

Medicare program costs, which exist because of the alternative being hospital care or long-term care.

While this legislation is not a perfect solution, it does represent a step in the right direction. Congress knew that this payment system was flawed in the home health care area and assured our senior citizens that there would be a short-term fix. We now know that this new "short-term fix" will last a long time, causing continual problems for home health care agencies and the people that they serve.

This new payment system that we are told is waiting in the wings is now not going to be ready until next year and perhaps not even until the following year.

We simply cannot afford to close this session of Congress without the Senate addressing the bill that the House has already passed, without incurring dire consequences to the citizens of this country.

The Medicare home health care patients in this country and in Kansas desperately need reforms. I urge the Senate to join the House in passing this bipartisan legislation.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. McNULTY) is recognized for 5 minutes.

Mr. McNULTY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

A WORLD SERIES CHALLENGE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New York (Mr. ENGEL) is recognized for 5 minutes.

Mr. ENGEL. Mr. Speaker, the 17th congressional district in New York covers a large part of Bronx County. We affectionately call Bronx "the Bronx," it is one of the only places in the country where we put the "the" in front of it. I am Bronx born and bred. The Bronx is not only famous for the Bronx Zoo and for the Bronx cheer, but it is also famous for the Bronx Bombers, notably the New York Yankees.

And last night at the close of the last vote, I flew back to New York to be at Yankee stadium and watch the New York Yankees win the American League pennant and now the World Series will begin Saturday night at Yankee stadium.

I was raised just a few blocks from Yankee stadium. When I was boy I used to walk to Yankee games. Now I look forward, Saturday night, to seeing the Yankees march on to win the World Series.

This year, Mr. Speaker, the Yankees set an American League record, winning a record 114 games. And, of course, this week's Baseball Weekly has a picture of Bernie Williams on the front page, and it says, Bronx Battlers, and so we are very, very proud of that in the Bronx.

I take to the well today to issue a challenge to my colleagues from both San Diego and Atlanta. We do not quite know who is going to win the National League pennant, but it will be decided in a day or two. I would like to issue a challenge to them. I would like to bet them on the eventual winner of the World Series for 1998. I have no doubt that it will be the New York Yankees.

And let me say that I would be more than willing, when the Yankees win, to take them on a tour of the Bronx. The Bronx has come back after many years and we are very, very proud of the 1.3 million people living in the Bronx and very, very proud of what the Bronx Bombers, the New York Yankees, have accomplished.

So since we probably will be out of session by Thursday or Friday and we might not know who the Yankees will face, I want to issue a challenge again to my colleagues from both Atlanta and San Diego. I would be very happy to take a tour of their district, if their team wins, but of course their team will not. So I want to invite them to take a tour of the Bronx after the New York Yankees win the World Series.

□ 1630

LEAVE THE RUNNING OF SCHOOLS TO THE SCHOOL BOARDS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. METCALF) is recognized for 5 minutes.

Mr. METCALF. Mr. Speaker, I am a former teacher from Everett, Washington. Over the 30 years I have taught in Everett, there are now thousands of former students in Washington State and scattered across the Nation. I know how crucial the education improvements in this budget are.

We must now make education one of our top priorities. Yet, we are all well aware that Washington, D.C. cannot run our schools. It would be a disaster for us to try. Our mission is to support education but leave maximum power and authority at the State and local levels.

Our school systems worked so well when the parents and the local school boards had full responsibility for local schools. However, the financing of education has not kept pace, so our best course now is to provide all the money possible and leave the actual running of the schools in the hands of the local school board and of the teachers, remembering, however, that the parents must retain ultimate control of schools or the system will fail the students.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Minnesota (Mr. MINGE) is recognized for 5 minutes.

(Mr. MINGE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mrs. CLAYTON) is recognized for 5 minutes.

(Mrs. CLAYTON addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. FOX) is recognized for 5 minutes.

(Mr. FOX of Pennsylvania addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

THE TRUTH NEEDS TO BE TOLD ABOUT HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from Illinois (Mr. HASTERT) is recognized for 60 minutes as the designee of the majority leader.

Mr. HASTERT. Mr. Speaker, I just want to weigh in with the previous speaker. I did also teach for 16 years in Illinois, and I see the rhetoric and have heard the rhetoric that has been flying across the room these last couple of days, and it amazes me too a great deal. When I think about education, I think about putting good teachers in the classrooms. All the other folderol and bells and whistles, sometimes it helps but it does not make the difference whether kids are learning or not.

I think the effort that we have put into this bill, that we anticipate to have moving forward, to put the responsibility back home with local school boards and with moms and dads and teachers and school board members so that they can do the best job and decide who the teachers are that should be in their classroom, instead of having somebody in Washington, D.C., in the Department of Education, deciding which school district should do which and how many people they should have in every classroom, let us keep that decision back home.

Mr. Speaker, I rise today to discuss another issue, and I think it is an issue of great importance to the people of this country, and that is HMO reform, or managed care reform. Over the last days also I have heard great partisan rhetoric on this floor about this issue, and I rise today, Mr. Speaker, with some of my colleagues who are also concerned about the truth, to set the record straight.

Mr. Speaker, I understand that this is a political time of year. People are running for election. They are looking for political issues, and I know that we will listen to all kinds of exaggerations and partisan debate on this floor but there is no excuse, Mr. Speaker, for the kind of nasty and misleading information I have heard over the last few days. The truth needs to be told.

For six months, 15 of my colleagues and I sat down around a table and considered the problem of HMO reform.

Let me say at the outset, it is a very real problem. We know that from time to time, in a very deliberate situation, that people do not always get the care that they think they should need and their doctors tell them that they should have. So it is a very real problem.

People believe that HMO bureaucrats have too much control over their health care, and people are afraid that their health care will not be there for them when they need it.

My colleagues and I sat down and listened and learned about the problems in the health care industry. We listened to the people who were the advocates of the consumers. We listened to doctors. We listened to the health care practitioners. We listened to the people who bought health care for people who worked for them. We listened to the people who owned and worked through the companies that insure workers and people who buy insurance.

Through this whole thing, we tried to listen and understand what the abnormalities of the market were. Why were people not getting the health care that they needed? We did not attempt to use tragedy for political gain, as I have heard some folks shamefully try to do on this floor. We listened, and after 6 months of listening to scholars and patient advocates and providers, we sat down to begin to solve the problems. We came up with a proposal to give people assurances that their health care would be there when they need it and we did it without the heavy hand of government.

The last thing that most people want is some bureaucrat in Washington, or some bureaucracy in Kansas City or wherever it might be, saying that we have to go to this doctor, we have to have this kind of treatment, we have to have HCFA, which is the health finance organization of the Federal Government, prescribing what kind of health care individuals get. There are some in this Congress that would like health care to be prescribed by the Federal Government, to control our health care, our family's health care, what our children's health care is going to be in the future.

There are many of us who do not think that the Federal Government should be able to do that and to micro-manage what kind of health care we should get. We think that people ought to make choices, that doctors ought to make decisions and that health care ought to flow between that relationship between a doctor and a patient.

There are two ways to address the HMO problem. We can throw the problem to the courts to decide or we can establish a common sense process that gets people the care they need up front. We really want, Mr. Speaker, people to get their health care in doctor's offices and hospital rooms. We do not want them to get their health care by suing and ending up having to go to a lawyer's office or a courtroom to get their health care, and that is what the other

group of people out there believe; that people ought to be able to go to the courts and if they are sick and cannot get the health care they need they ought to sue.

If they end up suing people, the only folks that probably will get benefits from that are the heirs because by the time the lawyers and the courts get done making the decision on health care, which needs to be done in a timely basis, they are probably, in many, many cases, not going to be there to enjoy that health care treatment. The care needed should be between the patient and the doctor.

I guess that is one of the predicates that we set down in trying to develop a health care program off of, that the relationship between a doctor and a patient is pretty special. That relationship between a doctor and a patient also should be sacrosanct.

In the health care situation, especially with HMOs or managed care, doctors are contractees or, in a sense, some type of an employee of the HMO. When they tell us that we should have this type of treatment or they give us this prognosis, and this type of care should be taken care of in health care, then that is the care that we should get.

We should not really have a green-eyed guy or somebody who is the clerk of the office answer the phone and say, oh, by the way, Doc, we are not going to give that care. That should not happen. Does it happen? Yes, unfortunately it does from time to time.

It is happening less and less, but as cost crunches go on, we will see that some insurance companies, some insurance companies are bad actors, and they are controlling the amount of health care that their customers or the patient can get.

We think that is wrong. We do not think that insurance companies should limit doctors in being able to tell the patients what they think is, first of all, wrong with them and, secondly, what they think the prognosis or the care should be.

That contract between the doctor and the patient is sacred. When a doctor tells the patient what his illness is and what he thinks the care should be, that ought to be carried through. We should not have a green-eyed person or a clerk telling us to do this a different way.

It also sets us up in another situation. We need to be able to not allow insurance companies, then, to gag, what the word is, gag doctors from being able to limit what doctors could tell their patients.

In our health care bill, one of the things we did was to put a stop to it, that insurance companies could not gag the doctors. We also said that, if we needed expedited health care and a specialist, we should be able to get in to see that specialist within 72 hours, and that we should not be denied, if a doctor says that we need to see the heart surgeon or the cancer specialist

or the lung specialist, we should be able to get in to see that doctor within a very short frame of time so that we can get the kind of care we need.

It really does not make any sense to expand a failed system that does not work in a vain attempt to solve a real problem. The solutions we came up with are certainly timely. We give people a timely access to review.

Otherwise, if our doctor says that I think you should have this treatment, and the HMO says well, the doctor thinks that, but we are not going to pay for it, we can immediately go to a doctor for an appeal, an independent third doctor for an appeal and have that second doctor say I confirm or I disagree.

Then if that second doctor disagrees, then we have the ability to go to a panel of experts and have them get us in in an urgent care situation into a hospital room or into the doctor's office or into the operating room within 72 hours in an urgent type of situation.

We also believe that, if we wake up in the morning or in the middle of the night, heaven forbid, and we have chest pains and we really think that we are having a heart attack, we need to get to the hospital right away. We should not have to call an insurance company or the "company doctor" before we can get in to the emergency room.

This bill says we have an expedited procedure that we can get us into an emergency room immediately, the emergency room that is closest to us and most convenient to us, that we can get there, and we cannot have us 3 days later saying, well, I thought I had a heart attack, but the company doctors said and insurance company said, well, you really only had heartburn and we are not going to pay the bill. We are not going to let that happen.

There is a piece of legislation where we expedited people in health care, we got them in the emergency room, and they got the urgent care that they needed.

We also thought that the common sense approach here is most women who have to get health care go to the OB/GYN, and they go on a yearly basis, so why should they have to go to an HMO, in to an independent care giver or a gatekeeper or the doctor that is the general practitioner, just to go to the OB/GYN to get their health care?

The OB/GYN ought to be the doctor of first reference, because that is where most people go. We should not have to go to a third party to make that happen. So we make that ability to go directly to the OB/GYN an important piece of this legislation.

The same way with families with children. If we have three kids, the chances are the doctor that we take those kids to is the pediatrician. We should not have to go to a general practitioner before we take our kids to the pediatrician to get service. That is common sense. We make that happen in this bill that the people have that immediate access.

We also go ahead, and we try to do a few other things and try to make sure that the people are aware of what their insurance policy covers and that they have an appeal process. If they think they should have some type of treatment, and they are not getting it, they can have an expert tell them what they are entitled to and what they are not entitled to. We think that is important. They ought to know that up front.

They also need to have their health records kept in confidence, that that information that their doctor accumulates or their pharmacy accumulates should not be handed off to another company so that they can be solicited for some type of medicine, that people's health care and their records of health care are sacrosanct, and that confidentiality ought to be in place.

No amount of money is sufficient. If we do not get the health care we need, if we do not get the type of service that we need, if we do not get the ability of continuing the access to health care that is there, those, I think, are the very, very important things.

□ 1645

I had about 15 folks who worked with us on a very, very diligent basis and tried to put together a piece of legislation that worked.

At this time I would like to recognize my good friend from St. Louis, MO (Mr. TALENT), to whom I will yield the balance of my time.

REPUBLICAN MANAGED CARE REFORM

The SPEAKER pro tempore (Mr. HANSEN). Under the Speaker's announced policy of January 7, 1997, the gentleman from Missouri (Mr. TALENT) is recognized for the balance of the hour as the designee of the majority leader.

Mr. TALENT. Mr. Speaker, I thank the gentleman from Illinois for yielding to me and for all his really excellent work on this bill. It is a great pleasure to get up and talk about the Patient Protection Act which passed the House this year. We made enormous progress in the direction of ensuring that people get the care that they need and that their physician has prescribed when they need it and that we could do that without big government. It was a great bill. It passed the House. Unfortunately it got caught up in politics and some partisanship both in the other body and on the other end of Pennsylvania Avenue and that is unfortunate. We have all heard some specimens of that this afternoon. But that should not keep us from talking about this bill and what it would do for people, because, as I said before, we have made an enormous amount of progress. We need to make progress in this area.

When I go around my district and talk with people about health care, they are concerned. It is less about the

reach of the coverage that they are promised in their insurance. There is some concern about that. The concern is that if they get sick, they will not get the care they have been promised. They will not get the care that their physician has prescribed. They have some reason for that concern, Mr. Speaker. We have all heard about these horror stories around the country. They are not just horror stories, they are horrible stories. People losing their children because an HMO turned down the care that their physician had recommended, pregnant women not being allowed to go into the hospital when they have high-risk pregnancies, seniors being denied chemotherapy on the grounds that it was supposedly experimental. These are horrible stories. We should not have that. We do not have to have that. We can have a system that refocuses the health care system and the power in the system on the patient and on their physician. That is what the Patient Protection Act does. The gentleman from Illinois has talked about some of the good things in it. I am going to be yielding to people in a few minutes to go into greater depth on that.

Let me just say the bill does two things that are very important and it is the only bill that was before the House this year that did these two things: The first thing, it expanded the coverage that was available, good private sector coverage available to people around the United States. At any given time about 42 million people do not have health insurance coverage, working people. But they work for employers, typically small employers who typically cannot afford to provide the coverage to them. Our bill had a feature in it that no other bill had that we have needed to do for decades here that makes perfect common sense and would make good, solid, private sector health care available to millions of those people who currently do not have it. The gentleman from Illinois (Mr. FAWELL) is going to discuss it later, but briefly, Mr. Speaker, it is the concept of association health plans. All that means is that these small businesses who cannot afford them, they may only have 5, 6 or 10 employees and cannot afford to go through all the administrative costs and the hassle of offering health insurance, can pool together as associations. Then the association is a sponsor of a health plan and the small business can send its employees to that health plan, can put up some money for the employees, they put up some money on their own and they are able to buy health insurance from a plan that can offer them all the choices that currently employees of big companies have. Why should an employee just because he or she happens to work for a restaurant have no health insurance offered to him or her or have fewer choices offered to him or her than somebody would if they worked for IBM or they worked for Emerson Electric or they worked for Boeing or

any other of the big employers in the country? This provision in the bill when we pass it out of here, and I think we will get it early next year because it is an idea whose time has come, will make health care available to millions who currently do not have it. It is the only bill that does that.

I will say, Mr. Speaker, we were enlightened on that issue when at a press conference a reporter asked a very important member of the other body what the administration bill does for the uninsured. He thought about it and said, with his typical candor, "Not much." That is true. It did not do anything for the uninsured. This bill would make health care available to millions of people who currently do not have it. It is part of the whole idea behind this bill, to provide health care to people when they need it, when their physician prescribes it, without big government.

But the feature I am up here to talk about and I am going to be yielding to other Members of Congress to talk about other features in the bill, the feature I want to talk about, Mr. Speaker, is the accountability features in the bill. The gentleman from Illinois (Mr. HASTERT) referred to this generally, but what we did, we worked on this for months and months and came up with the tightest, best accountability procedure anywhere in this country to ensure that patients get the care their physician recommends at the time their physician recommends it, notwithstanding some bean-counter at the HMO. It is low-cost to the patient, it is easily accessible, it is quick, and it is certain. I think it is going to be a model that will be used in States, and I certainly hope in Federal legislation when we pass it next year.

Basically what it does is this: The problem now is that if you belong to a plan, an HMO, let us suppose your physician recommends care for you or your family. I will just take an example. Let us suppose, because I have three children, Mr. Speaker, 8, 6 and 2. None of them have a problem with their ears. Some kids have a constant problem with ear infections. With my kids it is sinus infections. With some people it is ear infections. Let us suppose that after two or three times the pediatrician says, for a 4 or 5-year-old, "Look, we got to put in the ear tubes." That is a very common procedure. So you call up the HMO and they say, "No, we don't think that's medically necessary. So we're not going to pay for the ear tubes." What would you do today? What would you do without this bill? You would either pay for the ear tubes yourself or you would file some amorphous appeal with the HMO that would take months and months and months and then they could turn it down and never tell you why and if you wanted to then you can go to court and sue them for the cost of putting in the ear tubes and who is going to do that? It is just not a feasible procedure for the average person who belongs to an HMO.