

PARLIAMENTARIAN STATUS REPORT—106TH CONGRESS, 1ST SESSION, HOUSE ON-BUDGET SUPPORTING DETAIL FOR FISCAL YEAR 1999 AS OF CLOSE OF BUSINESS MARCH 17, 1999

[In millions of dollars]

	Budget au- thority	Outlays	Revenues
Enacted in Previous Sessions:			
Revenues .....			1,368,396
Permanents and other spending legislation .....	913,530	867,389	
Appropriation legislation .....	820,708	814,808	
Offsetting receipts .....	-294,953	-294,953	
Total previously enacted .....	1,439,285	1,387,244	1,368,396
Entitlements and Mandatories: Budget resolution baseline estimates of appropriated entitlements and other mandatory programs not yet enacted .....	4,398	7,839	
Totals:			
Total Current Level .....	1,443,533	1,393,074	1,368,396
Total Budget Resolution <sup>1</sup> .....	1,444,851	1,393,291	1,368,374
Amount remaining:			
Under Budget Resolution .....	1,298	217	
Over Budget Resolution .....			22

<sup>1</sup> Includes \$1,030 million in budget authority and \$430 million in outlays for the funding of emergency requirements.  
Source: Congressional Budget Office.

**EXCHANGE OF SPECIAL ORDER  
TIME**

Mrs. CAPPS. Mr. Speaker, I ask unanimous consent to claim the special order time of the gentleman from Ohio (Mr. Brown).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

**PUTTING PATIENTS BEFORE  
PROFITS**

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, since arriving in Congress over a year ago, I have been fighting for a real Patients' Bill of Rights. I am an original cosponsor of this landmark legislation to rein in health maintenance organizations, the HMOs, and to return decision-making power to patients and their doctors. I am committed to seeing that Congress take decisive action and pass this bill now.

The only way to make comprehensive HMO reform a reality is to work together in a bipartisan way. That is why I was so disappointed last July when powerful special interests overpowered patients and blocked efforts to bring such a comprehensive HMO reform bill to the floor. Instead, they rammed through a Band-Aid that would have done nothing to actually protect patients. Our health care system needs serious medicine, not a political placebo.

The American people deserve better.

As a nurse, I know firsthand the importance of health care that is accessible, of high quality, patient-centered health care. Basic patients' rights can often mean the difference between life and death.

As a Member of Congress, I was recently appointed to the House Committee on Commerce which oversees much of our Nation's health policy. If we are to accomplish anything in the field of health care, passing comprehensive managed care reform must

be at the top of our agenda this session of Congress.

Medical decisions need to be made by patients and their doctors, and patients should have all of the information they need to make these critical decisions. These are the plain truths about health care.

Mr. Speaker, this historic measure will guarantee patients basic rights by allowing people to choose their own doctors, ending oppressive gag rules so patients have access to all critical treatment options and establishing health care quality and information standards which we can all follow. Most importantly, this bill will hold HMOs accountable by giving patients critical legal recourse when insurance companies deny necessary medical coverage. If patients can sue their doctors for poor care, they should be able to sue the big insurance bureaucrats who determine these cost-cutting decisions.

Mr. Speaker, last weekend I was privileged to join my colleagues on both sides of the aisle at the bipartisan retreat in Hershey, Pennsylvania. There people of many different philosophical political backgrounds talked about the need to restore civility to government and make our constituents proud. In the spirit of Hershey, I sincerely hope that all of our colleagues will work together to pass in this session a real Patients' Bill of Rights. By putting patients before profits, we can be a Congress that does something real and finally passes comprehensive managed care reform legislation now while we have the opportunity before it is too late.

**PASS A PATIENTS' BILL OF  
RIGHTS**

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

Mr. UDALL of New Mexico. Mr. Speaker, I rise today to speak about reforming HMOs.

Last year I met a young mother in my hometown of Santa Fe. She was a single mother in her late twenties who

was trying to raise a 7 year-old son while working full-time and attending school full-time as well. Now, as anyone will tell you, any young mother in this position would have her hands full. But what made this young woman unique was that her son had a serious medical condition that required access to very specific medical equipment and medication. She met with a family doctor who told them that her child could not lead a normal life without this very specific care. But when she went to her HMO to help pay for it, she received a letter saying her request had been denied. For months she tried to appeal, but it was to no avail. It was not until she threatened to wage a public relations campaign against the HMO and the local press that they reluctantly agreed to pay for the treatment. In the end it worked out for her and her young son, but for many, many more it does not.

Far too often, Mr. Speaker, we hear stories of patients who are left seriously ill or injured as a result of medical negligence by HMOs. These people find their lives in upheaval, not because of a medical mishap on an operating table, but rather because a profit-driven insurance company bureaucrat was more concerned with the bottom line than their well-being.

This must stop. We have got to put our partisan bickering aside and work towards a true bipartisan Patient Bill of Rights. The Patient Bill of Rights must allow doctors and patients to make the medical decisions. We must make sure that doctors and patients are once again allowed to make the medical decisions rather than insurance company bureaucrats. Provide the doctors, not the HMOs deciding the appropriate drugs for patients in their care. We must ensure that patients who have drug benefits can get the prescription drug their doctor judges they need even if the drug is not on the HMOs' approved list. Access to specialists; we must allow patients, when necessary, to receive referrals to specialists outside their health plan at no extra cost to them.

Specifically, Mr. Speaker, we must make sure that children have access to

pediatric specialists. Holding HMOs accountable, we must provide patients with the ability to appeal treatment decisions through both internal and external grievance procedures, and we must give patients the right to hold insurance companies legally accountable when their treatment decisions result in injury or death to a patient.

Pass a comprehensive Patient Bill of Rights. It is the only way we will ever be able to once again put patients before profits.

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#### EXCHANGE OF SPECIAL ORDER TIME

Mr. BERRY. Mr. Speaker, I ask unanimous consent to have the special order time of the gentlewoman from Nevada (Ms. BERKLEY).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arkansas?

There was no objection.

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#### MANAGED CARE REFORM

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

Mr. BERRY. Mr. Speaker, I stand here this evening in support of real managed care reform. We have all heard the stories, the countless stories, about people who have suffered because they were not allowed to make their own health care decisions in consultation with their doctors or other health care professionals, stories from people who have lost loved ones because someone behind a desk, not a doctor, made a bad decision. Congress needs to take action on passing bipartisan legislation to provide the American people with basic protections and basic guarantees when it comes to managed care.

Eighty percent of Americans with private health insurance, Mr. Speaker, are enrolled in managed care plans. In many cases, Americans are required to be enrolled in managed care plans because their employers have contracted with managed care companies to achieve cost savings. Congress should act this year to enact a law that contains the following five principles. Here is what we should do, and here is what the American people want:

As I have said before, patients and their doctors, not insurance company clerks, should make decisions about what care is medically necessary. The American people want insurance reforms to be overseen by the States, not by a federal bureaucracy. The American people want real reform that keeps their medical records confidential. They want real reform that includes meaningful protections, like the right to emergency room treatment as defined by any prudent lay person. They want real reform that includes meaningful accountability for a right without a remedy is no right.

Too many people have been denied care under their HMO policies or their managed care policies, and that should not be the way it is in this country. We have quality health care in America, but people have to be sure if they need a particular procedure, a particular operation or particular health care service, that they can have it.

There is widespread support on both sides of the aisle for some type of managed care reform. Every Member of this body voted for some type of reform last year. The American people want and support patient protections. It is imperative to the American people that they see action on managed care reform. Let us give the American people what they want, real managed care reform.

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#### EXCHANGE OF SPECIAL ORDER TIME

Mr. THUNE. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Kansas (Mr. MORAN).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from South Dakota?

There was no objection.

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#### IT IS HIGH TIME WE RESTORE THE TRUST AND CONFIDENCE OF THE AMERICAN PEOPLE

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

Mr. THUNE. Mr. Speaker, this past weekend I was very disappointed to see our friends on the other side start down the same old track, and that is to try and turn Medicare into a political game. It became clear to me, and I hope that all of our friends will change their mind on that, but that they want to travel down the same old road we traveled before 2 years ago, when Republican proposals to reform Medicare were relentlessly attacked by our colleagues on the other side, only to be supported as part of the balanced budget agreement in 1997 and subsequently signed into law.

The very same reforms that were attacked as a matter of the fall campaigns were then agreed to later on in the year because it became clear that that was the only real solution and responsible thing to do to try and save Medicare for the next generation.

Here we go again. Our friends do not seem interested in a solution. They only want to inflame and scare the American people. How do I know that? Because last week the Medicare commission which was appointed by the President made its recommendations.

Interestingly enough, the two Democrat senators on the commission, Sen-

ators KERREY and BREAUX, led the way and then were sold out by the President's appointees on that very commission and blocked the reform proposals that had been laid out.

Why? Because, as the two of them said in a news report last week, it did not spend 15 percent of the surplus on Medicare. The Medicare commission came out with recommendations and proposals that would save \$100 billion in Medicare over the course of the next 10 years, but because it did not spend 15 percent of the surplus on Medicare, the President's appointees blocked the commission's recommendations.

Why? I do not know. That is a good question, and I think the American people ought to ask the same question because there is a real matter of trust here when one looks at trying to solve a problem and come up with a sincere genuine solution rather than to demagogue an issue, as we saw again 2 years ago.

The Senate Committee on the Budget had a vote last week on the President's budget, the so-called proposal that would set aside 62 percent for Social Security, 15 percent for Medicare. The Senate Committee on the Budget voted down that proposal by a vote of 21 to zero. Even the President's allies in Congress in the Senate did not want to vote for the budget proposal that he had submitted.

This week, the Republicans will submit their own budget proposal which sets aside for the first time since 1969 all of the Social Security surplus, 100 percent, to be used for Social Security and Medicare and for retirement issues.

I think it is high time that we were honest with the American people. The President's budget spends the Social Security surplus, \$220 billion over the course of the next 10 years. We preserve it by setting aside and walling off 100 percent of the Social Security surplus to be used for that purpose. I think this is a significant milestone in American politics, and it is high time that we did it.

It is high time that we restore the trust and confidence of the American people, and I hope that the American people are wise to the charade. Two years ago it was tried, perhaps to some degree it worked, but make no mistake about it; check the fine print, because I think that the American people will find that when they do that they will see that they have been sold a bill of goods.

This week when we debate this proposal that would set aside and preserve 100 percent of the surplus that we are going to see in this country over the course of the next 10 years for Social Security and Medicare, and not buy into the myths and the same old same old *deja vu* all over again tactics that have been tried by the other side, I hope we can work together constructively to find reforms in Medicare that