

Speaker, on the subject of campaign financing, donations from front companies for Communist China?

Mr. Speaker, it is shocking, and as the people of the Sixth District of Arizona told me last week, Alice may have said curiously and curiously when she stepped through the looking glass, but, Mr. Speaker, as we look to the other end of Pennsylvania Avenue for curious, coarse, callous political calculation and decisions that actually are not in the best interests of the American people and their children, all we can say, Mr. Speaker, is: Shame. If only those who bear the responsibility were capable of feeling the shame they ought at this hour in this moment.

PATIENT PROTECTION LEGISLATION

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 welcome back all my colleagues from across the country, both sides of the aisle.

Congress has a lot of work to do in the last couple months of this year. Part of that work that many of us would like to see completed, at least in the House, and get to conference would be to pass a bill here in the House on patient protection legislation.

Now it is now September, Mr. Speaker, and the Speaker of the House, the gentleman from Illinois (Mr. HASTERT) had told us that in June that we would see a patient protection bill on the floor before the August recess. In fact, he personally told me that it is his, quote, intent to have managed care reform legislation on the floor in July before our August recess.

Unfortunately, Mr. Speaker, it did not happen, so we went off to our August recesses, talked to our constituents, and the managed care industry continued their \$100 million advertising campaign against this legislation.

Now there are only 435 Members of this House, Mr. Speaker. If you divide that into a hundred million, that is an awful lot of money that a special interest group is using to try to defeat a common-sense piece of legislation. But the August recess gave them their chance to go on TV, go on the radio, initiate phone calls into offices, and do my colleagues know what? I welcome that.

□ 2100

Because it identified a number of people in my office, for instance, who are interested in healthcare, and when we had a chance to explain to them the bill, the bipartisan bill, H.R. 2723, the Bipartisan Consensus Patient Protec-

tion Bill of 1999, overwhelmingly the people who were stimulated to phone in to my office by the opponents to this legislation said, You know what? That does not sound like it is such a bad piece of legislation. In fact, we have a neighbor or a family member who has had problems with their HMO, and we think you ought to do something about it.

Well, as I said, the managed care industry initiated this big advertising blitz over the August recess. What did they accomplish? I think the polling will show that two-thirds of the American people continue to want to see managed care patient protection legislation passed. Overwhelmingly, people think doctors ought to be able to tell their patients all of their treatment options.

Overwhelmingly, the American public think that they ought to be able to go to an emergency room if they are truly having an emergency. If they are, for instance, having crushing chest pain and they have seen that the American Heart Association says that could be a heart attack, you better get right to that emergency room, they think we ought to pass legislation that would say if you have that common layperson's definition of an emergency, your HMO should have to pay the bill, even if afterwards it turns out you did not have something quite as serious as a heart attack, because if you delay getting to the emergency room, you may end up dead before you get to the emergency room.

Well, over the last month, since the gentleman from Georgia (Mr. NORWOOD), the gentleman from Michigan (Mr. DINGELL), myself and others introduced the bipartisan Consensus Patient Protection Act of 1999, we have had a number of organizations from across the country sign on endorsements for this piece of legislation. In fact, Mr. Speaker, I would like to introduce a list of 156 endorsing organizations for H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999.

Let me just read through some of these letters of endorsement. I think they make good points. Now, I am not reading these in any particular order. I am not going to have time in this 1-hour special order to read every letter of endorsement, but I think that many of them deserve being shared with my colleagues.

The first one I have is the American Nursing Association endorses the bipartisan managed care bill. The American Nursing Association represents 2.6 million registered nurses throughout its 53 constituent organizations. This is what it had to say about the bipartisan managed care reform bill:

"The American Nurses Association is pleased to endorse this bill and encouraged by the cooperation and compromises made to achieve real reform,

real progress on managed care reform," said ANA President Beverly Malone.

"It is heartening to see Congress working together to solve problems. This is how Congress should be working. Given the nursing profession's preeminent role in patient advocacy, the American Nursing Association is particularly heartened by the steps proposed to protect registered nurses and other healthcare professionals from retaliation from HMOs when they, the nurses, advocate for their patients' health and safety. As the Nation's foremost patient advocates, nurses need to be able to speak up about inappropriate or inadequate care that would harm their patients. Nurses at the bedside know exactly what happens when care is denied, comes too late or is so inadequate that it leads to inexcusable suffering, which is why we need to maintain strong whistleblower protection language in this bill. Nurses want to see strong comprehensive patient protection legislation enacted this year."

Mr. Speaker, shortly before the August recess this House overwhelmingly voted to protect federal employees who blow the whistle on contractors or others who are breaking the law. There is a well-known case that has been reported in the press about a Department of Defense employee who blew the whistle and was punished by her superiors for it, and this House, Republicans and Democrats, overwhelmingly voted to support the whistleblower protections that my own Senator from Iowa, Senator GRASSLEY, has been a strong proponent of.

I would ask my colleagues, look, if we think a strong whistleblower protection is good enough for federal employees, do we not also think it is important that nurses who are on the front lines, who see the effects of HMOs decisions, that they are able to speak their minds freely without fear that they could lose their jobs? Well, that is the American Nursing Association endorsement.

Here I have the endorsement by the American Medical Association: "The 300,000 physician student members of the American Medical Association strongly urge the House of Representatives to pass meaningful patient protection legislation." The AMA endorses H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999, introduced by the gentleman from Georgia (Mr. NORWOOD) and the gentleman from Michigan (Mr. DINGELL).

Then the AMA goes through why they think this is a good bill. It has a strong external appeal section. All patients should be guaranteed access to an external appeals process whenever a denial of benefits involves medical judgment or concerns medical necessity. But we have a situation, Mr. Speaker, where, because of past federal law, people who receive their insurance through their employers do not have

that protection. If you purchase your insurance as an individual, you are under State insurance commissioner protection. But if you receive your insurance through your employer, Congress 25 years ago passed a bill that basically said that health plan can give a definition of whatever they want to medical necessity.

Now, let me explain what that means. Before coming to Congress I was a reconstructive surgeon. I took care of children with cleft lips and palates, a hole in the lip and a hole in the roof of the mouth. The prevailing standard of care for treatment of that is surgical correction so that the child can learn to speak, so that food does not come out of his nose.

There are health plans, HMOs, that define medical necessity as the cheapest, least expensive care, quote-unquote. So what would that mean to a child with a cleft palate? It would mean that that health plan could say, Hey, we are not going to give you surgery to fix that defect that you are born with; we are just going to give you a piece of plastic to shove up into that hole. Will that little boy or girl be able to speak correctly? No. But it does not matter, because under federal law the health plan can determine medical necessity.

We need to change that. That change is in the bill that the AMA is endorsing.

The AMA talks about accountability of health plans. If they are making medical decisions, they ought to be responsible for those: point of service, emergency services, prohibiting gag clauses that will keep physicians from being able to tell a patient all of their treatment options.

Let us say that I have just examined a patient, a woman, with a lump in her breast, and she belongs to an HMO, and that HMO has a gag clause that says before you tell a patient her treatment options, you have to first get an okay from us.

So I listen to this patient's story, I examine her, and then I have to say, Excuse me, go out to the phone, get an HMO on the line and say, This patient has three treatment options, one of which may be more expensive than the other. Is it all right to tell her about them? That is absurd. It is ridiculous. But do you know what? Those types of practices have happened. Those types of contracts exist, or at least have existed until we started to shine the light of the disaffected upon those practices. We need to make sure that I can tell that patient her treatment options, whether her plan covers it or not. She deserves to know all of her treatment options.

Those are important reasons why, for instance, the American Medical Association has given its endorsement to the bipartisan Consensus Managed Care Improvement Act.

How about the American Osteopathic Association? The American Osteopathic Association represents the Nation's 43,000 osteopathic physicians. Eugene Oliveri, Dr. Oliveri says, "As president, I am pleased to let you know that the AOA endorses the Bipartisan Consensus Managed Care Improvement Act of 1999. Why? Because physicians are allowed to determine medical necessity. Health plans are accountable for their actions, a fair and independent appeals process is available and the protections apply to all Americans. Employers and patients," this letter says, "are tired of not receiving the care they are promised, they pay for and they deserve, and H.R. 2723 will help bring quality back into health care."

Here I have another letter of endorsement. This is from the American Dental Association:

"On behalf of the 144,000 members of the American Dental Association, we wish to endorse H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999. This is the first truly bipartisan comprehensive patient protection bill in the 106th Congress." This was a letter to Congressman NORWOOD.

"By joining forces with Representative Dingell, you have breathed new life into the movement to establish a few basic rules to protect all privately insured Americans from unfair and unreasonable delays and denials of care."

The letter goes on: "We recognize that powerful groups that oppose managed care reform will continue spending millions of dollars in their relentless efforts to scare the public and badger lawmakers who attempt to improve the health care system. However, we will do all we can to make sure that our members know of your courageous efforts on behalf of them and our patients. Patient protection is a genuine grassroots issue that cuts across geographic, economic and political boundaries, and we believe that only bipartisan action will achieve the goal that you want."

Here I have a news release from the American Academy of Family Physicians: "Today the 88,000 member American Academy of Family Physicians announces its support for H.R. 2723."

I have here a letter of endorsement from the American College of Physicians, the American Society of Internal Medicine: "The American College of Physicians, ASIM, is the largest medical specialty society in the country, representing 115,000 physicians who specialize in internal medicine and medical students. The American College of Physicians believes that any effective patient protection legislation must apply to all Americans, not just those in employer plans, require that physicians rather than health plans make determinations regarding medical necessity, provide enrollees with a

timely access to a review process that is independent, offer all enrollees in managed care plans a point of service that enables them to obtain care from physicians outside the network and hold all health plans accountable."

Mr. Speaker, I have a letter of endorsement from the American Academy of Pediatrics: "On behalf of the 55,000 general pediatrician-pediatric medical specialists and pediatric surgical specialists, I am writing to express our strong support of H.R. 2723. We are especially pleased that your legislation recognizes the unique needs of children and addresses them appropriately. Children are not little adults. Their care should be provided by physicians who are appropriately educated in unique physical and developmental issues surrounding the care of infants. You clearly recognize this, and have included access to appropriate pediatric specialists, and we are endorsing your bill."

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I have here an endorsement from the American College of Surgeons: "We are pleased to note that H.R. 2723 requires health plans to allow patients to have timely access to specialty care and to go outside the network for specialty care at no additional costs if an appropriate specialist is not available in the plan."

This is important. A lot of health plans have incomplete physician panels. If the patient ends up with a complicated procedure, they need assurances their plan will cover them.

This letter of endorsement from the American College of Surgeons goes on: "If health plans continue to make medical determinations, then they should be held liable to at least the same degree as the treating physician. We are pleased to note that H.R. 2723 would allow patients to hold health plans liable when the plans' decisions cause personal injury or death. Additionally, the College agrees that it is reasonable to prohibit enrollees from suing their health plan for punitive damages if the health plan abides by the decision of the independent external review entity."

Let me expand on this, Mr. Speaker. What we are saying in this bill is that if there is a dispute on an item of coverage, let us say a patient's physician recommends a type of treatment, the HMO says no, then the patient would be able to appeal that decision in his plan. If the plan still says no, then the patient could take that appeal to an external independent peer panel of physicians and say, I really think that common standards of practice show that I should get this treatment.

Under our bill, that independent panel could make that determination. If they say, yes, we agree with you, and the health plan follows that recommendation, then the health plan is