

is that it will go into much greater detail about requirements for health plans and emergency physicians to work together to coordinate any necessary followup care to the emergency visit. A summary of the bill appears at the conclusion of this statement.

In developing this legislation, we once again worked closely with the American College of Emergency Physicians and the Maryland chapter of their organization. I would like to thank them for all of their assistance during this drafting process.

This year we have an important new supporter of our legislation: Kaiser Permanente, one of our Nation's oldest, largest, and most respected managed care plans. I want to underscore the significance of Kaiser's support. As far as I know, this is the first time that a managed care plan has worked to develop a Federal standard for managed care practices. Kaiser has taken this bold step because they agree with us—when a person presents at an emergency room with what they believe is a true emergency, it is in the health plan's best interest to cover that visit, not to penalize their member if the condition does not turn out to be a true emergency.

Kaiser would like our bill to preempt States' abilities to further regulate coverage of emergency care—and we will continue to discuss that issue. Kaiser's perspective is that the best policy would be to have one uniform set of standards on emergency for all States. However, the bill introduced today does not preempt further State action. Our bill is consistent with the rest of the Health Insurance Portability and Accountability Act in that it only preempts State law where that law prohibits the application of the Federal law. States are absolutely allowed to go further.

In addition to Kaiser Permanente and the American College of Emergency Physicians, our legislation is endorsed by a broad spectrum of interests. These organizations include: the American Medical Association, Citizen Action, the American Hospital Association, Families USA, the American Heart Association, the Coalition for American Trauma Care, the American Osteopathic Association, the Center for Patient Advocacy, and the American Association of Neurological Surgeons.

This year's Access to Emergency Medical Services Act is a new and improved version of the legislation we introduced in the last Congress and as you can see, we have already gathered broad-ranging support. Again, this bill would enable those in need to be assured access to emergency medical care—without the fear that their health plan will deny them coverage.

Access to emergency care is fundamental to ensuring a viable health care system. What is at stake here is not an issue of governmental regulation, but an issue of protecting patient safety. I urge each of my colleagues to join me in supporting the Access to Emergency Medical Services Act and help us enact this protection into law.

SHORT SUMMARY—ACCESS TO EMERGENCY MEDICAL SERVICES ACT OF 1997

The bill would amend the Internal Revenue Code of 1986, the Public Health Service Act, the Employee Retirement Income Security Act of 1974 and Titles XVIII and XIX of the Social Security Act. If enacted, this bill would guarantee that consumers are covered for legitimate emergency department visits. For health plans that offer coverage for emergency services, including the Medicare

and Medicaid programs, the bill would require payment for emergency services consistent with the "prudent layperson" standard. Patients would not be required to obtain prior authorization for emergency services. Health plans would be required to cover and pay for emergency care based upon the patient's presenting symptoms, rather than the final diagnosis. The bill also establishes a process in which the emergency department and health plan work together to assure that the patient receives appropriate follow-up care.

Key provisions of the bill:

Establishes a uniform definition of emergency based upon the "prudent layperson" standard. Health plans would be required to cover emergency services if the patient presents with symptoms that a prudent layperson, possessing an average knowledge of health and medicine, could reasonably expect to result in serious impairment to the patient's health. Health plans would not be required to reimburse for services provided to patients that do not meet the "prudent layperson" standard.

Plans would be prohibited from requiring, as a condition for coverage, that patients obtain prior authorization from the health plan before seeking emergency care.

Establishes coverage standards for out-of-plan emergency care to protect patients who, under reasonable circumstances, seek care in an out-of-plan emergency department.

Allows health plans to establish reasonable cost-sharing differentials for emergency care when a patient chooses an emergency setting over a non-emergency setting, or an out-of-plan emergency setting over an in-plan emergency setting.

Provides a process for coordination of post-stabilization care. Treating emergency physicians and health plans would be required to make timely communications concerning any medically necessary post-stabilization care identified as a result of a federally required screening examination. Plans, in conjunction with the treating physician, may arrange for an alternative treatment plan that allows the health plan to assume care of the patient after stabilization.

Health plans would be required to educate their members on emergency care coverage and the appropriate use of emergency medical services, including the use of the 911 system.

There would be no preemption of state law as long as the state law does not prevent the application of the federal law.

In general, requirements of the bill would be enforced in the same manner as the requirements of the "Health Insurance Portability and Accountability Act of 1996."

Applies to all health plans that offer coverage for emergency care, whether licensed or self-insured, including the Medicare and Medicaid programs. Effective for plan years beginning on or after 18 months after the date of enactment.

TAKING CHARGE OF YOUR TV

HON. NATHAN DEAL

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 25, 1997

Mr. DEAL of Georgia. Mr. Speaker, the television set has become the primary delivery system for information and entertainment into the average home. Some of this information is objectionable when viewed by young children, but many families feel powerless to control this situation.

Having participated in the critical viewing project sponsored by the cable television in-

dustry and the PTA, I want to commend these organizations for their efforts. The "Taking Charge of Your TV" video which was developed out of the critical viewing project, offers strategies and solutions to parents and families who want to make the TV a more positive instrument for the delivery of information and entertainment.

COMMUNITY RENEWAL

HON. RON PACKARD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 25, 1997

Mr. PACKARD. Mr. Speaker, President Clinton has stated that "the era of big government is over." The challenge today is to begin a new era of self-government. The foundation for this renewal must rest on strong families, rejuvenated civic associations, active faith-based and private charities to aid those who fall through the cracks. The cultural challenge for policymakers is to mend the social fabric which binds America.

We need to put the family back together, to improve education, to reduce crime and drug abuse, and to protect families from the appalling violence in our neighborhoods and on television. To do this, we need to find new ways to instill a greater sense of personal responsibility in Americans. We must strengthen civic institutions without allowing for the dependency and loss of mission which often comes with a government subsidy. Empowering citizens to assume the primary responsibility for helping the needy through religious, charitable, and civic organizations is the answer.

Mr. Speaker, we need to get back to the basics. We need to emphasize values and personal responsibility over hand-outs in order to instill the principles of diligence, self-help, and equal opportunity, the qualities which make good workers and prosperous Americans. Community involvement is the key. During the 105th Congress, I plan to work with my colleagues to seek out these opportunities to aid our great Nation in ways the Government and Federal funding cannot.

Last Congress, we brought laudable values to Washington and accomplished a great deal: welfare reform, a smaller government, and cuts in wasteful Washington spending. As we embark on a new Congress, I intend to send more money and power back home so that moms and dads can parent again and build strong families; so that parents and teachers can work together to give our kids the best education they can get; and our communities, once again, become vibrant.

TRIBUTE TO WILLIAM P. SHERMAN

HON. DAVID E. BONIOR

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Tuesday, February 25, 1997

Mr. BONIOR. Mr. Speaker, I rise today to pay tribute to Mr. William P. Sherman who retired as director of the Huron-Clinton Metropolitan Authority after 8 years of exemplary service. The park authority operates 13 parks in southeastern Michigan.