

These are just a few of the provisions of the bill, and they represent a market-based solution to an ever-growing demand for long-term care services and financing. But the financial incentives alone will not be enough to address the potential long-term care delivery and financial crisis.

Mr. Speaker, I urge all of my colleagues to take a look at that bill and to look at the women's health issues that are involved therein.

MANAGED CARE REFORM— MEDICAL NECESSITY

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

Mr. GREEN of Texas. Mr. Speaker, I would like to congratulate my colleagues, the congressional women, for making this effort today for special orders for women's health care. I would like to associate myself with their remarks, because everything they have said on a bipartisan basis is so important.

The reason I am here today, Mr. Speaker, is that the third time I have talked about the importance of managed care reform, real managed care reform, 3, 4 weeks ago I talked about the independent review process, and the accountability 2 weeks ago, and today I want to talk about medical necessity.

Every patient in America deserves to have important medical decisions made by his or her doctor, not by an HMO bureaucrat. Unfortunately, managed care personnel, who often have no substantial medical training, are determining what is medically necessary.

This practice endangers patients, threatens the sanctity of the doctor-patient relationship and undermines the foundation of our health care system.

Most managed care companies base treatment decisions on professional standards of medical necessity. But we often hear cases where HMO plans write their own standards into their contracts, and these standards often conflict with the patients' needs.

The case of Jones v. Kodak clearly demonstrates how a clever insurance health plan can keep patients from getting the needed medical care.

Mrs. Jones' employer provided health insurance coverage for in-patient substance abuse treatment. Unfortunately, the health plan determined that she did not qualify for this treatment. Even after an independent reviewer stated that the plan's criteria was too rigid and did not allow for tailoring of case management, Mrs. Jones was still denied treatment.

To add insult to injury, the courts stated that the health plan did not have to disclose its protocols or its rationale for making that decision.

A health plan's decision does not have to be based on sound medical

science, standard practices or even basic logic. In fact, a health plan can make medical necessity decisions using this child's toy called the Magic 8 Ball and not have to disclose the rationale, and when you turn this around and it says what do they suggest you are going to do, this is no way to practice medicine in our country.

Mr. Speaker, unless Congress enacts meaningful patient protection legislation, the outlook will not be good for our patients.

H.R. 526, the Bipartisan Patient Protection Act will ensure that treatment decisions are based on good medical practice and take individual patient circumstances into account.

This legislation will protect patients from arbitrary and capricious decisions and will put health care decision-making back in the hands of the doctors and the patients. The patients should not have to be behind this eight ball when it comes to their health care, and we should not have to depend on the system that is patterned after this Magic 8 Ball when it says do not count on it for adequate health care treatment.

Congress must act now to protect them.

WOMEN'S HEALTH ISSUES

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

Mrs. CAPPs. Mr. Speaker, I want to commend my colleagues, the cochairs of the Women's Caucus in Congress, the gentlewoman from Illinois (Mrs. BIGGERT) and the gentlewoman from California (Ms. MILLENDER-MCDONALD), for organizing this time to speak on women's health issues.

Mr. Speaker, I am pleased that many members of the Women's Caucus are participating today on this important topic.

As a nurse, I have made access to health care one of my highest priorities in Congress, and I think it is particularly important to focus attention on women's health.

Last year, we had a number of victories for women's health. The House was able to pass the Breast and Cervical Cancer Treatment Act. This legislation will allow us to provide the necessary resources for low-income women to fight these deadly diseases. We were also successful in reauthorizing the Violence Against Women Act.

These are two major accomplishments, but we still have such a long way to go. Until recently, women's health resources were often concentrated on women during their reproductive years. However, with the average life expectancy of women now in the United States approaching 80 years, it is increasingly clear that we need the resources to protect a woman's health at every stage of development.

Each new life stage poses its own unique developmental demands upon a

women's body. This is why further research on women's health is so critical. Certain diseases and conditions are more prevalent among women than in men or affect women differently. Studies show that women are suffering from heart disease, breast cancer and depression at alarming rates. And as women live longer they are more likely to suffer from chronic conditions such as arthritis, diabetes and osteoporosis.

There are countless initiatives here in Congress that seek to improve the health of women. I want to touch on just a few.

For example, President Bush's recent reinstatement of the Mexico City policy is, I believe, a huge step backwards for millions of women around the world.

The Mexico City language imposes a gag rule on other countries who wish to use their own reproductive resources for abortion and instead use the needed assistance from the United States to assist with family planning.

Family planning saves lives by helping women plan their pregnancies for the healthiest and safest time. Of course, in so doing, it reduces the need for abortions.

As my colleague, the gentleman from Texas (Mr. GREEN), was just speaking about, we need to pass the Patients' Bill of Rights. This legislation would guarantee that patients and doctors control critical health care decisions, not HMOs. This will improve health care options for millions of American women.

We also need to provide prescription drug coverage for Medicare recipients. The majority of seniors are women, and many of them cannot afford the skyrocketing costs of multiple prescriptions.

Proper treatment of depression and mental illness is another important issue for women. Depression afflicts twice as many women as men.

As many as 400,000 women each year suffer from postpartum depression alone. We need to raise awareness about postpartum depression in order to lower the chances that women and their families will suffer from this condition.

Parity for mental health is another important topic and an issue that affects women. It is time that health insurance plans recognize mental illness as just that, an illness.

I am so pleased that courageous women like Tipper Gore and the gentlewoman from Michigan (Ms. RIVERS), our own colleague here in Congress, have worked hard to increase public awareness about mental illness and to work on destigmatizing depression.

Another major concern for health care for women is hypertension. It is a major risk factor in cardiovascular disease, and it is two to three times more common in women than in men.

Mr. Speaker, I am now the cochair of the Congressional Heart and Stroke Coalition, and I am working closely with American Heart Association to

raise awareness of and response to cardiovascular disease and stroke.

This spring here in the House of Representatives we will be conducting some hearings on the effect of women and heart disease together. Increased research on these and other women's health issues can and will improve the quality and length of our lives.

Mr. Speaker, I, along with my colleagues in the Women's Caucus, are committed to raising awareness about women's health issues and to increase funding for women's health research; and today is an opportunity for us to speak on different topics but with a united voice. We, colleagues in the Women's Caucus and men as well and Members of Congress, are talking about and raising the awareness of issues pertaining to women's health.

HEALTH INITIATIVES

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

Ms. SLAUGHTER. Mr. Speaker, I rise today to speak about the state of public health in America. Although we know more about health hazards and the importance of a healthy life-style today than we did 25 years ago, our health is actually getting worse in many respects.

Chronic diseases account for three out of four deaths in the United States annually; and 100 million Americans, more than a third of the population, suffer from some sort of chronic disease.

Chronic conditions are on the rise. The rate of learning disabilities rose 50 percent in this last decade. Endocrine and metabolic diseases such as diabetes and neurologic diseases such as migraine headaches and multiple sclerosis increased 20 percent between 1986 and 1995.

The rising incidence of disease can be attributed partly to the environment. This means not only air pollution and the rising CO₂ levels, which affect the quality of the air we breathe, but factors such as industrial chemicals and plasticizers, increased exposure to low-dose radiation from sources that range from toasters to aircrafts, certain medications which affect the hormone production, and especially a person's life-style, including the diet, tobacco and alcohol use.

Mr. Speaker, I was proud recently to introduce the Women's Health Environmental Research Centers Act, a bill that enhances scientific research in women's health.

□ 1330

There has been a lack of initiatives to especially look at women's health in connection with the environment. Women may be at a greater risk for disease associated to environmental exposures due to several factors, including body fat and size, a slower metabolism of toxic substances, hormone

levels, and, for many, more exposure for household cleaning reagents.

Over the past decade, evidence has accumulated linking effects of the environment on women and reproductive health, cancer, injury, asthma, autoimmune diseases such as rheumatoid arthritis and multiple sclerosis, birth defects, Parkinson's, mental retardation and lead poisoning. Lead and other heavy metals found in the environment have been implicated in increased bone loss and osteoporosis in post-menopausal women.

In one interesting study in New York, researchers found that women carrying a mutant form of a breast cancer gene are at higher risk of developing breast or ovarian cancer if they were born after 1940, as compared to women with the same mutant genes before 1940. This suggests that environmental factors are affecting the rates of incidence.

The interaction between environmental factors and one's genes also affect the susceptibility to disease. This will be a major area of research now that the Human Genome Project has been completed and new disease-related genes are being found at a rapid pace.

The evidence is clear and accumulating daily that the by-products of our technology are linked to illness and disease and that women are especially susceptible to these environmental health-related problems.

We need health research programs that are specifically targeted towards women's health. The passage of the Women's Health Environmental Research Centers Act will be a crucial step toward establishing the valuable and needed basic research on the interactions between women's health and environment.

The second initiative needed is to increase awareness and access for Americans to preventive screening tests for diseases such as cancer. Screening will save thousands of lives if it is detected at its earliest and most treatable stage.

I will soon introduce, along with the gentleman from Maryland (Mrs. MORELLA), the Colorectal Cancer Screening Act. Often colorectal cancer does not present any symptoms at all until late in the disease's progression. When discovered through screening tests, benign polyps can be removed, preventing colorectal cancer from ever occurring. But, unfortunately, fewer than 40 percent of colorectal cancer patients have ever their cancer diagnosed early.

Colorectal cancer is the second leading cause of cancer death in the United States for men and women combined. An estimated 56,700 people will die from colorectal cancer this year; and 135,400 new cases will be diagnosed. These newly diagnosed cases that will be divided nearly evenly among men and women are particularly tragic because they could be prevented.

Medicare began covering colorectal cancer screening in 1998, and many in-

surers now cover them also. However, all insurers must give enrollees access to this life-saving benefit, similar to what has been done for mammography screening.

Finally, I would like to mention that Congress has asked the Centers for Disease Control to develop a nationwide tracking network so we can begin to draw the critical link between disease and environmental toxins, genetic susceptibility and life-style. The Women's Caucus followed up with a letter to the CDC director, Jeffrey Koplan, to reiterate our interest in this important initiative.

Although we do not have cures for the most devastating disease that affects women, we can minimize our chances of developing them or at least prolong the years that we are healthy by the understanding of the risk factors, both environmental and genetic, as well as taking control of our health by having preventive screening tests before it is too late.

As a public servant and a scientist, I believe that one of the most important concerns of Congress should be to help to promote America's public health. Congress should commit itself to provide all Americans access to medical technologies that save lives, and Congress must provide continued funding for scientific research across all disciplines.

NEW ADMINISTRATION IS NOT SERIOUS ABOUT ADDRESSING GLOBAL CLIMATE CHANGES

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

Mr. INSLEE. Mr. Speaker, I, as a Democrat, have an admission to make. I have come before the House to admit that I was fooled into believing that the new administration was actually serious about doing something about global climate change. I was fooled into having hopes that this administration would abide by its promises to show some leadership to do something about carbon dioxide, which is polluting our atmosphere and warming our planet.

I had those hopes until yesterday. I want to tell my colleagues why I had those hopes. The new director of the Environmental Protection Agency, former Governor Christie Todd Whitman, said last week that she wanted to work to do something to reduce carbon dioxide emissions from our polluting plants. A few weeks ago, the Secretary of the Treasury said that he believed that this was a serious problem, that it needed to be addressed, and the government could no longer afford to ignore it.

The President of the United States last September told the American people and promised the American people that, if elected President of the United States, he would work to curtail carbon dioxide emissions from our power