

e-rate in the course of this week's deliberations.

#### THE IMPACT OF NAFTA ON CROSS-BORDER DRUG TRAFFICKING

The SPEAKER pro tempore (Mrs. MORELLA). Under the Speaker's announced policy of January 21, 1997, the gentleman from Ohio (Mr. BROWN) is recognized during morning hour debates for 5 minutes.

Mr. BROWN of Ohio. Madam Speaker, I rise today to call on the Customs Department to release its findings regarding the effects of the North American Free Trade Agreement on our Nation's war against drugs. Americans have been concerned since the beginning of NAFTA, since early 1994, about NAFTA's impact on truck safety, NAFTA's impact on jobs, NAFTA's impact on food safety, and especially NAFTA's impact on illegal drugs coming across the border.

Entitled "Drug Trafficking, Commercial Trade and NAFTA on the Southwest Border," the 63-page Customs Department report confirms that NAFTA has made it easier than ever for Mexican traffickers to smuggle drugs into the United States. Further, it found that Mexican and American authorities are not doing enough to counter this fast-growing threat to our Nation's children.

NAFTA has opened the floodgates as more and more illegal substances are pouring from Mexico into the United States. Mexican traffickers are believed to smuggle about 330 tons of cocaine, 14 tons of heroin, and hundreds of tons of marijuana into the United States every year.

Sophisticated drug gangs are investing in trucking and shipping companies, rail lines and warehouses to shield their trafficking activities. They use these legitimate business operations to shield those trafficking activities.

Mexican smugglers have even been busy hiring consultants to learn how to take advantage of the North American Free Trade Agreement, some former drug agents have said. A former high-level DEA official has proclaimed that for Mexico's drug gangs, "NAFTA is a deal made in narco-heaven."

Another former high-level DEA official remarked that if you believe NAFTA has not adversely affected the fight against drug traffickers, "then you must believe in the tooth fairy."

In light of these allegations, I submitted a letter to the Commissioner of Customs regarding a copy of this report in May. In a June letter of reply, I was notified that the report contains "sensitive information" and is not "releasable." Former DEA agents have alleged they were under strict orders not to say anything negative about our current drug policies with Mexico. Hard-working Americans who want to protect their children from the scourge of drugs have taken a back seat to free trade.

Madam Speaker, it is troubling that Customs refuses to release this taxpayer-funded report to the American public. By ignoring the flood of illegal drugs from Mexico, we are sacrificing the future of countless American kids on the altar of free trade.

Madam Speaker, I call on Customs again today to release this report immediately so we can move to fix NAFTA or to pull America out of this failed trade agreement.

#### PATIENT PROTECTION LEGISLATION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 21, 1997, the gentleman from Iowa (Mr. GANSKE) is recognized during morning hour debates for 5 minutes.

Mr. GANSKE. Madam Speaker, a week ago we had a debate on the floor of Congress here concerning patient protection legislation. It has been clear all along that there were major differences that needed to be worked out between the Patient Bill of Rights, the bill that I supported, a bipartisan bill, sometimes referred to as the Democratic bill, and the Republican bill, the Patient Protection Act. But it seemed as if at least there was some consensus on some of the basic fundamentals. For instance, a layperson's definition of emergency; or, for instance, provisions related to privacy.

However, as I warned several of my GOP colleagues, be careful in voting for the Republican bill, the Patient Protection Act. We may find that it is a pig in a poke because of the legislative language.

Today I would draw my colleagues' attention to an article in The New York Times by Robert Pear: "Common Ground on Patient Rights Hides a Chasm." Looking at the details of the House Republican plan shows that there are major differences even in areas where it seemed as if the two sides were in agreement. For instance, both sides were saying we are for a layperson's definition for emergency care; we both agree in the privacy of patient records.

When Members start to read the details of the Republican plan, I think they are going to be surprised. For instance, it would have seemed easy to have achieved consensus on a layperson's definition of an emergency. After all, this Congress passed a year ago, or in the 104th Congress, a provision on the layperson's definition for Medicare, a Federal health program that provides for 38 million people. But when we read the fine print of the House Republican's bill, the Patient Protection Act, which was introduced by the gentleman from Georgia (Mr. GINGRICH) and passed 8 days later by a vote of 216-to-10, we find out that there are some significant differences.

The Patient Bill of Rights would require HMOs and insurance companies to cover emergency services for subscribers "without the need for any

prior authorization," regardless of whether the doctor or hospital was affiliated with the patient's health plan.

Emergency services as defined in the bill include a medical screening examination to evaluate the patient and further treatment that may be required to stabilize that patient's conditions. The HMO would have to cover those services if "A prudent layperson who possesses an average knowledge of health and medicine could reasonably expect an absence of immediate medical attention to cause serious harm."

By contrast, the House and Senate Republican bills would establish a two-step test. An HMO or insurance company would have to cover the initial screening examination if a prudent layperson would consider it necessary. But, the health plan would have to pay for additional emergencies only if "A prudent emergency medical professional" would judge them necessary. And under the GOP bill, the Patient Protection Act, the need for such services must be certified in writing by "an appropriate physician."

The Speaker said the Republican bill would guarantee coverage for "anyone who has a practical layman's feeling that they need emergency care." But that is not what is really in the bill.

That bill was rushed through at the last minute, there were no hearings on the bill, and so what we have is a situation where the provisions that we passed in Medicare for a layperson's definition have been significantly watered down. There is no guarantee in the Republican bill that the cost ultimately for a patient going to the emergency room with crushing chest pain, severe pain, would, in the end, be covered by their HMO.

The Congressional Budget Office estimates that the Patient Bill of Rights would require HMOs to pay for emergency room visits in half the cases where they now deny payment. It says, the charge for emergency care outside the HMO is typically 50 percent higher than hospitals in the HMO network. Remember, when we look at the details of the GOP plan, there is a provision in there that says, one has to go to the HMO hospital or else one could be left with a large, large bill.

Look at the details, I say to my colleagues, and let us try to fix this in the long run.

[From the New York Times, Aug. 4, 1998]  
COMMON GROUND ON PATIENT RIGHTS HIDES A CHASM

(By Robert Pear)

WASHINGTON, August 3.—It has been clear that there are major differences to be worked out between the Democratic and Republican bills on patient rights.

But a look at the details of the House Republican plan shows that there are also major differences in important areas on which the two sides had seemed to agree.

The disagreements are illustrated in two areas: emergency medical services and the privacy of patients' medical records.

At first, it appeared that members of Congress agreed that health maintenance organizations should be required pay for emergency medical care. And they seemed to

agree on a standard, promising ready access to emergency care whenever "a prudent lay person" would consider it necessary. After all, that was the standard set by Congress last year for Medicare, the Federal health program for 38 million people who are elderly or disabled.

But the consensus dissolved when emergency physicians read the fine print of the House Republicans' bill, the Patient Protection Act, which was introduced on July 16 by Speaker Newt Gingrich and passed eight days later by a vote of 216 to 210.

Since 1986, the Government has required hospitals to provide emergency care for anyone who needs and requests it. But the question of who should pay for such care has provoked many disputes among insurers, hospitals and patients.

The Democratic bill would require H.M.O.'s and insurance companies to cover emergency services for subscribers, "without the need for any prior authorization," regardless of whether the doctor or hospital was affiliated with the patient's health plan. Emergency services, as defined in the bill, include a medical screening examination to evaluate the patient and any further treatment that may be required to stabilize the patient's condition.

The H.M.O. would have to cover these services if "a prudent lay person, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention" to cause serious harm.

By contrast, the House and Senate Republican bills would establish a two-step test. An H.M.O. or an insurance company would have to cover the initial screening examination if a prudent lay person would consider it necessary. But the health plan would have to pay for additional emergency services only if "a prudent emergency medical professional" would judge them necessary. And under the House Republican bill, the need for such services must be certified in writing by "an appropriate physician."

Mr. Gingrich said the Republicans' bill would guarantee coverage for "anybody who has a practical layman's feeling that they need emergency care."

But Representative Benjamin L. Cardin, Democrat of Maryland, said the bill "is not going to do what they are advertising."

One reason, Mr. Cardin said, is that the bill was rushed through the House. "There have been no hearings on the Republican bill," he said. "It did not go through any of the committees of jurisdiction for the purpose of markup or to try to get the drafting done correctly."

Under the Democratic bill, H.M.O. patients who receive emergency care outside their health plan—whether in a different city or close to home—may be charged no more than they would have to pay for using a hospital affiliated with the H.M.O. There is no such guarantee in the Republican bills. And the cost to patients could be substantial.

The Congressional Budget Office estimates that the Democratic bill would require H.M.O.'s to pay for emergency room visits in half the cases where they now deny payment. And it says that the charge for emergency care outside the H.M.O. is typically 50 percent higher than at hospitals in the H.M.O. network.

John H. Scott, director of the Washington office of the American College of Emergency Physicians, said the protections for patients were much weaker under the Republican bills than under the Democratic bill or the 1997 Medicare law.

"We have more than a century of common law and court decisions interpreting the standard of a prudent lay person, or reasonable man, as it used to be called," Mr. Scott

said. "But this new standard of a prudent emergency medical professional was invented out of thin air. It creates new opportunities for H.M.O.'s to second-guess the treating physician and to deny payment for emergency services. It would introduce a whole new level of dispute."

Dr. Charlotte S. Yeh, chief of emergency medicine at the New England Medical Center in Boston, said, "The Republicans performed some unnecessary surgery on the 'prudent lay person' standard, to the point that it's hardly recognizable as the consumer protection we envisioned."

The Senate adjourned on Friday for its summer vacation without debating the legislation, but leaders of both parties said they hoped to take it up in September. Senate Republicans intend to take their bill directly to the floor, bypassing committees, which normally scrutinize the details of legislation.

There was, and still is, plenty of common ground if Republicans and Democrats want to compromise. Both parties' bills would, for example, require H.M.O.'s to establish safeguards to protect the confidentiality of medical records.

But on this issue too, the details have provoked a furor. When privacy advocates read the fine print of the House Republican bill, they were surprised to find a provision that explicitly authorizes the disclosure of information from a person's medical records for the purpose of "health care operations." In the bill, that phrase is broadly defined to include risk assessment, quality assessment, disease management, underwriting, auditing and "coordinating health care."

Moreover, the House Republican bill would override state laws that limit the use or disclosure of medical records for those purposes.

The House Republican bill says patients may inspect and copy their records. But it stipulates that the patients must ordinarily go to the original source—a laboratory, X-ray clinic or pharmacy, for example—rather than to their health plan for such information.

Representative Bill Thomas, the California Republican who is chairman of the Ways and Means Subcommittee on Health, said the bill "prohibits health care providers and health plans from selling individually identifiable patient medical records."

Still, privacy advocates say the bill would allow many uses of personal health care data without the patients' consent.

Robert M. Gellman, an expert on privacy and information policy, said: "The House-passed bill gives the appearance of providing privacy rights. But it may actually take away rights that people have today under state law or common practice."

#### PROGRESS ON PRIORITY LEGISLATION OF CONGRESSIONAL WOMEN'S CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 21, 1997, the gentlewoman from the District of Columbia (Ms. NORTON) is recognized during morning hour debates for 5 minutes.

Ms. NORTON. Madam Speaker, this year the Women's Caucus made a calculated decision to concentrate our energies on 7 must-pass bills. This decision is being vindicated as we look at bills that have, in fact, already moved forward. These bills say to Members on both sides of the aisle that the bipartisan Women's Caucus has 7 bills and expects every Member to support these consensus bills. These are easy bills.

Madam Speaker, I come to the floor this morning to thank the gentleman from Florida (Mr. BILIRAKIS) and the gentleman from Ohio (Mr. BROWN) for moving the reauthorization of the Mammography Quality Standards Act, one of the 7 bills that we believe must be passed before we go home. It simply reauthorizes for another 5 years standards that would ensure that mammographies are safe, that technicians are well trained, and that mammography results are read correctly. This bill, we are told, will move to full committee and will be passed by the Committee on Commerce in time to reach the floor before we adjourn.

Madam Speaker, we have already seen progress on the Violence Against Women Act; piecemeal to be sure, but better piecemeal than nothing. The appropriation of the Subcommittee on Commerce, Justice, State, The Judiciary and Related Agencies of the Committee on Appropriations has some of these provisions in it. Some provisions were passed as part of the Child Sexual Predator Act.

The gentlewoman from Maryland (Mrs. MORELLA) has a commission on the advancement of women in the fields of science, engineering and technology development, an act that seeks to learn why, and then remove, barriers to women coming into and progressing in science. So a commission would be established to look at recruitment and advancement of women in science, engineering and technology in a country which is begging for men and women in the sciences. We cannot afford to let female talent go undiscovered, or worse, when discovered, not used. This is a must-pass bill.

There is a women-owned businesses resolution, H. Con. Res. 313, which simply calls upon agencies to review the recommendations before them for improving the access of women-owned businesses to the Federal procurement market. It is women-owned businesses that are growing at a rapid pace. That should be reflected in Federal contracts.

There are 2 more pieces of legislation which we believe we will have trouble getting passed this session, but they remain our priorities. One is child care legislation. We have endorsed no bill, but have indicated 4 principles that every bill must contain. Finally, a bill that would bar genetic discrimination, a looming problem. We have 3 bills by 3 members of the caucus, any one of which would mean great progress. The gentlewoman from New York (Ms. SLAUGHTER); the gentlewoman from Washington (Mrs. SMITH); and the gentlewoman from New York (Mrs. LOWEY) all have submitted different bills.

Madam Speaker, what this focus of the Women's Caucus says is that men and women in this House need to go home saying, we voted for and passed Women's Caucus bills this session.