CONGRESSIONAL RECORD—HOUSE

July 26, 2001

REPORT ON H.R. 2647, LEGISLATIVE BRANCH APPROPRIATIONS ACT, 2002

Mr. TAYLOR of North Carolina, from the Committee on Appropriations, submitted a privileged report (Rept. No. 107–169) on the bill (H.R. 2647) making appropriations for the legislative branch for the fiscal year 2002, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. All points of order are reserved on the bill.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 2172

Mr. LANGEVIN. Mr. Speaker, I ask unanimous consent that my name be removed as a cosponsor of H.R. 2172.

The SPEAKER pro tempore. Is there objection?

Mr. TAYLOR of North Carolina, from the Committee on Appropriations and other purposes, had come to no resolution.

The result of the vote was announced from "aye" to "no."

Mrs. NAPOLITANO changed her vote from "aye" to "no."

So the amendment was rejected.

Mr. ARMY. Mr. Speaker, I ask unanimous consent that there be no more procedural votes this evening; and that the committee be allowed to complete this work on title II.

The CHAIRMAN. The Committee of the Whole cannot entertain that request.

Mr. ARMY. Mr. Chairman, I ask unanimous consent that title II be considered as read and open for amendment at any time.

The CHAIRMAN. Is there objection to the request of the gentleman from Texas?

Mr. FRANK. I object.

Mr. ARMY. Mr. Chairman, it is clear and obvious to me that the Members of this body cannot work effectively and make progress on this bill. That is unfortunate. Obviously, it will delay our departure tomorrow. But in consideration of the mood that we find on the floor this evening.

Mr. Chairman, I move that the Committee arise.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. LA TOURETTE) having assumed the chair, Mr. SIMKUS, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 2620) making appropriations for the Departments of Veterans Affairs and Housing and Urban Development, and for sundry independent agencies, boards, commissions, corporations, and offices for the fiscal year ending September 30, 2002, and for other purposes, had come to no resolution thereon.

PLAN COLOMBIA SEMI-ANNUAL OBLIGATION REPORT—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

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 Committee on International Relations and the Committee on Appropriations and ordered to be printed.

To the Congress of the United States:

Pursuant to section 3204(e) of Public Law 106–246, I hereby transmit a report detailing the progress of spending by the executive branch during the first two quarters of Fiscal Year 2001 in support of Plan Colombia.

GEORGE W. BUSH.


REVISIONS TO ALLOCATION FOR HOUSE COMMITTEE ON APPROPRIATIONS

The SPEAKER pro tempore. Under a previous order of the House, the following Members will be recognized for 5 minutes each.
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include any emergency-designated appropriations, which necessitated the earlier adjustment.

As reported to the House, H.R. 2620, the bill making appropriations for Veterans Affairs, Housing and Urban Development, and Independent Agencies for fiscal year 2002, includes an emergency-designated appropriation of $1,300,000,000 in new budget authority to the Federal Emergency Management Agency. No outlays are expected to flow from that budget authority in fiscal year 2002. Under the provisions of both the Budget Act and the budget resolution, I must adjust the 302(a) allocations and budgetary aggregates upon the reporting of a bill containing emergency appropriations.

As passed by the House, H.R. 2590, the bill making appropriations for the Department of Treasury, the Postal Service, and General Government for fiscal year 2002, included $114,000,000,000 in new budget authority and $143,000,000,000 in outlays for an earned income tax credit compliance initiative. I also must adjust the 302(a) allocations and budgetary aggregates upon the reporting of a bill containing appropriations for outlays.

The increase in the budgetary aggregates to $1,627,934,000,000 for outlays. The increase in the allocation also requires an increase in the 302(a) allocation to the House Committee on Appropriations, which necessitated the earlier adjustment.

Mr. Speaker, we have some important issues coming up in this next week, I hope. One of those, I hope, will be a full debate with a fair rule on a patient's bill of rights.

We have been working on this legislation for about 5 years, and when we had this debate here on this floor 2 years ago, a young man and his mother came up from Atlanta, Georgia, to see how the debate would go. This little boy's name was James Adams.

When James was 6 months old, one night about 3 in the morning, he had a temperature of about 105 degrees. He was a pretty sick little baby. His mother phoned the 1–800–HMO number and she said, my little baby is really sick and has a temperature of over 101, and I think he needs to go to the emergency room. He was following the rules to get an authorization.

The HMO reviewer at the end of that telephone line said, well, I guess that would be all right. I will authorize you to go to this one particular emergency room. But even if you go to another one, you are on your own. So Jimmy's mother said, well, where is it? And the voice at the end of the telephone line said, I do not know, find a map.

Well, I turned out that this authorized hospital was clear on the other side of Atlanta, Georgia, at least 50 miles away. So, with an infant who was critically ill, a mom and dad who were not health professionals put little Jimmy in the car, they wrapped him up, and started their trek to the hospital. En route they passed three emergency rooms, but they did not have authorization to stop at those emergency rooms, and they knew if they did they would be delayed.

They were not medical professionals. They did not know how sick little Jimmy was.

So they pushed on. But before they made it to the authorized emergency room, little James Adams had a cardiac arrest.

Imagine yourself as the mother of this little baby, trying to keep him alive, or as the father driving this car when your wife is holding your son. He is not breathing, and you are trying to find the authorized emergency room.

Finally, he pulled into the driveway. His mother, Lamona, leaped out of the car screaming, "Save my baby. Save my baby."

The nurse came running out and started resuscitation. They put in an IV. They gave him drugs. They got his heart going, and they managed to save his life. But you know what? They did not save all of Jimmy.

Because of that arrest and the loss of circulation to his head and to his feet he developed gangrene. Both hands and both feet had to be amputated. That was a medical decision that that HMO made. That reviewer could have said, your baby is sick. Take him to the closest emergency room. No. Dollars were the driving force. He is responsible for the cost of his care. They denied care to somebody who is dying and the patient dies, then they are not responsible for anything. In the case of this little boy, the only thing that HMO was responsible for was the cost of his amputation.

That child was in an employer plan protected under a law that was passed here in Congress 25 years ago, never meant to be applied to the health system. It was a pension law meant to benefit the people who were to get the pensions. It was not supposed to be a protection for health plans.

Mr. Speaker, how did this come about? Well, there has been a change in the health care system. It used to be the insurance companies, back 25 years ago, they did not make those kinds of decisions. They did not manage the care like they do now. You had a fee-for-service system, but the system has changed. We have seen time and time again HMOs consider a line of treatment to be better or more important than the care of their beneficiaries.

That is why it is very important that we address this situation. I can tell you one story after another, but those would just be anecdotes.

I can tell about a woman in Des Moines, Iowa, who just a week or two ago came up to me with tears in her eyes. She said, Congressman, I have had breast cancer. I have been on chemotherapy. My doctor told me that I needed a test to see whether the cancer had come back. But my HMO would not authorize it. They said it was not, quote, medically necessary. And HMOs can define medically necessary any way that they want. Some define medically as the cheapest, least expensive care, quote/unquote.

She said, I had to ask my husband to do something I had never asked him to do before. She said, I told my husband, Bill, you will have to fight and battle that HMO for me because they have worn me out. I am fighting my cancer. I need a test. All of my doctors say I do. There is no specific exclusion.