commitment, beginning with the CNO and including every sailor in the fleet. That is why a larger Navy must be in the budget this year. I suspect the Navy is not planning for this year. The Navy cannot rely on Congress to add money above the top line to make up for its own budget shortfalls. For years, we in Congress added money to the administration’s defense budget. I do not believe that we will so readily revise the new administration’s plans.

But I do not doubt that with support in the administration budget, Congress will follow. As Members of Congress, the purge is our responsibility. Without a doubt, ships are expensive. Building more ships is more expensive, but not being where we are needed when we are needed there is the most costly of all. I believe in my heart that one ship flying the flag of the United States around the foreign pier makes friends, warns enemies, and ultimately reduces the need to send many more ships out on the high seas.

To provide presence, we need hulls. To maintain, if not in literal, we need hulls. To do the job we ask the Navy to do, we need hulls.

URGING MEMBERS TO SUPPORT LEGISLATION TO CLARIFY LAW REGARDING FUNDRAISING BY NONPROFIT ORGANIZATIONS

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

Mr. EHRLICH. Mr. Speaker, I rise today to announce the introduction of legislation that would help clarify the law regarding fund-raising by nonprofit organizations.

I want to first recognize and thank the gentleman from Indiana (Chairman BURTON) and I am sponsoring is to clarify ambiguities existing in both law and postal service regulations with respect to fund-raising.

The bill clarifies the law so the postal service does not read the statutory “ownership” test so literally as to disqualify fund-raising mail sent by otherwise eligible nonprofit organizations that negotiate a risk-sharing agreement with respect to their fund-raising mail.

In my view, Mr. Speaker, it is imperative that otherwise qualified nonprofit organizations be able to secure donations at the lowest possible cost. When nonprofits conduct activities that further purposes enumerated in the statute, for example, to provide safety net social services, they ease the burden on taxpayers and deliver high quality services to all Americans.

This Congress is asking nonprofits to provide services the government has traditionally been ineffective and inefficient in providing. Given this purpose, it would be irrational for Congress tolimit use of the nonprofit bill rate only to fund-raising campaigns that raise donations sufficient to pay mailing costs.

It is important to point out that our bill is not a back door to allow unauthorized parties to mail at the nonprofit rate. Current law restricts an otherwise qualified organization from utilizing the nonprofit rate to sell goods or services; a nonprofit, however, is different from promoting the sale of a product or service.

Furthermore, Mr. Speaker, Congress has instituted reforms limiting a nonprofit’s use of the special mail rate to sell products and services. This bill does not affect the reforms Alaska Senator Ted Stevens set in motion in the 1980s in that regard.

This bill also recognizes the subsequent reform Congress enacted to require sales promoted at the nonprofit rate to be substantially related to the purpose for which the nonprofit qualified for the nonprofit rate.

More importantly, Mr. Speaker, this bill does not limit the postal service’s authority to enforce any other section of the Federal postal statutes. Accordingly, the postal service retains all of its tools to discover and prosecute fraud, a mission I strongly support.

The problem addressed by this bill is the postal service’s present interpretation of the statutory “ownership” standard, which is causing litigation and inequitable treatment in nonprofit fund-raising cases.

Respectfully, I ask my colleagues to join me in supporting this important legislative measure.

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and were advised that their son needed this exploratory surgery. It was then that they learned of the severe nature of the cholesteatoma and that Kyle would need another surgery. After all of the waiting, surgeons had to remove all of the bones in Kyle’s middle ear. Because of the delay in specialty care, combined with the HMO’s denial of a simple test, Kyle’s doctors anticipate he will suffer significant hearing loss as he reaches his adolescence.

A denial of specialty care was deadly for Glenn Neally, who lost his life because an HMO denied him direct access to specialty care. When Glenn’s employer changed plans in March 1992, he made sure that the managed care plan would continue to cover treatment of his cardiac condition, unstable angina. His cardiologist had prescribed a strict regime of nitrates, calcium blockers, and beta blockers. He was assured that he would be able to see his cardiologist. But his HMO required him to obtain a referral for follow-up treatment by his cardiologist. Bureaucratic paperwork problems gave Glenn the run-around for 2 months, while he tried to get the proper ID cards, referrals and pharmacy cards. Even after obtaining all of this paperwork, his HMO formally denied his request that he receive follow-up visits with his previous cardiologist and instead was forced to see their participating cardiologist in May of that year.

That turned out to be one day too late for Glenn. He died of a massive heart attack on May 18, leaving behind his wife and two sons.

Mr. Speaker, I stand here today and tell story after story of the damage that occurs when people are denied access to specialty care. But what this really tells us, we need managed care reform on a national basis like the Bipartisan Patient Protection Act, H.R. 526. This legislation ensures that patients who need specialty care can reach that specialist. It would ensure that children like Kyle and Sarah have direct access to their pediatrician.

This plan could have helped Glenn Neally because it would have ensured that plans cover specialists even outside the network. It ensures that patient care is continuous, and if provider networks change, a patient is not forced to change doctors in midstream.

These provisions are not abstract, legal, or political. These are real protections that make a real difference in saving people’s lives. I hope my colleagues will consider how vital specialist care is for those who do not have access and join me in supporting H.R. 526, the Bipartisan Patient Protection Act.