high-tech workers and provide our Nation's next generation of leaders with the resources they need to succeed.

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

(Mr. ROEMER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Hawaii (Mrs. MINK) is recognized for 5 minutes.

(Mrs. MINK of Hawaii addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentlewoman from California (Ms. WOOLSEY) is recognized for 60 minutes as the designee of the minority leader.

Ms. WOOLSEY. Mr. Speaker, we are going to speak today in our special order about managed care reform. To get started, I yield to my colleague, the gentlewoman from North Carolina (Mrs. CLAYTON).

Mrs. CLAYTON. Mr. Speaker, I thank the gentlewoman from California (Ms. WOOLSEY) for yielding me this time; and I thank her for arranging this special order on the Patients' Bill of Rights. I also thank her for her leadership in this area.

Mr. Speaker, there is a young woman in my district who attends East Carolina University. She is a student in the Allied Health Department. This young woman is no different than any other student at ECU. She has hopes, dreams, goals and ambitions. However, her hopes and dreams, her goals and ambitions are inhibited.

She is a quadriplegic. The story of this young person, disadvantaged due to a disability, is not a new story, but this is a story that is distinct from others. This story is distinct because it could have been different. It could have been very different because if she had received the treatment she required she may have been able to avoid the complete paralysis that she must live with for the rest of her life. If she had received the treatment required, she may not have been a quadriplegic, which she is now.

Why then, one may ask, did she not receive the proper treatment? The reason is that her neurologist, under pressure from her insurance provider, did not render the treatment.

Mr. Speaker, let me share the words of this student. She states, ''Eventually, I had the surgery, and they told me that if I had the MRI that my radiologist recommended, I would not be in the condition I am today.''

She goes on to say, ''I feel that managed care, along with my neurologist, made a decision that changed my whole life.''

Life-changing decisions are being made every day by those who count numbers and do not count individuals.

Life-changing decisions are being made every day by those who put profit before people and the bottom line before the end result.

Witness, for example, the father of another student in my district. This father, a veteran, faced terminal illness. While hospitalized, his family was informed that his HMO had instructed that he be removed to a nursing home within 24 hours. The family was out of town, and while grappling with the pain of a father's illness, they had to endure the pressure from the HMO.

This father had defended the country when he had good health but now that he was down he could not defend himself. Worse, under current conditions, the country could not or would not defend him.

Mr. Speaker, there are countless horrible stories like these. Perhaps that is why 22,000 citizens nationwide now have signed a petition demanding a change. Almost 2,000 of those persons came from the State of North Carolina. These persons recognize that it is fundamental that every citizen have access to doctors of their own choice.

It is fundamental that every citizen have access to needed prescription drugs. It is fundamental that every citizen can appeal poor medical decisions, can hold health care providers accountable when they are wrongfully denied care and can get emergency care when necessary. The Patients' Bill of Rights Act, H.R. 358, provides these fundamental rights.

A bill reported from the Senate, which is S. 326, does not provide these fundamental rights. Health care should be about curing diseases, not counting dollars and dimes. Medical treatment should be about finding remedies, not a rigid routine that puts saving money over sparing pain and suffering of human beings.

Patients deserve service from trained, caring individuals; not narrow-thinking persons more interested in crunching numbers than saving lives.

The Patients' Bill of Rights Act effectively provides a panoply of basic and fundamental rights to patients.

The other managed care reform bill, passed by the Senate, does not.

The Patients' Bill of Rights Act provides real choice. The other bill does not.

The Patients' Bill of Rights provides access. The other bill does not provide comparable access.

The Patients' Bill of Rights Act provides open communication. The Senate committee-passed bill does not.

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Mr. Speaker, these are not radical rights, these rights are very basic and fundamental. Legislation of this type is needed and necessary because 60 percent of the American people living in this country do not have protection that will give them patient protection regulations.

The Patients' Bill of Rights Act simply provides minimum standards for the protection of patients in managed care. I am proud to be a cosponsor of the Patients' Bill of Rights Act. I am proud to join my colleague today in this special order, and I urge and encourage all the citizens to continue to sign onto the Internet, but more importantly, I urge my colleagues to make sure they support the Patients' Bill of Rights Act. We must change the way we provide health care, and we must respect the Patients' Bill of Rights Act.

Again, I thank my colleague for providing me the opportunity and arranging this special order.

Ms. WOOLSEY. I thank the gentlewoman for being here. I would like to point something out that the gentlewoman will find sad and yet interesting.

As far back as 1997, the Henry J. Kaiser Foundation and Harvard University School of Public Health had a study. One of their questions asked was, in the past few years, did they or someone they know have an HMO or managed care plan deny treatment or payment for something a doctor recommended.

Like the young woman the gentlewoman referred to earlier, the answer from 48 percent of the participants was, yes, denied care that was necessary from an HMO or a managed care plan. That 48 percent represents 96 million people who have had problems with health care, or know of someone who has. That is why we are here tonight. I thank the gentlewoman very much for coming and being part of this.

Mr. Speaker, 5 years ago the Republicans defeated President Clinton's health care reform bill. They claimed it would allow the Federal Government to interfere with doctor-patient relationships. Yet, when that same relationship between a doctor and a patient was threatened by a corporate bureaucracy, the managed health care industry, Republicans last year offered legislation that did absolutely nothing to protect the sanctity of choices made by doctors and their patients.

It is the same story in the 106th Congress. Democrats have been waiting for 2 years to pass the Patients' Bill of Rights Act, the bill that is outlined here on this board. Right now we are ready to work to improve Americans' access to quality health care. There must be enforceable rights to make consumer protections real and meaningful for all Americans.

Many States have passed legislation making a patchwork of protections. This patchwork does not provide a good fix for over 175 million Americans who need the Patients' Bill of Rights Act to be passed. We must remember, when we are talking about the Patients' Bill of Rights Act and managed care, that three of four people are in the managed care system.

While there are many top notch managed care organizations, particularly in my own district, I represent Marin and Sonoma Counties, just north of the Golden Gate Bridge in California, there are good managed care systems in that part of this country, but we hear too many horror stories across the rest of this country.

Doctors tell us the real life horror stories. They tell us about how they are gagged by insurance companies that dictate what they can tell their patients about their treatment options. They tell us that a patient's treatment decisions are often overruled by an insurance clerk, and that often patients are denied a specialist's care, or patients are shuttled out of a hospital before they are fully or adequately recovered and ready to go home.

Americans are demanding that the Republican leadership take real action and take it now, but instead, today, the Republican leadership has legislation that does not provide better patient access to quality care, nor does the Republican bill provide an independent external appeals process to review complaints when a patient's life or health is jeopardized.

Further, the Republican legislation does not ensure that patients have the right to see a specialist, nor does it prevent insurance companies from continuing to send women home after a mastectomy early, against the advice of their doctors and their health care providers. As important as all the rest, lastly, under the Republican bill, patients do not have the right to sue for damages.

In the final analysis, the Republican bill will do little to prevent medical decisions from being made by insurance companies instead of by doctors. What our country needs is the Patients' Bill of Rights Act. This legislation will make certain that doctors and patients are free to make decisions about health.

The Patients' Bill of Rights Act will ensure that patients have the right to openly discuss all of their treatment options with their doctors. The Patients' Bill of Rights Act provides patients access to important health care specialists, and allows specialists to be primary care providers.

Under the Patients' Bill of Rights Act, patients have the right to receive uniform information about their health plan, go to the emergency room when the need arises, provide continued care to patients when a doctor leaves a plan, and seek remedy from the courts when claims have been unfairly denied.

It is time to put doctors and patients back in charge of our health care system, and it is time for Congress to get out of the pocket of the managed care industry. The Republicans have the managed care industry on their side. They know it. But the Democrats have the support of the American people, and that is what counts.

I urge the Speaker, I urge all of my colleagues, to listen to what the people in this Nation are saying. They want a Patients' Bill of Rights Act, and they want it now.

Mr. Speaker, I yield to my colleague, the gentleman from Connecticut (Mr. MALONEY).

Mr. MALONEY of Connecticut. Mr. Speaker, I thank the gentlewoman from California (Ms. WOOLSEY) for yielding to me.

Mr. Speaker, I rise today to express my strong support for H.R. 358, the Patients' Bill of Rights Act of 1999. Last year we came within 5 votes of adopting this strong, meaningful patients' protection legislation, legislation that would have assured access to medically necessary care for patients, that would have prevented inappropriate interference in the doctor-patient relationship, and guaranteed timely, independent external appeals when plans inappropriately deny care.

Unfortunately, our efforts to reestablish patient health as the primary focus of health plans were blocked by the partisan leadership opposed to reform. Their alternative bill, which was denounced by the American Medical Association as a sham, barely squeaked through this House, and was not even brought up for debate in the other body.

The partisan obstructionists had hoped that this issue would go away, but the real problems besetting patient care by HMOs still exist, and momentum for real change continues to build.

Although many States, including my home State of Connecticut, have enacted reforms to provide basic protections to patients, the Federal ERISA law exempts a significant segment of the insured population from the reach of those State laws.

About 40 percent of the total American population is left unprotected. Consequently, millions of Americans are covered by managed care plans who do not have to meet any quality standards whatsoever. Indeed, 122 million Americans are not guaranteed any enforceable patient protections.

In Connecticut alone, more than 1.7 million people are relegated to second-class medical care citizenship by the ERISA law and the failure of the Congress to enact meaningful reform. Each day that reform efforts are delayed, more patients will unjustly suffer from adverse decisions about their coverage.

It is time to enact a comprehensive set of strong, enforceable patient protections that will guarantee quality health care for all Americans. The Patients' Bill of Rights Act of 1999 would do just that. I am proud to be a cosponsor of this critical managed care reform legislation.

Let me stress five key provisions.

First, among other things, the bill would guarantee that if a patient has an emergency, hospital services would be covered by their plan. The bill says that individuals must have access to emergency care without prior authorization in any situation that a prudent layperson would regard as an emergency.

Second, patients with special conditions must have access to specialists who have the requisite expertise to treat their problem. The Patients' Bill of Rights Act allows for referrals for patients to go outside of their plan's network for specialty care at no extra cost to the patient if there is no appropriate provider inside the plan.

Third, the Patients' Bill of Rights Act provides important protections specific to women in managed care: Direct access to OB-GYN care and the ability to designate an OB-GYN physician as a primary care provider. The proposal also provides protection regarding mastectomy length of stay.

Fourth, prescription medications must be reasonably available. For plans that use a formulary, a standard list of prescription drugs, our legislation says beneficiaries must be able to access medications that are not on the formulary when the prescribing physician dictates those medicines for sound medical reasons.

Fifth and finally, individuals must have access to an external independent body with the capability and authority to resolve disputes for cases involving a denial of service which the patient's doctor determines is medically necessary, or for other cases where a patient's life or health is put in jeopardy.

In the Patients' Bill of Rights Act, States and the Department of Labor must establish an independent external appeals process for the plans under their respective jurisdictions. The plan pays the cost of the process, and any decision is binding on the plan.

Americans need and deserve these protections, protections which have been endorsed by the American Medical Association and the American Nurses Association, and 168 other major health and business organizations.

I urge my colleagues to support and pass the Patients' Bill of Rights Act of 1999, the real Patients' Bill of Rights Act.

Ms. WOOLSEY. Mr. Speaker, I thank the gentleman for coming. I was wondering if the gentleman would like to consider with me the importance of this bill, H.R. 358, based on some data that we have.

We all know that the way that most Americans obtain and paid for health care has drastically altered in the last few years, because a decade ago fewer than three out of ten health insurance companies were in managed care, three out of ten. Today more than three out of four people are in managed care plans.

So while managed care has been successful, it has slowed down the increase of health costs temporarily, at least, this change has been quite unsettling, and therefore, that is why consumers are clamoring for a Patients' Bill of Rights Act that will control managed care providers.

Mr. MALONEY of Connecticut. They are indeed clamoring for action by the Congress. I regularly hold what we call

neighborhood office hours on Saturdays outside of a shopping center, and not a Saturday goes by when I hold those office hours but one or more people in a short period of time, an hour or an hour and a half, will come up and tell me one more horror story about problems that they have had.

It is clear that managed care has had some benefits in controlling costs. The problem is that there are no rules for managed care. There are rules for how lawyers practice law, there are rules for how security agents practice security transactions, there are rules for real estate agents, there are rules for our local plumber, but there are no rules for managed care, and in fairness to the American public, there need to be a set of minimum guarantees, rules, for managed care.

Ms. WOOLSEY. And without those rules, the good managed care providers are having to slip and slide to the bottom of the rung of the ladder with the poorer providers, because they cannot compete in the marketplace. That is why we are here, and that is why we so support the Democrats' Patients' Bill of Rights Act, H.R. 358.

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One of the other reasons we support it so strongly is that, as of last summer, 1998, not one State had passed a comprehensive set of protection consumer laws. So leaving it up to each State will not make the grade. It will not help consumers.

As a matter of fact, Vermont has enacted the greatest number of protections, 11; and South Dakota, the fewest, none. Sixteen States have enacted between five and 16 protections. The State I live in, California, makes the mark on six patient protections and misses the mark on seven of the key protection areas. Thirty-three States have enacted between one and four of these protections.

About 30 percent of Americans with employer-provided plans, which is about 51 million people, are in self-insured plans. Self-insured plans are preempted from patient protections established by State laws. So what does that tell us? We are not protecting people under the managed care plans.

Americans who have health insurance provided by their employers, of those Americans, 83 percent or 124 million Americans cannot seek remedies for wrongful denials of health care.

So I want to make it clear that all of these individuals who are not able to seek remedy would benefit from meaningful Federal remedies and a good health care safety plan and one that would protect American citizens. By the way, when the gentleman from Connecticut (Mr. MALONEY) was talking about what was going on, it is clear to me that if we do not do something very soon, the public, even those of how many millions that are covered, 124 million Americans who are covered by their company's health care plan, they, too, are worried about what health care means to them and where is it going to go when they pay more and get less.

I think we are getting ever so much closer to a national health care system because we are being ever so irresponsible in providing good health care to the people of this Nation. A good health care reform plan like the Patients' Bill of Rights can protect them and may make that difference.

Mr. CUMMINGS. Mr. Speaker, I rise today in support of placing the reigns of health and well-being back where they belong—in the hands of the patient.

Sadly, over 50% of Americans believe that with the advent of managed care, the quality of health care has declined. The root of this dissatisfaction is the fear that they are powerless and unprotected in the face of possible violations of their rights.

The solution: A bill of rights.

When drafting our nation's Constitution, our forefathers were concerned about protecting individual rights. As such, they had the insight to enact a Bill of Rights, guaranteeing freedom of religion and speech, protection against unreasonable search and seizure, and subsequently outlawing slavery and providing people of color and women the right to vote. These built-in Constitutional checks and balances were included to keep the government from becoming too powerful and unresponsive to the will of the people.

Well, we are currently witnessing a period in which managed care has become unresponsive to the will of the people. To date, over 22,000 persons have signed a petition calling for patients' rights. And as lawmakers, we have a duty to provide checks and balances to guarantee our nation's patients the right to quality health care.

A Patients' Bill of Rights should include: Access to specialists, emergency care, and reproductive services; the right to appeal or seek legal redress on HMO decisions; guaranteed transitional care; physicians and patients determining what care is medically necessary; and expanded access to prescription drugs and clinical trials.

Enactment of these provisions is a critical and essential step towards fulfilling our duty to our citizens and creating the health care safety net that they deserve.

Let's adopt the insight of our forefathers who believed that all citizens had the right to life, liberty and the pursuit of happiness.

Let's enhance these rights by renewing our citizens' sense of empowerment in their own health and welfare.

Pass H.R. 358, the Patient's Bill of Rights.

Mr. VENTO. Mr. Speaker, I rise today in support of H.R. 358, the Patients' Bill of Rights. I'm pleased to have joined as a cosponsor of this measure. This important legislation reaffirms Congress' commitment to address the fundamental health insurance concerns of America's workers. More importantly, it recognizes that quality, access and protection should be the basic cornerstones of our health care system.

As possibilities of higher costs or burgeoning numbers of uninsured workers arise, there is too often a reluctance to enact important changes in our national health care policy. However, without managed care reform, we will see a continued decline in the scope and effectiveness of health care coverage for millions of Americans.

Since a growing number of Americans get their health insurance through managed care plans, and since managed care is premised on the ability to contain costs, an important impetus for the Patient's Bill of Rights has been the prevalence of underinsurance. Americans are underinsured when they are denied medically necessary treatment, and have no form of recourse. Americans are also underinsured if they are unable to see necessary providers or have insufficient coverage options.

The patient's health care bill of rights establishes a framework of appeals to encourage fairness and expeditious review, while acknowledging that women, children and patients with special needs should have common sense access to specialty care. Furthermore, it seeks to prevent the interference of managed care in medical decisions, which adversely impacts the quality of care and helps destabilize the doctor-patient relationship.

Mr. Speaker, managed care has been an important innovation attempting to stretch the health care funding to cover more needs, but managed care policy needs balance, a voice for the patient and medical personnel. Furthermore, states cannot affect many interstate insurance programs under the authority of ERISA. Only national policy can address the deficiencies of such multi-state insurance programs.

It is unfortunate that we continue to subordinate significant reform to uncertain financial consequences. It is unfortunate that we continue to allow a slow erosion of health care coverage at the expense of some of our most vulnerable workers and their families. As the world's wealthiest nation, equity and quality should be the unquestioned foundation of our health care system. I urge my colleagues to support a sound Patients' Bill of Rights this session.

Mr. VISCLOSKY. Mr. Speaker, as my colleagues have pointed out, access to emergency care is one of the most important issues in the managed care debate. Protection during medical catastrophes—the confidence lent by knowing that we have a doctor, and have access to quality medical care—is one of the primary reasons we buy health insurance. We want to make sure that if someething happens to us or our family, we will be covered. It is an unjust shock to insurance-holders when their time of need comes, and they rush themselves or their loved ones to an emergency room, only to have their insurance company tell them that because they did not have the medical knowledge to foretell the true extent of the emergency, their medical care will not be covered.

It is clear why insurance companies have these policies; emergency care is the most expensive type of medical attention available. It requires 24-hour staffing and resources that must be instantaneously available for any incident. But the fact is that people buy health insurance because they know they could not afford to pay for medical care out of pocket if they needed extensive treatment. Emergency care is one of those treatments that is just too expensive to pay for up front. However, if multi-million dollar corporations cannot afford this care, surely private individuals who are also paying their monthly health insurance premiums cannot either.

Managed care companies' continuing denials of emergency care are changing the face

of health care in a very broad way. What happens when insurance companies refuse to pay for treatment is that, often, it just doesn't get paid. The debate over instituting a prudent layperson standard for emergency care does not just involve patients and insurance companies, it inolves hospitals, as well. Hospitals are already required to treat uninsured patients out of their emergency rooms, and lost millions of dollars doing so. When we let insurance companies impose arbitrary limits on the type of emergency care they will cover, we essentially increase the population of uninsured that hospitals are required to serve. The number of uninsured individuals in this country is already a problem; we surely do not need to allow insurance companies to create another population of ''pseudo-insured,'' whose insurance premiums are never passed on to the health care providers.

In addition to this overarching change in the relationship between patients, hosptials and insurance companies, denials of emergency claims are also changing health care in a more personal way. Emergency rooms, aware of the unfunded liability posed by the pseudo-insured, are treting patients differently.

For example, I was contacted by one woman in Northwest Indiana, whom I shall refer to as Louise. She is not a member of a health maintenance organization (HMO). However, when she rushed her seven-year-old som to the emergency room with a broken arm, she was not able to stop home first and pick up her insurance card. The hospital, again aware that if it did not follow protocol it could be left with the bill, protected itself by acting on the assumption that she was in an HMO. The Emergency Room doctor tried to get prior authorization to run several diagnostic tests on the boy, who had fallen from a slide and was having abdominal pain in addition to the pain in his arm. He could not. But the denial did not come about becasue it was immediately obvious that there was a confusion about the insurance. Louise's participation in the HMO was not questioned. Rather authorization was denied and Louise was instead told to drive her son to a clinic thirty miles away. When the doctor attending to the boy at the emergency room objected, he was told that, because the bone was not sticking out of the skin, Louise was expected to sign a form assuming all responsibility for the boy's condition and drive him to the clinic. Instead, Louise agreed to pay for the tests out of pocket, thinking that the insurance company would surely pay for treatment if the tests proved it was necessary. She was wrong. By the time the emergency room physician reviewed the x-rays and tests and found that the boy's arm was broken at a greater than 45-degree angle, the clinic to which he had been referred had closed. When the emergency room physician again asked for permission to set the arm, Louise was told to go home and bring the boy to an orthopedic physician's office at the clinic in the morning, fourteen and one-half hours later. She was encouraged to carefully monitor her son's finger circulation and sensation, because if there was further loss of circulation or it the bone broke through the skin she would have to take him back to the emergency room. Louise could not believe the treatment her son was receiving. At this point, when her son had been lying on his back with a broked arm for five hours, the confusion over Louise's, insurance was cleared up, and her son's arm was finally treated.

Managed care organizations' unfairly limiting patients' access to emergency care is having a ripple effect on our health care system, and it has to stop. Reasonableness must be introduced into the health insurance system. It is reasonable for an insurance-holder to go to the emergency room, the emergy care must be covered. If the treatment prescribed by a licensed medical practitioner is reasonable, that must be covered as well. Letting profit-seeking obscure the basis understanding in health insurance—that you buy health insurance to pay for your health care—is wrong. The Patients' Bill of Rights, which would institute a ''prudent layperson'' standard for emergency care, will go a long way toward making it right.

Mr. FILNER. Mr. Speaker, here we go again! Once again, we hear that the Republican party wants real managed care reform, but what we see coming to us in legislation from your party is just a shell offering few real patient protections.

The bill Republicans tout as their solution to the pleas we hear from our constituents—many of whom have been the victims of harmful decisions meted out by managed care administrators—makes its mark by its failings.

Rather than protect patients, the Republican bill should be more correctly titled the ''Insurance Industry Protection Act.'' The bill leaves medical decisions in the hands of insurance company accountants and clerks, instead of doctors; fails to provide access to care from specialists; fails to provide continuity in the doctor-patient relationship; fails to provide an effective mechanism to hold plans accountable when a plan's actions or lack of action injures or kills someone; fails to respect doctors' decisions to prescribe the drugs they believe would provide the best treatment; fails to prevent plans from giving doctors financial incentives to deny care; and allows health maintenance organizations to continue to penalize patients for seeking emergency care when they belief they are in danger.

Most importantly, the Republicans' bill will not even provide its ''shell'' protection to more than 100 million of the American people—it fails to cover two-thirds of all privately insured people in the United States.

As you can see, the Republicans' bill has many failings! On the other hand, Senate Bill 6 and H.R. 358, part of the 1999 Families First (Democratic) Agenda, will deliver real protections to millions of American families. These bills, which have the backing of dozens of consumer groups, include these vital protections—and more. They provide a vital mechanism for a timely internal and independent external appeals process—an essential tool when someone's life is in the balance! But the Republicans' bill is deliberately deceiving—it was introduced in the Senate after the Democratic-sponsored bill that contains real safeguards (and is also co-sponsored by Senate Republicans,) yet those promoting this ''protection-in-name-only'' bill gave it the same name, ''The Patients' Bill of Rights.''

The Republicans and the high-powered health insurance industry are trying to scare everyday working Americans, telling them if Congress mandated the protections that the Republicans left out—and which are contained in the Democrats' bill—then health care premiums would increase. The non-partisan Congressional Budget Office, however, estimates that each person would only pay $2 a month more for the protections in the Democrats' bill.

The reality is that the cost of the Republican bill is too high.

It would continue the present system of administrators making health care decisions, exposing countless more people to inadequate care that could injure or kill them; it would force Americans to pay their own emergency room bills unless a doctor or nurse first told them to go there; and it would fail to allow doctors to freely practice medicine without the constraints of gag rules or limitations on prescription drugs.

Two dollars a month for these important patient protections is a reasonable cost for access to quality care!

Let us stop this destructive game of trying to convince people that they are better off with a reform bill that is ''reform'' in name only—that lacks the substance and real protections! To offer so-called ''protections'' with few safeguards to back them up is a deadly game we should not be playing!

GENERAL LEAVE

Ms. WOOLSEY. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my special order.

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

There was no objection.

ISSUES OF CONCERN IN THE COUNTRY TODAY

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Colorado (Mr. SCHAFFER) is recognized for 60 minutes as the designee of the majority leader.

Mr. SCHAFFER. Mr. Speaker, during this special order hour, I have secured this hour on behalf of the Republican majority and would invite all those Members who are monitoring tonight's proceedings and who would like to participate in this hour to join me on the floor here tonight, again those Members from the majority party who would wish to be present.

There are several issues that I want to discuss tonight: taxes, education, Social Security, and of course the President's war in Kosovo.

I want to engage in that discussion by reading into the RECORD a letter that many of us here received last week from the American Legion. The American Legion, of course, is one of the Nation's leading organizations representing veterans throughout the country.

They sent to Members of Congress copies of a letter that was written by the national commander of the American Legion. The letter was sent to the President of the United States.

That letter, again, also copied and sent to Members of Congress read as follows: ''The American Legion, a wartime veterans organization of nearly three million members, urges the immediate withdrawal of American