

legislative proposal to mandate or require the offering of health care coverages or services shall apply to any insurer unless the proposal applies equally to employee welfare benefit plans described in 29 U.S.,C. 1001," which in effect is the ERISA bill. I offer this amendment for many, many reasons. First of all, so that you can understand, Mr. Chairman, I talk to the amendment now. First of all, there are generally three types of reasons that benefits are mandated. First of all that they can be provider generated and this is by far the...most numerous health provider groups simply want to get coverage to increase their clientele or to insure a steady flow of fees. The next are those that provide coverage for a very limited number of people and, of course, the last are those that attempt to in...that have insurance policies addressed to some social needs. Now some of the language that was stricken with your consent, unanimously, did provide some interesting social and financial questions and I would like to share just a couple of those with you. I think when we mandate benefits, it would be interesting to know, for example, to what extent is the treatment or service generally utilized by a significant portion of the population, and to what extent is the insurance coverage already available, and what is the level of public demand for the treatment or service, and what is the level of public demand for insurance coverage of treatment or service. The financial impact, for example, to what extent will the coverage increase or decrease the cost of the treatment or service and what will be the impact of coverage on the total cost of health care? There is something you should all know as it applies to mandated benefits. I would like to list for you the people that will not be affected by any mandated benefits, that is the entire population served under Medicare, those that are uninsured, the population of those covered by Medicaid, the population insured through ERISA, qualified self-insurance programs, those who are federal government employees or in the military, and those who are covered through federally qualified health maintenance organization programs. So who is left? Obviously the only people left that have to pay for a mandated benefit are those generally who can least afford it. Those are small employers, farmers, and individual policyholders. It is also important to recognize that when you mandate a benefit you also limit the flexibility. The old cafeteria approach should apply to almost everybody and that is if you, for example, feel like you would like to have dental coverage, it should be offered