

to overcome injustice and build racial harmony. This organization is an important part of our great city of Detroit promoting social justice and practical solutions to the problems that plague our inner-cities like: hunger, economic disparity, inadequate education, and racial divisiveness. Focus: Hope combats these problems with technical training, educational and corporate partnerships, and food programs. These are not handouts but a helping hand to give people the tools and means to rejoin society.

This wonderful organization came into being as a result of the riots of 1967 which caused such turmoil in our community. Out of all this Focus: Hope was created like the Phoenix rising from the ashes to turn a city that was ravaged by civil disturbance and racism into a city that has so much to offer for everyone who lives within its borders—a city I am proud to call home.

Focus: Hope's food program helps feed and provide nutrition to pregnant women, postpartum mothers, children from infancy to six and senior citizens 60 years and older. It pays particular attention to at-risk mothers by providing free food, nutritional education and food demonstrations on how to prepare various dishes for the mother and her baby with the monthly food they receive.

Academic skills and job training are an important aspect of Focus: Hope's mission. Fast Track and First Step are two successful programs which help people get back on their feet and learn to advance into good paying technical jobs. First Step works to upgrade the math, communications and computer skills of trainees so that they may enroll in Fast Track or the Machinist Training Institute. Fast Track focuses on academic skills and the disciplines of high school to give folks the tools they need to pursue further technical training or higher educational pursuits.

Mr. Speaker, I would like to close by reading Focus: Hope's mission statement that describes so well what they have done, do and will continue to do hopefully for many more years to come.

"Recognizing the dignity and beauty of every person, we pledge intelligent and practical action to overcome racism, poverty and injustice, and to build a metropolitan community where all people may live in freedom, harmony, trust and affection. Black and white, yellow, brown and red from Detroit and its suburbs of every economic status, national origin and religious persuasion we join in this covenant."

Mr. Speaker, I ask that all my colleagues join me in paying tribute to this wonderful organization which gives people a second chance and also, gave the city of Detroit a second chance.

SECURITIES LITIGATION UNIFORM STANDARDS ACT OF 1998

SPEECH OF

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Tuesday, July 21, 1998

Ms. DeLAURO. Mr. Speaker, in the 104th Congress, I voted to pass the Private Securities Litigation Reform Act, which was signed into law. The purpose of the law was to re-

duce the number of frivolous lawsuits brought against companies or stock brokers for fraud.

The bill was aimed at stopping lawsuits by investors in high tech companies that didn't make as much money as expected. These lawsuits are so commonplace, that sometimes clients are even brought into the suit after the suit is filed by a legal representative.

High-tech companies, of which there are many in Connecticut, have volatile stocks and are particularly susceptible to such suits. These companies are often forced to settle with investors to avoid court costs.

Now we need to further refine the law for litigants who try to skirt the law by suing in state instead of federal court. We need one standard for all fifty states. I am pleased to offer my support for the Securities Litigation Uniform Standards Act, and I urge my colleagues to support this measure and close a frivolous lawsuit loophole.

THE PATENT PROTECTION ACT OF 1998

HON. J. DENNIS HASTERT

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 23, 1998

Mr. Mr. Speaker, I submit for the RECORD, a section-by-section analysis of H.R. 4250 the Patient Protection Act for my colleagues to review.

THE PATENT PROTECTION ACT OF 1998

Section 1. Short Title And Table of Contents. This section provides for the short title, "Patient Protection Act of 1998" and a table of contents.

TITLE I—AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

Subtitle A—Patient Protections

Section 1001. Patient Access to Unrestricted Medical Advice, Emergency Medical Care, Obstetric and Gynecological Care, and Pediatric Care.

Subsection (a). In General. This subsection amends subpart B of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 by adding a new Section 713, which follows.

Section 713. Patient Access to Unrestricted Medical Advice, Emergency Medical Care, Obstetric and Gynecological Care, Pediatric Care.

Subsection (a). Patient Access to Unrestricted Medical Advice. This subsection states that a group health plan or health insurance issuer may not prohibit or restrict health care professionals under contract from advising participants or beneficiaries about their health status or treatment, even if benefits for such care or treatment are not covered by the plan or health insurance. Health care professional is defined as a physician (section 1861(r) of the Social Security Act) or other health care professional whose services are provided under the group health plan. This includes a podiatrist, optometrist, chiropractor, psychologist, dentist, physician assistant, physical or occupational therapist and therapy assistant, speech language pathologist, audiologist, registered or licensed practical nurse (including nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife), licensed certified social worker, registered respiratory therapist, and certified respiratory therapy technician.

Subsection (b). Patient Access to Emergency Medical Care. This subsection pro-

hibits group health plans or health insurance issuers from requiring beneficiaries to get preauthorization before seeking emergency medical services and requires them to cover emergency medical screening examinations obtained at any emergency medical care facility, whether in or outside a plan's network of affiliated providers, if a prudent layperson with an average knowledge of health and medicine would judge the examination necessary in order to determine whether emergency medical care is needed. The plan or issuer must provide additional emergency medical services to the extent a prudent emergency medical professional determines necessary to avoid the consequences described in section 503(b)(8)(I) of ERISA as amended by this Act. These requirements apply to the extent the group health plan or health insurance issuer covers emergency medical care benefits (as defined in section 503(b)(8)(I) of ERISA as amended by this Act), except for items or services specifically excluded; and to items or services within the capability of the emergency facility, including routinely available ancillary services. This subsection does not prevent a group health plan or issuer from imposing any form of cost-sharing for emergency medical services so long as the cost-sharing is uniformly applied.

Subsection (c). Patient Access to Obstetric and Gynecological Care. If the group health plan or health insurance issuer covers routine gynecological or obstetric care by a participating physician specializing in such care, and the participant's designated primary care provider is not such a specialist, authorization or referral by a primary care provider must not be required for routine gynecological or obstetric care. Ordering of other similar routine gynecological or obstetric care by such a participating specialist is treated as authorized by the primary care provider. Plan requirements relating to medical necessity or appropriateness for obstetric and gynecological care will be allowed.

Subsection (d). Patient Access to Pediatric Care. This subsection states that if the group health plan or health insurance issuer covers routine pediatric care, and requires the designation of a primary care provider, the parent or guardian of any plan beneficiary under 18 years of age may designate a participating physician who specializes in pediatrics, if available, as the primary care provider. Plan requirements relating to medical necessity or appropriateness for pediatric care will be allowed.

Subsection (e). Treatment of Multiple Coverage Options. This subsection requires plans that have two or more coverage options to provide patient access to obstetric and gynecological care and pediatric care as defined in subsections (c) and (d) under each option.

Subsection (b). Conforming Amendment. This subsection simply amends the table of contents of the Employee Retirement Income Security Act of 1974.

Section 1002. Effective Date and Related Rules.

Subsection (a). In General. This subsection states that the amendments made by Subtitle A will apply with respect to plan years beginning on or after January 1 of the second calendar year following the date of the enactment of the Act. The Secretary is also required to issue all necessary regulations before the effective date.

Subsection (b). Limitation on Enforcement Actions. If the group health plan or health insurance issuer has sought to comply in good faith with the amendments of Subtitle A, no enforcement action shall be taken against a plan or issuer for violating a requirement imposed by the amendments before implementing regulations are issued.

Subsection (c). Special Rule for Collective Bargaining Agreements. If a group health