go carelessly and rapidly into battle, killing those who are not responsible, further enhancing the power and the authority of those who would be the dictators. They do not get killed. Sanctions do not hurt them. The innocent people suffer. Just as the economic sanctions that will be put on Southeast Asia as we give them more money, who suffers from the devaluations? The American taxpayer, as well as the poor people, whether they are in Mexico or Southeast Asia, in order to prop up the very special interests. Whether it is the banking interests involved in the loans to the Southeast Asians, or our military-industrial complex who tends to benefit from building more and more weapons so they can go off and test them in wars that are unnecessary.

REPORT OF THE CORPORATION FOR PUBLIC BROADCASTING—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore (Mr. COOKSEY) laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on Commerce.

To the Congress of the United States:

As required by section 19(3) of the Public Telecommunications Act of 1992 (Public Law 102–356), I transmit herewith the report of the Corporation for Public Broadcasting.

WILLIAM J. CLINTON.

THE WHITE HOUSE, *February 25, 1998.*

HEALTH CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentlewoman from Connecticut (Ms. DELAURO) is recognized for 60 minutes as the designee of the minority leader.

Ms. DELAURO. Mr. Speaker, I want to stand here and have the opportunity to have a discussion with some of my colleagues this evening, to talk about an issue that is near and dear to the hearts of the American people, and that is for those who are today in something called managed care for their health care, people who are looking at how they are going to afford health care, how in fact they can meet the rules and regulations that some of the HMOs have put upon them, how they can have the option of selecting their physician or specialist if they need one, how in fact they can get all of the information that they need in order to make good choices and good decisions about their medical treatment, and how, if they run into a difficulty with their provider, their HMO, their insurance company, that they have an appeal process that they can go to to see if this can be sorted out.

□ 1730

This is a topic that is going to be hotly debated in this Chamber in the next several months. The President talked about a patient's Bill of Rights, if you will. That sounds like a very elevated term. Essentially it is what I have talked about, having for individuals the opportunity to know what their best options are in order to get their health care.

This patient's Bill of Rights is going to be debated. The President talked about it in his State of the Union Address. He wants to see something like this passed. There are a number of us on both sides of the aisle, and as a matter of fact it was one of those issues the night of the State of the Union where Democrats and Republicans were on their feet because it makes good sense. It makes good sense for people to have the adequate kind of health care, the adequate treatment that they need in order that they may survive, themselves and their families. What is at stake here is not just the bottom line, the profit motive in health care today, but in fact the health and safety of the American public.

An issue that I have specifically focused on is the issue of mastectomies. I have found through a Dr. Sarfos in Connecticut, a surgeon, he came to me and told me that women were being treated as outpatients for mastectomies, and that they were getting a few hours' treatment, or less treatment than both their doctor and they thought they needed in order for them to be healthy, to be on that road to recovery both emotionally and physically.

Together a number of us have written legislation that says in fact that the length of stay in a hospital needs to be determined by a doctor and by a patient, and not be the decision of the insurance company. In the case of this specific piece of legislation, it says 48 hours for a mastectomy, 24 hours for a lymph node dissection, and that the individual, the woman can in fact have the luxury, if you will, of not having to stay for 48 hours if the doctor and patient make that determination that in fact it can be a shorter stay.

These are commonsense kinds of decisions that we are talking about. What we want to do is to make sure, as I say, at the base of all of this, is that people's health is the first order of business, and not the profit motive of the insurance provider or of the HMOs.

I am delighted to have with me tonight a colleague from Illinois, and I yield to the gentleman from Illinois (Mr. DAVIS).

Mr. DAVIS of Illinois. Mr. Speaker, I thank the gentlewoman from Connecticut for yielding to me, and I also want to do more than that. I want to thank her for the kind of leadership that I think she displays and continues to display in this House of Representatives by bringing before the American people on a daily basis issue by issue, making the greatest use of herself to awaken the conscience of the American people; for putting before them positions that they need to be aware of, things that they need to understand, and then taking the lead in actually not only talking the talk but walking the walk, and voting her conscience and convictions. It is just a pleasure and an honor for me to serve in this body with her.

Ms. DELAURO. Mr. Speaker, I thank the gentleman very much.

Mr. DAVIS of Illinois. Mr. Speaker, when we look at health care delivery and we look at what has happened in health care all over the place, there have been changes and changes and changes. We see in America right now thousands of individuals who are physicians who decided to go to medical school, learned their profession, because they wanted to be engaged in the practice of medicine. They wanted to work out with patients treatment plans and treatment patterns. They wanted to make use of the skills which they had acquired to provide the best possible care for their patients and their clients.

Now we reach a point where many of these very same physicians, individuals who have spent years and years and years of study and training, are actually being told how they must practice. They are being told what it is they have to prescribe for certain illnesses, what it is that they have to do for certain patients, how long they can keep their patients in the hospital, what they have to do with them if they have to go home. It just seems to me that rather than making use of that training and skills, now we have health maintenance organizations, managed care organizations, HMOs, which are telling the physician how he or she must practice.

I can understand when we first evolved to the point where managed care became a real part of the American scene, people were concerned about cost containment, lack of regulation. It appeared as though the health care industry was running wild, and in some instances people may have been staying in hospitals much longer than they actually needed to. There may have been a few physicians in some cases who may have been taking liberties with their prescriptions and what they were doing, or seeing patients when they were not needed to be seen. But that was not the majority. That was not even anything close to a majority.

I think we have now given managed care, HMOs, a little too much action. I think we have given them too much leeway to set the pace, to make the decisions, to make the determinations. It is time to look at the needs of the patients. That is why, when the President talks about a patient's Bill of Rights, what he is really talking about is looking now at what the patient can logically and reasonably expect from a health care provider, from a health care institution that will meet his or her individual needs.

I do not believe that you can practice medicine wholesale, when it gets down

to the actual treatment. One person does not necessarily respond and react the same way as another. While you need to keep one person 3 days, you may need to keep another one 5. There may be some special problems and some special needs that they have.

I think we have to move to enact the Patient's Bill of Rights, and we have to give to the patients the greatest opportunity to interact with their doctor, to interact with their provider to determine what the health care is going to be.

Mr. Speaker, I see that we have also been joined by a number of other colleagues, and I await what it is the gentleman is going to say.

The SPEAKER pro tempore (Mr. COOKSEY). The gentleman from New Jersey (Mr. MENENDEZ) is recognized for the balance of the hour as the designee of the minority leader.

Mr. MENENDEZ. Mr. Speaker, I yield to the distinguished gentleman from Texas (Mr. GREEN).

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

Mr. GREEN. Mr. Speaker, I thank my colleague, the gentleman from New Jersey, for this special order, but also for the issue, managed care and managed health care. I was interested when my colleague, the gentleman from Chicago, was discussing the managed care issues in his community. I would like to talk about it in mine, not only in the State of Texas but in Houston.

My concern is we need to be more concerned about the patients' rights and establishing some standards for managed health care plans. We all have to live by parameters. If you drive on the road, you have to live by the speed limits. You have to live by rules and regulations. That is what I would like to see this Congress address, is something that would protect the patients' rights, and establishing standards for managed health care plans, which a great many of them already comply with, Mr. Speaker. But I think we would like to see that as knowledgeable consumers, people would be able to know that, and know that they have certain rights and certain requirements on whatever managed care plan they have.

Ever since their existence, managed care health plans have determined what medical procedures would and would not be covered for the patients. We need to guarantee patients will receive quality health care from their managed care plans. We need to hold managed care companies accountable for providing quality health care, instead of just being concerned about their bottom line.

We are a free enterprise system in our country. All of us in business are interested in making a profit, but that is also why we have government regulations. If it is a State health plan, then you have a State agency. In Texas, our State Commission on Insurance is one that regulates health plans in the State of Texas. They set the guidelines for health plans in Texas, and now we need some guidelines on national plans.

But more importantly, we need to be concerned. We need to protect that patient's rights. I am a cosponsor of the bill of the gentleman from Georgia (Mr. NORWOOD). It is a bipartisan piece of legislation to protect patients' rights and to establish standards for managed health care.

I know there are other options. The gentleman from New Jersey (Mr. PALLONE) also has a bill. There is a health care task force within the Democratic Caucus that is working on that. Our ranking member, the gentleman from Michigan (Mr. JOHN DINGELL) has been putting that together, and hopefully we will see it. So there are lots of options out here, and it is a bipartisan concern that we need to deal with.

The legislation, whether it is the gentleman from Georgia (Mr. NORWOOD) or any other ''Woods'' should require employer health plans to allow employees to select their own personal physicians, for example. That is what Congressman NORWOOD's bill would do.

Patients would have the rights to choose their own doctor, a doctor who meets their personal needs. It would eliminate preauthorization requirements for emergency room visits and pay for specialists' care recommended by a primary doctor.

One of the concerns I have heard from my own constituents is that, oftentimes, for emergency room care, they really do not know what kind of illness they may be having. For example, I have used, and I heard this used to me from my constituents, if I have chest pains, I do not know whether it is a heart attack or it may be indigestion. And the only place to know that is to go to an emergency room. So that is why preauthorization for emergency room visits may not be practical in the real world.

If you are badly injured or severely ill, you should not have to worry about your insurance. You should be more concerned, and rightfully so, about your health and getting the needed help you get. Your health should be your primary concern.

According to a study from the American College of Emergency Physicians, 94 percent of emergency room visits have been allocated to an injured person. So 94 percent of those emergency room visits, they are not someone who thinks they have the flu or have a fever. They are actually to an injured person.

In most cases of injury, there is not an ample enough amount of time to call or get approval for an emergency room visit. If there is a 24-hour phone line for preauthorization for emergency room treatment, again, most of the time, the concern is for the health care need and not necessarily for the authorization.

Congressman NORWOOD's legislation would also help patients who have been denied care to appeal their decisions to a mutual third party. Patients should be allowed the right to file a claim regarding their health coverage. And a third party neutral would ensure quality health care for patients unlike current managed care regulations oftentimes.

It would also allow patients to sue health plans for damages under the State malpractice law. In other words, if a person's health care plan makes the medical decision, then that patient would then have the right, instead of suing their doctor or whatever provider, they can say, well, that health care was denied by my health plan.

In fact, the State of Texas this last legislative session in 1997 passed that legislation on a very bipartisan vote. And it was sponsored by a Republican State senator to make sure that where the decision making is at is also where the responsibility is at. And that is what's important.

I would hope whatever bill, I know the gentleman from Georgia (Mr. NORWOOD's) bill has it and whatever bill we consider would also say we have responsibility for our decisions whether you are an individual or whether you are a health care plan.

Current Federal law allows self-insured employers to exempt themselves from State regulation governing both pension and health benefit plans and often prevents individuals from having that opportunity to seek legal redress for their health care plans. That is under the ERISA preemption.

We like the ERISA preemption. I have companies in my District who need to have ability to have a health care plan that covers, not only their employees in Houston, Texas, but also their employees in Louisiana or Seattle or anywhere else.

That is why it is so important on a Federal level. This cannot be handled just on the State level. On the Federal level, we have to provide some guidelines for these plans that may not be licensed by the State but do business in the State, but they come under Federal law.

Health care needs need to be held to a standard, a standard that provides that quality health care to patient at all times by providing quality health care such as in the Norwood legislation and again in other legislation that the House we hope we will consider will provide patients with medical options.

One of the medical options is that any time there is a managed care plan, and I know this is in the Democratic Task Force plan that the gentleman from Michigan (Mr. JOHN DINGELL) has been working on, that will allow an individual that their employer may only be able to afford a managed care plan. But they would offer them at the employee's expense to be able to upgrade that to a different plan a point a service plan or something else.

□ 1745

That, again, just brings options into health care. And having been in a business where we oftentimes had trouble

being able to justify the increasing in health care premiums, I know what has happened in the industry the last few years. Businesses want to try and cut their costs or cut the increasing costs in health care premiums. And so that is why managed care has been so successful. It has limited the cost, but in a lot of cases we are also seeing a limit in the ability of the service to the people that are supposed to be served, the employees or the patients.

Hopefully, our managed care reform legislation will give patients a greater range of medical options instead of restricting them. Managed care originally was an ideal program to say patients will have other options, they will have wellness care, for example. Because, again, it is much better to provide immunizations and provide checkups on an annual basis before there is a need. Checkups catch things like diabetes, and that is what managed care was originally about.

There are a lot of great managed care plans in our country. What we need to do, again on a congressional level, is provide some guidelines for managed care companies to live by. If they are licensed by the State with State regulations, then the State can take care of that. But also on the Federal level, and that is our job as Members of Congress. Let us provide patients with options to make the right choice for their health care, at the same time being mindful of the cost considerations of employers and people who have to pay those premiums.

Mr. Speaker, I know that is the important part and I would hope tonight that during this managed care reform discussion in the Congress over the next few months, that will be one of the issues we deal with.

OMISSION FROM THE CONGRESSIONAL RECORD OF TUESDAY, FEBRUARY 24, 1998

SENATE ENROLLED BILL SIGNED

The SPEAKER announced his signature to an enrolled bill of the Senate of the following title:

S. 927. An act to reauthorize the Sea Grant Program.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mrs. KENNELLY of Connecticut (at the request of Mr. GEPHARDT) for today on account of official business.

Mr. MICA (at the request of Mr. ARMEY) for today on account of traveling with the President concerning the violent tornadoes in his district.

Mr. LUTHER (at the request of Mr. GEPHARDT) for today on account of family matters in the district.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. MCNULTY) to revise and extend their remarks and include extraneous material:)

Mrs. MALONEY of New York for 5 minutes today.

Mr. ALLEN for 5 minutes today.

Mr. BERRY for 5 minutes today.

Mr. SERRANO for 5 minutes today.

Ms. NORTON for 5 minutes today.

Mr. LAMPSON for 5 minutes today.

Mr. SHERMAN for 5 minutes today.

Mr. DAVIS of Illinois for 5 minutes today.

Mr. GREEN for 5 minutes today.

(The following Members (at the request of Mr. THUNE) to revise and extend their remarks and include extraneous material:)

Mr. SHAYS for 5 minutes on March 3.

Mr. THUNE for 5 minutes today.

Mr. HAYWORTH for 5 minutes today.

Mr. DUNCAN for 5 minutes today.

Mr. LUCAS of Oklahoma for 5 minutes today.

Mr. LIVINGSTON for 5 minutes today.

Mr. SMITH of Michigan for 5 minutes today.

Mr. LEWIS of Kentucky for 5 minutes today.

EXTENSION OF REMARKS

By unanimous consent, permission to revise and extend remarks was granted to:

The following Members (at the request of Mr. MCNULTY) and to include extraneous matter:

Mr. CLYBURN.

Mr. CARDIN.

Mr. KUCINICH.

Mrs. MEEK of Florida.

Mr. MARKEY.

Mr. HAMILTON.

Mr. BLUMENAUER.

Ms. STABENOW.

Mr. FILNER.

Mr. MILLER of California.

Mr. RUSH.

The following Members (at the request of Mr. THUNE) and to include extraneous matter:

Mr. SMITH of Oregon.

Mr. RADANOVICH.

Mr. PAUL.

Mr. PETERSON of Pennsylvania.

Mr. DAVIS of Virginia.

Mr. PACKARD.

Mr. SMITH of Michigan.

Mr. COBURN.

The following Members (at the request of Mr. GREEN) and to include extraneous matter:

Mr. SHUSTER.

Mr. ROMERO-BARCELÓ.

Mr. GILLMOR.

Mr. STARK.

Mr. MENENDEZ.

Mr. STOKES.

ENROLLED BILLS SIGNED

Mr. THOMAS, from the Committee on House Oversight, reported that that committee had examined and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker.

S. 916. An act to designate the United States Post Office building located at 750 Highway 28 East in Taylorsville, Mississippi, as the ''Blaine H. Eaton Post Office Building''.

S. 985. An act to designate the post office located at 194 Ward Street in Paterson, New Jersey, as the ''Larry Doby Post Office''.

ADJOURNMENT

Mr. GREEN. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 5 o'clock and 48 minutes p.m.), the House adjourned until tomorrow, Thursday, February 26, 1998, at 10 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

7483. A letter from the Chief, Programs and Legislation Division, Office of Legislative Liaison, Department of the Air Force, transmitting notification that the Commander of Tinker Air Force Base, Oklahoma, has conducted a cost comparison to reduce the cost of operating communications functions, pursuant to 10 U.S.C. 2304 nt.; to the Committee on National Security.

7484. A letter from the Chief, Programs and Legislation Division, Office of Legislative Liaison, Department of the Air Force, transmitting notification that the Commander of Edwards Air Force Base, California, has conducted a cost comparison to reduce the cost of operating base supply functions, pursuant to 10 U.S.C. 2304 nt.; to the Committee on National Security.

7485. A letter from the Managing Director, Federal Housing Finance Board, transmitting the Board's final rule—Regulations Governing Book-Entry Federal Home Loan Bank Securities [No. 98–03] (RIN: 3069–AA54) received February 17, 1998, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Banking and Financial Services.

7486. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Administrative Reporting Exemptions for Certain Radionuclide Releases [FRL–5970–8] (RIN: 2050–AD46) received February 23, 1998, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

7487. A letter from the Acting Director, Regulations Policy and Management Staff, Office of Policy, Food and Drug Administration, transmitting the Administration's final rule—Food Labeling: Health Claims; Soluble Fiber From Certain Foods and Coronary Heart Disease [Docket No. 96P–0338] received February 23, 1998, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

7488. A letter from the Director, Regulations Policy and Management Staff, Office of Policy, Food and Drug Administration, transmitting the Administration's final rule—Indirect Food Additives: Polymers [Docket No. 96F–0477] received February 20, 1998, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

7489. A letter from the Director, Regulations Policy and Management Staff, Office of Policy, Food and Drug Administration,