

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.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1187

Mr. SANDERS. Mr. Speaker, I ask unanimous consent to have my name withdrawn as a cosponsor of H.R. 1187.

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

There was no objection.

DETENTION OF 24 CREW MEMBERS IN CHINA

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

Mrs. WILSON. Mr. Speaker, 24 Americans are currently being detained in China under circumstances that are unacceptable. Today, the Chinese ambassador has said that the crew members are in China because the investigation is going on, and China's foreign minister has asked for an apology. The Chinese news agency, Xinhua, reports that the American ambassador was admonished and told that the U.S. has displayed an arrogant air, used lame arguments, confused right and wrong, and made groundless acquisitions against China.

America has nothing to apologize for. Our aircraft was operating in international air space when Chinese interceptors came close to investigate it. They came too close and caused a mid-air collision.

Mr. Speaker, we all know that sometimes in international politics, statements are made for internal consumption rather than for the ears of other powers. But the Chinese government needs to understand that here in Congress we are listening and watching. Their action or failure to act has consequences. This is an unusual situation in which an American military aircraft had to make an emergency landing on Chinese soil. I am supportive of the President's desire to keep this accident from becoming an international incident, but every hour that goes by without the return of our crew makes the likelihood of continued good relations between our two nations less achievable.

I have supported free trade with China and engagement with China's people. That and more is at risk, and not all of it is under the control of the President and his administration. In the coming months this House may consider China's access to the WTO, arms sales to Taiwan, military to military, cultural and scientific exchanges, as well as an array of other issues important to China.

We have allowed the Chinese government time to do the right thing. We know the difference between right and wrong. Now it is time for our servicemen and women to be returned home.

CRITICAL ISSUES FACING AMERICA'S NURSES

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

Mr. LANGEVIN. Mr. Speaker, today I would like to address critical issues facing America's nurses, which have a tremendous impact on the quality of this Nation's health care system.

As many of my colleagues know, we face an unprecedented, dangerous shortage in the number of nurses in our hospitals, extended care facilities, community health centers, nursing education, and ambulatory care settings. This shortage is due in large part to the aging nursing population, which is not being replaced by younger entrants into this field.

Moreover, data on the nursing workforce shows that staffing shortages are already occurring and recruiting new registered nurses is becoming a looming obstacle which we will not be able to overcome without swift congressional action. The current shortage will soon be compounded by the lack of young people entering the nursing profession, the rapid aging of the nursing workforce, and the impending health needs of the baby boom generation.

That is why I am proud to be an original cosponsor of legislation to improve access to nursing education, to create partnerships between health care providers and educational institutions, to support nurses as they seek more training, and to improve the collection and analysis of data about the nursing workforce.

I congratulate my colleagues in both Chambers for their hard work in crafting this comprehensive legislation, and I urge both Chambers to bring this legislation to the floor as expeditiously as possible.

An equally vexing issue concerning our hard-working nurses is mandatory overtime. Last week I joined the gentleman from California (Mr. LANTOS), the gentleman from Massachusetts (Mr. MCGOVERN), and the gentlewoman from California (Ms. SOLIS) in introducing legislation to prohibit mandatory overtime for all licensed health care employees beyond 8 hours in a single workday or 80 hours in any 14 day work period except in cases of natural disaster or declaration of an emergency by Federal, State, or local government officials, or when it is voluntary.

The practice of mandatory overtime tears at the fiber of many hard-working families. Instead of punching out at the end of an already lengthy shift and traveling home to their families, many nurses are forced to remain at work. But more than a family or labor issue, this is a fundamental public health problem with far-reaching consequences. Exhausted health care workers can inadvertently or unintentionally put patient safety at risk. A