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Senate

The Senate was not in session today. Its next meeting will be held on Monday, August 31, 1998, at 12 noon.

House of Representatives

TUESDAY, AUGUST 4, 1998

The House met at 9:00 a.m.

MORNING HOUR DEBATES

The SPEAKER. Pursuant to the order of the House of January 21, 1997 the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning hour debates. The Chair will alternate recognition between the parties, with each party limited to not to exceed 25 minutes, and each Member except the majority leader, the minority leader or the minority whip limited to not to exceed 5 minutes, but in no event shall debate continue beyond 9:50 a.m.

The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

LOSING PERSPECTIVE ON TELECOMMUNICATION ISSUES

Mr. BLUMENAUER. Mr. Speaker, at times I fear we are losing our perspective on the telecommunication issues. Yet again this week, we see that the e-rate is in the cross hairs.

I want to be very clear that I am a strong supporter of the e-rate. I believe that this Congress made a commitment to assist schools and libraries across the country in their efforts to provide America's school children with access to the Information Highway. Thousands have taken us at our word and we must honor that commitment, a commitment that is grounded in the Telecommunications Act of 1996, where we extended a part of the universal service program, in place administratively for the past 60 years, that provides telephone services to high-cost rural areas to extend that service to be clear that the e-rate is a part of that fundamental responsibility.

In 1997, the FCC issued its first notice of proposed rulemaking to make this expenditure a reality, capping at 2-and-a-quarter billion dollars per year, resources for eligible schools and libraries who would receive discounts ranging from 20 to 90 percent, depending on whether that school or library is disadvantaged or located in a high-cost area. Unfortunately, due to a variety of controversies, we found that this program has been dramatically reduced, and yet there are some who feel that it should be eliminated altogether.

What were the controversies that initiated this problem? Well, it was first and foremost I think brought about by those pesky surcharges that appeared on items of the bills. Those surcharges appeared to be for the e-rate only, but in fact, those were phone charges that would be responsible for the entire range of universal service activities.

For example, only 19 cents of AT&T's 93 cent surcharge would go to schools and libraries. But it did, in fact, stir up 2 fundamental issues, one dealing with the administrative problems associated with the program; and the second, the question about whether or not this was somehow a new tax to provide Internet services.

Mr. Speaker, it is true that there have been administrative problems associated with the e-rate, and, in fact, I agree with the critics who have called it into question. But the fact is that the FCC has taken steps to put in place the recommendations that have been required at the same time that they have cut the program down to $1.9 billion.

The second issue here is whether or not the e-rate is a tax. I think it is important for us to look back in history. The United States Appeals Court has already examined the administratively established universal service program and have concluded that it did not represent a tax, it was not an inappropriate delegation of the power to tax. The court found that instead, it was ensuring affordable rates for specified services, not designated primarily as a means of raising revenue.

The addition of a support mechanism for schools and libraries does not change that fundamental nature of the universal service, and I think it is, indeed, a great stretch of the imagination to suggest that this is attached.

At times I fear we are losing our perspective on the telecommunication industry. At a time when long-distance bills are now at their lowest point in history, when AT&T and MCI, GTE and Bell Atlantic have agreed to or are looking at mergers that total $100 billion, at a time when the industry has saved billions of dollars as a result of the telecommunication reform, controversy has erupted over this little, tiny element which would represent less than 1 cent per day, per customer to provide Internet access for America's schools and libraries.

Mr. Speaker, I hope that we do not abandon our commitment that Congress has made and that we support the

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e-rate in the course of this week's deliberations.

THE IMPACT OF NAFTA ON CROSS-BORDER DRUG TRAFFICKING

The SPEAKER pro tempore (Mrs. MORELLA). Under the Speaker's announced policy of January 21, 1997, the gentleman from Ohio (Mr. BROWN) is recognized during morning hour debates for 5 minutes.

Mr. BROWN of Ohio. Madam Speaker, I rise today to call on the Customs Department to release its findings regarding the effects of the North American Free Trade Agreement on our Nation's war against drugs. Americans have been concerned since the beginning of NAFTA, since early 1994, about NAFTA's impact on truck safety, NAFTA's impact on jobs, NAFTA's impact on food safety, and especially NAFTA's impact on illegal drugs coming across the border.

Entitled ''Drug Trafficking, Commercial Trade and NAFTA on the Southwest Border,'' the 63-page Customs Department report confirms that NAFTA has made it easier than ever for Mexican traffickers to smuggle drugs into the United States. Further, it found that Mexican and American authorities are not doing enough to counter this fast-growing threat to our Nation's children.

NAFTA has opened the floodgates as more and more illegal substances are pouring from Mexico into the United States. Mexican traffickers are believed to smuggle about 330 tons of cocaine, 14 tons of heroin, and hundreds of tons of marijuana into the United States every year.

Sophisticated drug gangs are investing in trucking and shipping companies, rail lines and warehouses to shield their trafficking activities. They use these legitimate business operations to shield those trafficking activities.

Mexican smugglers have even been busy hiring consultants to learn how to take advantage of the North American Free Trade Agreement, some former drug agents have said. A former high-level DEA official has proclaimed that for Mexico's drug gangs, ''NAFTA is a deal made in narco-heaven.''

Another former high-level DEA official remarked that if you believe NAFTA has not adversely affected the fight against drug traffickers, ''then you must believe in the tooth fairy.''

In light of these allegations, I submitted a letter to the Commissioner of Customs regarding a copy of this report in May. In a June letter of reply, I was notified that the report contains ''sensitive information'' and is not ''releasable.'' Former DEA agents have alleged they were under strict orders not to say anything negative about our current drug policies with Mexico. Hard-working Americans who want to protect their children from the scourge of drugs have taken a back seat to free trade.

Madam Speaker, it is troubling that Customs refuses to release this taxpayer-funded report to the American public. By ignoring the flood of illegal drugs from Mexico, we are sacrificing the future of countless American kids on the altar of free trade.

Madam Speaker, I call on Customs again today to release this report immediately so we can move to fix NAFTA or to pull America out of this failed trade agreement.

PATIENT PROTECTION LEGISLATION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 21, 1997, the gentleman from Iowa (Mr. GANSKE) is recognized during morning hour debates for 5 minutes.

Mr. GANSKE. Madam Speaker, a week ago we had a debate on the floor of Congress here concerning patient protection legislation. It has been clear all along that there were major differences that needed to be worked out between the Patient Bill of Rights, the bill that I supported, a bipartisan bill, sometimes referred to as the Democratic bill, and the Republican bill, the Patient Protection Act. But it seemed as if at least there was some consensus on some of the basic fundamentals. For instance, a layperson's definition of emergency; or, for instance, provisions related to privacy.

However, as I warned several of my GOP colleagues, be careful in voting for the Republican bill, the Patient Protection Act. We may find that it is a pig in a poke because of the legislative language.

Today I would draw my colleagues' attention to an article in The New York Times by Robert Pear: ''Common Ground on Patient Rights Hides a Chasm.'' Looking at the details of the House Republican plan shows that there are major differences even in areas where it seemed as if the two sides were in agreement. For instance, both sides were saying we are for a layperson's definition for emergency care; we both agree in the privacy of patient records.

When Members start to read the details of the Republican plan, I think they are going to be surprised. For instance, it would have seemed easy to have achieved consensus on a layperson's definition of an emergency. After all, this Congress passed a year ago, or in the 104th Congress, a provision on the layperson's definition for Medicare, a Federal health program that provides for 38 million people. But when we read the fine print of the House Republican's bill, the Patient Protection Act, which was introduced by the gentleman from Georgia (Mr. GINGRICH) and passed 8 days later by a vote of 216-to-10, we find out that there are some significant differences.

The Patient Bill of Rights would require HMOs and insurance companies to cover emergency services for subscribers ''without the need for any prior authorization,'' regardless of whether the doctor or hospital was affiliated with the patient's health plan.

Emergency services as defined in the bill include a medical screening examination to evaluate the patient and further treatment that may be required to stabilize that patient's conditions. The HMO would have to cover those services if ''A prudent layperson who possesses an average knowledge of health and medicine could reasonably expect an absence of immediate medical attention to cause serious harm.''

By contrast, the House and Senate Republican bills would establish a two-step test. An HMO or insurance company would have to cover the initial screening examination if a prudent layperson would consider it necessary. But, the health plan would have to pay for additional emergencies only if ''A prudent emergency medical professional'' would judge them necessary. And under the GOP bill, the Patient Protection Act, the need for such services must be certified in writing by ''an appropriate physician.''

The Speaker said the Republican bill would guarantee coverage for ''anyone who has a practical layman's feeling that they need emergency care.'' But that is not what is really in the bill.

That bill was rushed through at the last minute, there were no hearings on the bill, and so what we have is a situation where the provisions that we passed in Medicare for a layperson's definition have been significantly watered down. There is no guarantee in the Republican bill that the cost ultimately for a patient going to the emergency room with crushing chest pain, severe pain, would, in the end, be covered by their HMO.

The Congressional Budget Office estimates that the Patient Bill of Rights would require HMOs to pay for emergency room visits in half the cases where they now deny payment. It says, the charge for emergency care outside the HMO is typically 50 percent higher than hospitals in the HMO network. Remember, when we look at the details of the GOP plan, there is a provision in there that says, one has to go to the HMO hospital or else one could be left with a large, large bill.

Look at the details, I say to my colleagues, and let us try to fix this in the long run.

[From the New York Times, Aug. 4, 1998]

COMMON GROUND ON PATIENT RIGHTS HIDES A CHASM

(By Robert Pear)

WASHINGTON, August 3.—It has been clear that there are major differences to be worked out between the Democratic and Republic bills on patient rights.

But a look at the details of the House Republic plan shows that there are also major differences in important areas on which the two sides had seemed to agree.

The disagreements are illustrated in two areas: emergency medical services and the privacy of patients' medical records.

At first, it appeared that members of Congress agreed that health maintenance organizations should be required pay for emergency medical care. And they seemed to