

Daniel Chin, managing director of Envoy, and his administrator, Ms. Block, say they were initially asked to review large numbers of physical medicine cases during the year-plus period they have conducted reviews.

"Then all of a sudden, it was all psychological treatment cases," said Mr. Chin.

"Now it seems we're getting physical medicine cases again."

IRO CONSISTENCY

One analysis conducted by Texas Medicine was of the reversal rates of the IROs. (See "Reversal Rates of IROs," page 31.) TMF had a reversal rate of 53 percent when both full

and partial reversals were taken into account. Envoy reversed 64 percent of the decisions, and Independent Review Inc. reversed partially or fully 70 percent of the insurers' decisions.

Does this suggest that the IRO process is inconsistent? Not more than is expected when physicians exercise their

RESULTS OF IRO REVIEWS OF HMO DECISIONS

[November 1997 to August 2000]

HMO	Other names in TDI database	Current affiliation
Magellan Behavioral Health	Aetna Health Plan.	
Aetna U.S. Healthcare Inc		
Aetna U.S. Healthcare of North Texas Inc		
Texas Gulf Coast HMO Inc	NYLCare Healthcare Plans of the Gulf Coast; NYLCare Healthcare Plans	Owned by Blue Cross and Blue Shield of Texas
Prudential Healthcare Plan Inc	Prudential Healthcare.	
United Healthcare of Texas Inc	United HealthCare; United Behavioral Health	
Humana Health Plan of Texas Inc	Humana; Humana Health Plan; Humana/PCA Health Plans of Texas; Humana Health Plans.	Humana merged with Employers Health in 1997
Harris Methodist Texas Health Plan	Harris Methodist Health Plan; Harris Health Plan; Harris Methodist Health Inc.; Harris Methodist Health.	
PacificCare of Texas	PacificCare	Part of PacificCare of Texas
Southwest Texas HMO Inc	NYLCare Health Plans of the Southwest	Owned by Blue Cross and Blue Shield of Texas
Rio Grande HMO	HMO Blue-EI Paso; HMO Blue-West Texas; HMO Blue-Northeast Texas; HMO Blue-Southeast Texas; HMO Blue-Southwest Texas; HMO Blue/formerly NYLCare of the Gulf Coast.	Owned by Blue Cross and Blue Shield of Texas
Scott & White Health Plan	Scott and White.	
CIGNA Healthcare of Texas Inc	CIGNA Behavioral Health; CIGNA Healthcare of Texas-North Division; CIGNA Healthcare of Texas-South Texas Division.	
Texas Health Choice LC		
Memorial Sisters of Charity HMO LLC		
SHA LLC	FIRSTCARE Southwest Health Alliances.	Now part of Humana
One Health Plan of Texas, Inc		
Methodist Care Inc		
AmeriHealth of Texas		
Community First Health Plans Inc		
Amil International (Texas) Inc		
Healthplan of Texas Inc	Heritage Health Plans	
Amcare Health Plans of Texas Inc	Foundation Health, A Texas Health Plan	
Healthfirst HMO Inc	HealthFirst HMO; Healthfirst	Merged with AmeriHealth of Texas
AmeriHealth HMO of North Texas	AmeriHealth HMO Texas; AmeriHealth HMO.	
Anthem Health Plan of Texas	Anthem Group Services Corporation	Merged with AmeriHealth of North Texas
Healthcare Partners HMO		Merged with Healthfirst HMO
Principal Health Care of Texas, Inc		Merged with United HealthCare

Current covered lives	Reviews completed	HMO decisions reversed	Upheld	Split	Pending	Percent reversed	Percent with some reversal
625,463	3	2	0	1	1	66.67	100.00
443,381	37	17	16	4	2	45.95	56.76
415,417	18	11	6	1	0	61.11	66.67
407,328	71	30	38	3	3	42.25	46.48
344,334	72	36	35	1	3	50.00	51.39
315,417	33	20	11	2	1	60.61	66.67
240,371	93	48	43	2	0	51.61	53.76
197,058	7	5	2	0	1	71.43	71.43
186,103	45	20	22	3	0	44.44	51.11
169,438	17	6	6	5	0	35.29	64.71
148,702	4	1	2	1	0	25.00	50.00
121,275	9	6	3	0	0	66.67	66.67
114,264	4	3	0	1	0	75.00	100.00
104,171	2	2	0	0	0	100.00	100.00
90,984	13	8	5	0	0	61.54	61.54
49,097	4	1	3	0	0	25.00	25.00
42,785	2	1	1	0	0	50.00	50.00
40,363	40	13	24	3	0	32.50	50.00
37,743	2	0	1	1	0	0.00	50.00
10,898	1	1	0	0	0	100.00	100.00
8,108	1	0	0	1	0	0.00	100.00
7,266	11	6	4	1	0	54.55	63.64
4,931	6	4	2	0	0	66.67	66.67
0	13	8	5	0	0	61.54	61.54
0	5	3	2	0	0	60.00	60.00
0	1	1	0	0	0	100.00	100.00
0	1	1	0	0	0	100.00	100.00
4,124,897	515	254	231	30	11	49.32	55.15

independent judgment on clinical problems, say regulators and IRO officials.

"The IROs, by definition, are independent," said Mr. Bordersen. "However, each must do its review in conformity with TDI requirements. We monitor processes, not results, and at the present time we are satisfied that each IRO is doing its work in accordance with our rules."

Mr. Dunne points out that the larger number of reviews conducted by TMF could account for the discrepancy in reversal rates.

Ms. McGiffert says the discrepancy in reversal rates is not unexpected, as physicians will make judgments that differ. She says that TMF, which tends to have a more clinical approach than the other two IROs, sometimes suggests other alternatives for treating conditions that led to denied claims, which she thinks is helpful to patients. TMF officials say they may mention more conservative treatment options in the

clinical rationale they provide in upholding insurer decisions, but they do not suggest treatment alternatives.

Dr. Handel say TMF's approach is appreciated. "My sense is that the patient may be benefiting from their suggestions. A purely administrative type of appeal may not benefit the patient as much."

Ms. Block noted that Envoy uses doctors who exercise clinical judgment in their reviews, but they do not propose treatment alternatives because that is not the function of the review process.

Mr. Prudhomme says physicians who conduct the reviews for Independent Review Inc. are encouraged to refrain from suggesting alternatives, unless it is obvious from the records that another course of action would benefit the patient.

CENSUS DATA MUST BE ACCURATE

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I rise to voice my concern regarding the story, which appeared in last Thursday's Wall Street Journal titled "Bush's Next Recount Battle: Should Census Tallies Be Adjusted". The story relays President Bush's assurances to House Republicans to put the "fix on the Census" by not including sampling figures in those numbers used to redraw Congressional District lines.

This nation has already gone through one trauma related to the lack of accuracy in counts and the struggle to include every

American's vote in last year's election. Now, we are faced with inaccuracy in one of the few, Constitutionally mandated, functions of Federal Government the enumeration of our nation's residents.

Unfortunately the House Republicans reported to the Wall Street Journal that this issue has been settled without any discussion with the Democratic minority. The vast majority of undercounted residents in our nation are found in densely populated urban areas or vast tracts of sparsely populated rural communities.

This issue is larger than the drawing of lines for Congressional Districts, it effects how much federal dollars will go to those communities where the undercounted can be found. We know that children in poverty are among the hardest hit by an inaccurate census. In the 1990 census at least 532,769 and as many as 2,099,620 poor children were missed. In the City of Houston, according to the Census Monitoring Board, of the 128,602 children living in poverty about 8,906 were not counted.

This meant that the City of Houston was cheated out of millions in federal dollars in vital services provided to our nation's poorest children, such as Medicaid, Head Start, Foster Care, Adoption Assistance, Social Service Block Grants, and even school lunch and child care assistance depend on accurate census data. This tragedy was repeated in every community throughout the United States and today, we only hear finger pointing and hand wringing about the state of education and government services around the nation. The first step to resolving the issues facing our nation is an accurate census. This is a great nation and we can handle the truth about our population, lets not cheat our children out of a healthy future.

If the issues facing poor children in our nation are to be adequately addressed, we must be sure that the data used to determine the amount of federal resources which should be allotted to communities is accurate, which requires the use of sound statistical sampling.

For this reason, we should include sampling in the final figures for the Census because it more accurately reflects the total number of people residing in a particular area. We know from past experience, no matter how much funding is provided and how much planning is done millions of Americans will go uncounted and if left to this Administration not provided for over the next 10 years. These people or our neighbors, friends, family, and co-workers who, for what ever reason, did not provide their statistical information for the census count. For this reason, the Census Bureau established "The Accuracy and Coverage Evaluation," as a sampling method for the 2000 census. To accomplish the goal of a more accurate census, Census 2000 sent out its best enumerators to interview 314,000 households throughout the country in late summer. The results will provide the best opportunity for an accurate census. Traditionally, we know that African American, Hispanic, and Native Americans are under counted.

We cannot talk of improving education in America if we do not learn from our own lessons, the first of which if someone is not a part of the census in your community, then everyone in that community will suffer. Schools will not be overcrowded just for poor schools in a district. All schools in the district will suffer from a census undercount because the federal

government will not send enough resources to make the difference for all children in that district. I know that many citizens wonder at the rising cost of local property taxes and the declining conditions of public schools, I want to make it very clear that here is where all of the problems begin and end. If we as your elected representatives refuse steal your hard earned tax dollars from the needs of your community then we can have an educational system that is the envy of the world.

I strongly support an accurate Census count of our nation's residents and I am against any effort by the Bush Administration or House Republicans to exclude scientifically valid sampling figures.

The count of our citizens does not just determine the configuration of Congressional Districts it is the determinant for the distribution of vital government resources such as education, health care, fire protection, and infrastructure.

Less fortunate residents of our nation cannot afford to not be counted. I ask that my Colleagues join me in demanding that sampling be part of the final Census figures for the year 2000.

URGING THE PRESIDENT TO COUNT THE NEEDIEST CITIZENS WHO WERE UNDERCOUNTED

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

Mr. DAVIS of Illinois. Mr. Speaker, the census figures are now out. As we feared, it looks as though the undercount is going to be 3 million or more people. That is 3 million of the most needy; 3 million who are homeless, helpless, hopeless, in many instances people who live in disadvantaged communities; people who live in rural America, in inner-city areas, in ghettos and barrios; people who need the resources of government the most; people who are sick, do not have access to health care; children who need day care; seniors who need Meals on Wheels or just a place to go, place to sit, place to be; people who need nursing homes.

The most needy people in our country, Mr. Speaker, are those who are undercounted, those who need the resources of education, of health care.

So, Mr. Speaker, I come to urge President Bush to make use of adjusted figures; that is, to use statistical sampling as the basis for the allocation of resources based upon population needs in these various communities.

Now, I can understand the Supreme Court decision that said we are not going to use sampling for apportionment. So there is nothing political about what I am asking. There is nothing political about what I am urging. I am simply urging that the most needy people in this country be counted so that they can have the availability of public resources accrued to them based upon their existence, the fact that they are, and the fact that they are needy.

I urge the President to please take into consideration these points as he makes the decision about the use of adjusted numbers.

PUBLICATION OF THE RULES OF THE COMMITTEE ON ARMED SERVICES 107TH CONGRESS

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

Mr. STUMP. Mr. Speaker, I am submitting the rules of the Committee on Armed Services for the 107th Congress as required by clause 2(a)(2) of rule XI.

RULES OF THE COMMITTEE ON ARMED SERVICES 107TH CONGRESS

RULES GOVERNING PROCEDURE

RULE 1. APPLICATION OF HOUSE RULES

The Rules of the House of Representatives and the rules of the Committee on Armed Services (hereinafter referred to in these rules as the "Committee") and its subcommittees so far as applicable.

RULE 2. FULL COMMITTEE MEETING DATE

(a) The Committee shall meet every Wednesday at 10:00 a.m., and at such other times as may be fixed by the chairman of the Committee (hereinafter referred to in these rules as the "Chairman"), or by written request of members of the Committee pursuant to clause 2(c) of rule XI of the Rules of the House of Representatives.

(b) A Wednesday meeting of the Committee may be dispensed with by the Chairman, but such action may be reversed by a written request of a majority of the members of the Committee.

RULE 3. SUBCOMMITTEE MEETING DATES

Each subcommittee is authorized to meet, hold hearings, receive evidence, and report to the Committee on all matters referred to it. Insofar as possible, meetings of the Committee and its subcommittees shall not conflict. A subcommittee chairman shall set meetings dates after consultation with the Chairman, the other subcommittee chairmen, and the ranking minority member of the subcommittee with a view toward avoiding simultaneous scheduling of committee and subcommittee meetings or hearings wherever possible.

RULE 4. SUBCOMMITTEES

The Committee shall be organized to consist of five standing subcommittees with the following jurisdictions:

Subcommittee on Military Installations and Facilities: military construction; real estate acquisitions and disposals; military family housing and support; base closure and realignment; and related legislative oversight.

Subcommittee on Military Personnel: military forces and authorized strengths; integration of active and reserve components; military personnel policy, compensation and other benefits; and related legislative oversight.

Subcommittee on Military Procurement: the annual authorization for procurement of military weapon systems and components thereof, including full scale development and systems transition; military application of nuclear energy; and related legislative oversight.

Subcommittee on Military Readiness: the annual authorization for operation and maintenance; the readiness and preparedness requirements of the defense establishment; and related legislative oversight.

Subcommittee on Military and Development: the annual authorization for military research and development and related legislative oversight.