 1977-79; KY Senate, 1979-83; Republican nominee for governor, 1983
Elected:	1986
Residence:	Fort Thomas
Committees:	Ways and Means, Standards of Official Conduct

POLITICAL PROFILE

Cong. Fred Grandy is considered one of the most able of the younger generation of House Republicans. His primary focus was on the Agriculture Committee his first two terms; he joined Ways and Means in the third. He has worked hard to earn a reputation for intelligence, incisiveness and homework. His work on the House ethics committee has demonstrated his willingness to perform unpleasant duty for GOP leaders. Grandy votes with his party more often than the average Republican; he usually is allied with the Education and Labor Committee's more conservative Republicans opposing labor initiatives such as parental leave. Grandy also is an opponent of abortion.

Congressman Fred Grandy (R-IA) 6th

Born:	6\29\48, Sioux City, IA
Education:	Harvard U., B.A.
Military:	None
Prev. Occup:	Actor; congressional aide
Family:	Wife, Catherine Mann; 3 children
Religion:	Episcopalian
Pol. Career:	No previous office
Elected:	1986
Residence:	Sioux City
Committees:	Ways and Means; Standards of Official Conduct

LEGISLATIVE INTERESTS

103rd: Cong. Grandy introduced a bill to provide universal access to basic group health coverage and provide incentives to make coverage affordable (H.R. 30). He cosponsored the health care reform bill by the Minority Leader's task force (Michel, H.R. 101); a "microenterprise" bill removing barriers in AFDC that prevent recipients from moving toward self sufficiency (Hall, H.R. 455); and legislation to provide welfare families with the education, training, job search, and work experience needed to prepare them to leave welfare within 2 years (Shaw, H.R. 741). Grandy is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill.

POLITICAL PROFILE

Cong. Houghton, a new member of Ways and Means, is a former CEO of Corning Glass Works and scion of one of the nation's wealthiest families, brings with him the conviction that government's fiscal affairs should be run like those of a corporation. Congressman Houghton stands to the left of the GOP Party line on a number of issues. He was one of 17 Republicans opposing a constitutional amendment to ban flag desecration and voted against repeal of Medicare Catastrophic. He opposes a balanced-budget amendment stating that it is Congress' responsibility to control spending. Congressman Houghton has been an active participant in the House Budget Committee's budget and deficit deliberations.

Congressman Amo Houghton, Jr. (R-NY) 31st

Born:	8\7\26, Corning, NY
Education:	Harvard U., A.B., M.B.A.
Military:	Marine Corps, 1945-46
Prev. Occup:	Glassworks company executive
Family:	Wife, Priscilla Dewey; 4 children
Religion:	Episcopalian
Pol. Career:	No previous office
Elected:	1986
Residence:	Corning
Committees:	Ways and Means

LEGISLATIVE INTERESTS

103rd: Cong. Houghton has introduced the Health Equity and Access Improvement Act (H.R. 196) which would provide tax incentives to improve health care access, expand rural health programs, create a new public health program for the near poor, preempt State anti-managed care laws and reform the small group health insurance market. Also, he has cosponsored the Republican Action Now Health Care Reform Act of 1993 (Michel, H.R. 101). Houghton is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill.

POLITICAL PROFILE

Cong. Wally Herger is a Northern California rancher who easily won election to the House in 1986 and held his Democratic district due to his friendly style, despite being a conservative. Herger was in his third term in the State Assembly when he first won his House seat, defying predictions of tough Democratic competition for the open seat.

He has served his constituents on the Agriculture Committee by protecting his district's fruit and nut growers, and loggers. This is his first session as a member of the Ways and Means Committee.

He opposes government funding of abortions.

LEGISLATIVE INTERESTS

103rd: Cong. Herger has cosponsored a health care reform bill (Hastert, H.R. 150) and a bill to revise the way of regulating diet supplements (Gallegly, H.R. 509). Herger is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill.

Congressman Wally Herger (R-CA) 2nd

Born:	5\20\45, Sutter County, CA
Education:	American River Community College, A.A.; attended CA State U.,
Military:	CA Assembly, 1981-87
Prev. Occup:	Rancher; gas company president
Family:	Wife, Pamela Sargent; 8 children
Religion:	Mormon
Pol. Career:	CA Assemply, 1981-87
Elected:	1986
Residence:	Yuba City
Committees:	Ways and Means

POLITICAL PROFILE

Cong. Jim McCrery is a conservative Republican with a low-key approach. Although this is his first term serving on Ways and Means, he has been a member of the Budget Committee since his arrival in the House.

McCrery was first elected to the House as a Democrat in 1988, taking over the seat of his former boss, Cong. Buddy Roemer. He switched to the Republican Party in 1991; in 1992, he defeated former Cong. Jerry Huckaby in a reapportioned seat.

He is a member of the Republican Task Force on Health and the Wednesday Group. He is said to favor the Heritage Foundation's tax credit proposal for health care.

LEGISLATIVE INTERESTS

103rd: Cong McCrery cosponsored the Republican Leader's health care reform bill (H.R. 101), but as yet, he has not cosponsored H.R. 3080, the recent House Republican leadership health care reform bill.

Congressman Jim McCrery (R-LA) 5th

Born:	9\18\49, Shreveport, LA
Education:	LA Tech U., B.A.; LA State U., J.D.
Military:	None
Prev. Occup:	Lawyer; congressional aide
Family:	Single
Religion:	Methodist
Pol. Career:	Candidate for Leesville City Council, 1978
Elected:	1988
Residence:	Shreveport
Committees:	Ways and Means

POLITICAL PROFILE

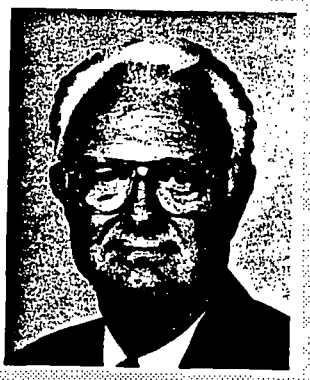
Cong. Mel Hancock, the oldest freshman member of the 101st Congress, favors privatization of all government activities. His district includes the region's industrial and commercial center with Kraft, Litton, 3M, Rockwell and Zenith as major employers. In the 102nd Congress Hancock pushed his bill creating tax-free savings accounts for parents and grandparents who are saving for college for their children and grandchildren.

He opposes government funding of abortions.

LEGISLATIVE INTERESTS

103rd: Cong. Hancock has cosponsored Health Freedom Act, which would establish provisions regarding the regulation of dietary supplements (Gallegly, H.R. 509); Action Now Health Care Reform Act, the Michel bill (H.R. 101); and Social Security Domestic Employment Tax Simplification Act, which would simplify the payment of employment taxes (Klug, H.R. 899). He is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill.

Congressman Mel Hancock (R-MI) 7th



Born:	9\14\29, Cape Fair, MO
Education:	Southwest MI State U., B.S.
Military:	Air Force, 1951-53; Air Force Reserve 1953-65
Prev. Occup:	Businessman
Family:	Wife, Alma McDaniel; 3 children
Religion:	Church of Christ
Pol. Career:	Sought Republican nomination for U.S. Senate, 1982; Republican nominee for lieutenant governor, 1984
Elected:	1988
Residence:	Springfield
Committees:	Ways and Means

POLITICAL PROFILE

Cong. Rick Santorum arrived in the House in 1990 after a upset victory over seven- term incumbent Democrat Doug Walgren. Against the odds and with little support from the national Republican Party, Cong. Santorum assembled a volunteer organization of anti-abortion activists and young Republicans. Santorum focused attention on repeal of the Congressional pay raise, institution of the line-item veto, and limits on political action committee contributions.

Cong. Santorum's father was an Italian immigrant who was a clinical psychologist for the Veterans' Administration. He has long been involved in politics: working on campaigns while at Penn State; working for a state senator while getting his law degree at Dickinson; joining the Pittsburgh law firm that included former U.S. Attorney General Dick Thornburgh; staying active in Pittsburgh Republican politics; and then taking on Congressman Doug Walgren in 1990.

Congressman Rick Santorum (R-PA) 18th

Born:	5\10\58, Winchester, VA
Education:	PA State U., B.A.; U. of Pittsburgh, M.B.A.; Dickinson School of Law, J.D. 1986
Military:	None
Prev. Occup:	Lawyer; legislative aide
Family:	Wife, Karen Garver
Religion:	Roman Catholic
Pol. Career:	No previous office
Elected:	1990
Residence:	Mount Lebanon
Committees:	Ways and Means

LEGISLATIVE INTERESTS

103rd: Cong. Santorum has cosponsored two health related bills of interest: the Action Now Health Care Reform Act of 1993 (Michel, H.R. 101) and the Responsibility and Empowerment Support Program Providing Employment, Child Care and Training Act which would authorize States to conduct demonstration projects to test welfare reform policies (Shaw, H.R. 741). Santorum is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill.

POLITICAL PROFILE

Cong. Dave Camp is considered a moderate who has also been known to take a hard line against tax increases and abortion. Dow Chemical's international headquarters and a Dow Corning plant dominate his district's economy and set the tone for its Republican politics. The city is surrounded by small, rural communities and farmland. Cong. Camp has made a commitment to focus on agricultural issues, as well as improving his district's roads and bridges. He also is on record as supporting a school voucher program.

He opposes Federal funding of abortions.

LEGISLATIVE INTERESTS

103rd: Cong. Camp is a cosponsor of H.R. 3080, the House Republican leadership health care reform bill.

Congressman Dave Camp (R-MI) 10th

Born:	7\9\53, Midland, MI
Education:	Albion College, B.A.; U. of CA, San Diego, J.D.
Military:	None
Prev. Occup:	Congressional aide; lawyer
Family:	Single
Religion:	Roman Catholic
Pol. Career:	MI House, 1989-91
Elected:	1990
Residence:	Midland
Committees:	Ways and Means