1st Session; the New York and New Jersey Harbor Entrance Channels and Anchorage Areas, published as Senate Document 45, 84th Congress, 1st Session; and the New York Harbor, NY Anchorage Channel, published as House Document 18, 71st Congress, 2nd Session, as well as other related reports with a view to determining the feasibility of environmental restoration and protection relating to water resources and sediment quality within the New York and New Jersey Port District, including but not limited to, creation, enhancement and restoration of aquatic, wetland, and adjacent upland habitats.

Adopted: April 15, 1999.

Attest: Bud Shuster, Chairman.

RESOLUTION—DOCKET 2597—UPPER MISSISSIPPI RIVER FROM LAKE ITASCA TO LOCK AND DAM 2, MINNESOTA

Resolved by the Committee on Transportation and Infrastructure of the United States House of Representatives, That the Secretary of the Army is requested to review the report of the Chief of Engineers on the Mississippi River above Coon Rapids Dam near Minneapolis, Minnesota, published as House Document 66, 73rd Congress, 1st Session, and other pertinent reports with a view to determining whether modifications of the recommendations contained therein are advisable at this time in the interest of flood damage reduction, environmental restoration and protection, water quality and other purposes, with a special emphasis on determining the advisability of developing a comprehensive coordinated watershed management plan for the development, conservation, and utilization of water and related land resources in the Upper Mississippi River Basin from the Mississippi's headwaters to Lock and Dam #2 at Hastings, Minnesota.

Adopted: April 15, 1999.

Attest: Bud Shuster, Chairman

There was no objection.

COMMUNICATION FROM THE CLERK OF THE HOUSE

The Speaker pro tempore laid before the House the following communication from the Clerk of the House of Representatives:

OFFICE OF THE CLERK,
HOUSE OF REPRESENTATIVES,
Washington, DC, May 11, 1999.

Hon. J. DENNIS HASTERT,
The Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER, Pursuant to the permission granted in Clause 2(h) of Rule II of the Rules of the U.S. House of Representatives, I have the honor to transmit a sealed envelope received from the White House on May 10, 1999 at 5:40 p.m., and said to contain a message from the President whereby he submits a certification pursuant to Section 1512 of Public Law 105–251.

With best wishes, I am

Sincerely,

JEFF TRANDAHL,
Clerk.

CERTIFICATION REGARDING EXPORT OF SATELLITE FUELS TO CHINA—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES (H. DOC. NO. 106–60)

The SPEAKER pro tempore 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 Committees on Armed Services and the Committee on International Relations and ordered to be printed:

To the Congress of the United States:

In accordance with the provisions of section 1512 of Public Law 105–261, the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999, I hereby certify that the export to the People's Republic of China of satellite fuels and separation systems for the U.S.-origin Iridium commercial communications satellite program:

(1) is not detrimental to the United States space launch industry; and

(2) the material and equipment, including any indirect technical benefit that could be derived from such export, will not measurably improve the missile or space launch capabilities of the People's Republic of China.

WILLIAM J. CLINTON.

THE WHITE HOUSE, *May 10, 1999.*

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain special order speeches without prejudice to the resumption of legislative business.

ON HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Iowa (Mr. GANSKE) is recognized for 60 minutes as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, I have taken to the well of this Chamber many times to talk about the need to enact meaningful patient protection legislation. Unfortunately, there remains a compelling need for Federal action, and I am far from alone in holding that view.

Last week, for example, Paul Elwood gave a speech at Harvard University on health care quality. Elwood isn't exactly a household name, but he is considered the father of the HMO movement.

Elwood told a startled group that he did not think health care quality would improve without government-imposed protections. Market forces, he told the group, ''will never work to improve quality, nor will voluntary efforts by doctors and health plans.''

Mr. Elwood went on to say, and I quote, ''It doesn't make any difference how powerful you are or how much you know. Patients get atrocious care and can do very little about it. I've increasingly felt we've got to shift the power to the patient. I'm mad, in part because I've learned that terrible care can happen to anyone.''

This is a quote by Paul Elwood, the father of the American HMO movement. Mr. Speaker, this is not the commentary of a mother whose child was injured by her HMO's refusal to authorize care. It is not the statement of a doctor who could not get requested treatment for a patient. Mr. Speaker, these words suggesting that consumers need real patient protection legislation to protect them from HMO abuses come from the father of managed care.

Mr. Speaker, I am tempted to stop here and to let Dr. Elwood's speaks for themselves, but I think it is important to give my colleagues an understanding of the flaws in the health care market that led Dr. Elwood to reach his conclusion.

Cases involving patients who lose their limbs or even their lives are not isolated examples. They are not anecdotes.

In the past, I have spoken on this floor about little Jimmy Adams, a 6-month-old infant who lost both hands and both feet when his mother's health plan made them drive many miles to go to an authorized emergency room rather than stopping at the emergency room which was closest.

The May 4 USA Today contains an excellent editorial on that subject. It is entitled, Patients Face Big Bills as Insurers Deny Emergency Claims.

After citing a similar case involving a Seattle woman, USA Today made some telling observations:

''Patients facing emergencies might feel they have to choose between putting their health at risk and paying a huge bill they may not be able to afford.''

Or, ''All patients are put at risk if hospitals facing uncertainty about payment are forced to cut back on medical care.''

This is hardly an isolated problem. The Medicare Rights Center in New York reported that 10 percent of complaints about Medicare HMOs related to denials for emergency room bills.

The editorial noted that about half the States have enacted a ''prudent layperson'' definition for emergency care this decade, and Congress has passed such legislation for Medicare and Medicaid.

Nevertheless, the USA Today editorial concludes that this patchwork of laws would be much strengthened by passage of a national prudent layperson standard.

The final sentence of the editorial reads, ''Patients in distress should not have to worry about getting socked with big health bills by firms looking only at their bottom line.''

Mr. Speaker, I include the full text of the editorial in the RECORD at this point.

[From USA Today]

TODAY'S DEBATE: PAYING FOR EMERGENCY CARE—PATIENTS FACE BIG BILLS AS INSURERS DENY EMERGENCY CLAIMS

Our View—Industry Promises to Fix the Problem Fail, Investigations Begin

Early last year, a Seattle woman began suffering chest pains and numbness while driving. The pain was so severe that she pulled into a fire station seeking help, only to be whisked to the nearest hospital, where she was promptly admitted.