Their proposals crowd out our ability to protect the solvency of the social security and Medicare trust fund.

So there is a tremendous cost for these proposals. I think when the American people recognize the cost of these so-called free lunch tax cuts for the wealthiest Americans, I think they are going to be outraged by it.

Mr. POMEROY. If the gentleman will yield further, Mr. Speaker, for my final participation tonight in the special order, and I still commend the gentleman for hosting it, as we look at this in context we can only conclude that the totality of what they are doing is not responsible, does not pay down the debt as its first priority, and depends upon 10-year projections. Who knows whether we are going to hit those projections or not?

It is not fair and is hopelessly skewed to the wealthiest families, leaving the rest getting pennies while the wealthiest few come out like bandits under this proposal.

Finally, it crowds out doing what we ought to do for middle American families.

Mr. EDWARDS. Mr. Speaker, I thank the gentleman from North Dakota (Mr. POMEROY) and the gentlewoman from Florida (Mrs. THURMAN) for their participation on this vital national issue.

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REPORT ON H.R. 4871, TREASURY, POSTAL SERVICE, AND GENERAL GOVERNMENT APPROPRIATIONS ACT, 2001

Mr. KOLBE (during the Special Order of Mr. EDWARDS) from the Committee on Appropriations, submitted a privileged report (Rept. No. 106–756) on the bill (H.R. 4871) making appropriations for the Treasury Department, the United States Postal Service, the Executive Office of the President, and certain Independent Agencies, for the fiscal year ending September 30, 200, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore (Mr. HUNTER). Pursuant to clause 1 of Rule XXI, all points of order are reserved.

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WHAT IS THE FATE OF THE NORWOOD-DINGELL-GANSKE BIPARTISAN CONSENSUS MANAGED CARE REFORM ACT OF 1999?

The SPEAKER pro tempore (Mr. HUNTER). Under the Speaker's announced policy of January 6, 1999, the gentleman from Iowa (Mr. GANSKE) is recognized for 30 minutes.

Mr. GANSKE. Mr. Speaker, 10 months ago this House of Representatives passed real patient protection legislation to correct HMO abuses. We passed the Norwood-Dingell-Ganske Bipartisan Consensus Managed Care Reform Act of 1999 with a vote of 275 to 151.

So, Members ask, why is that bill not law yet? Why is not the congressional leadership leaning on the chairman of the conference committee to hold meetings? Is the conference dead? If so, then Senator NICKLES should say so, so that we can move beyond the failure of the conferences committee.

Mr. Speaker, every day that goes by without passage into law of a real patient protection bill means that people are being harmed by HMOs that care more about their bottom line, more about their most recent stock quotes on Wall Street, than they care about patients.

Let me give some examples of people who have been harmed by HMOs. Before coming to Congress, I was a reconstructive surgeon. I took care of little children that were born with birth defects like this little baby with a cleft lip and palate.

Do my colleagues know that in the last several years, more than 50 percent of the surgeons who care for children born with this birth defect have had cases like these refused by HMOs, who call this a ''cosmetic deformity''? This is a birth defect. The operation to repair this would be to restore towards normalcy. That is not a cosmetic case under any definition.

A couple of years ago now this lady's case was profiled on the cover of Time Magazine. This woman lived in California. Her HMO did not tell her all that she needed to know. Furthermore, they put pressure on the Medicare center treating her not to tell her. Because she did not get that information in a timely fashion, and because her HMO did not play straight with her on getting her the treatment that she needed as medically necessary, she died. Today her children and her husband do not have a mother and a wife.

A couple of years ago a young woman was hiking in the mountains about 70 miles west of Washington, D.C. She fell off a 40-foot cliff. She broke her pelvis, fractured her arm, broke her skull, was lying at the bottom of this 40-foot cliff, when her boyfriend, who had a cellular phone, managed to get a helicopter in. They took her to the emergency room. She was treated. She lived.

But then, do Members know what? The HMO would not pay her bill because she had not phoned ahead for prior authorization. Mr. Speaker, was she supposed to have a crystal ball that was going to tell her that she was going to fall off a 40-foot cliff so she could make a phone call to her HMO?

I have shared these stories with my colleagues in the past, but I have some new ones tonight that are going to amaze my colleagues. This is also a story, a true story about a little boy. We can see him here tagging on his sister's sleeve. One night his temperature was about 104 or 105 degrees, and his mother phoned the 1–800 number for their HMO and said, my baby needs to go to the emergency room. He is really sick.

She got somebody thousands of miles away who said, well, I will only authorize you to take him to one emergency room. And when the mother asked where it was, the person said, I do not know. Find a map. It turned out that the HMO was about 60 or 70 miles away. En route, this little baby had a cardiac arrest.

If one is a mom and dad driving this little baby to the hospital, Members can imagine what that was like. When they finally found it, the mother leaped out of the car holding her little baby screaming, save my baby, save my baby. A nurse came out, started resuscitation. They put in the i.v. lines, gave him mouth-to-mouth resuscitation, gave him the medicines, and they managed to bring his life back.

All because that HMO did not have the common sense or decency to say, if your baby is really sick take him to the nearest emergency room, because en route, they passed three emergency rooms, but they were not authorized by that HMO, this little baby managed to survive, but because he had that cardiac arrest, he lost the circulation to his hands and his feet and he had to have both hands and both feet amputated.

Why do 80 percent-plus of the American public think that Congress should pass an HMO reform bill, a patient protection bill, a real bill? Because their friends and neighbors have had problems just like some of those that I have shown the Members.

A few years ago there was a movie, As Good as It Gets. In that movie Helen Hunt is talking to her friend, Jack Nicholson, and explaining how this HMO that they belong to will not properly take care of her son, who has asthma. Then she let loose a string of expletives that I cannot repeat on the floor of Congress, but I can tell the Members what happened in the theater that my wife and I were in. It happened all across the country. People started cheering and clapping and even standing up in applause, because they knew the truth of that allegation.

No law has passed because the HMOs have spent over $100 million lobbying against real patient protection legislation. They have given generously to keep that legislation bottled up in conference committee.

Even worse, the HMO industry is trying to get legislation passed that would undo the progress that is being made on behalf of patients in State legislatures and in the courts.

The GOP bill that recently passed the Senate, the Nickles amendment, is worse than no bill at all. In fact, it is an HMO protection bill, not a patient protection bill. Would Members like some proof of this? Let me tell the Members about some of the things that have been documented in a recent article in Smart Money Magazine in their July issue.

□ 2000

Consider the case of Jim Ridler. It was shortly after noon on a Friday back in August 1995, and Jim Ridler, then 35 years old, had been out doing some errands. He was returning to his