

of love and family which is their legacy. There were 14 children, and so far 40 grandchildren and 31 great grandchildren. One son, one grandson and one great granddaughter are here with us in the spirit of peace and love from heaven above.

Mom is known for her gourmet meals that always includes dessert and a table set for royalty even night designated as "must go", which means everything in the refrigerator must go. These meals boasted of concoctions fit for kings and the presentations always to match.

Grocery shopping was always a major ordeal. Dad and Mary would often times go together—filling two or more grocery carts brimming full. Trying to find places for it all at home was much like the politics we were thrown into. They shopped liberally and had to put it away conservatively.

Speaking of politics, life with dad is always politically charged. I'm not sure if it's because he's a lawyer, his strong Irish Heritage, or he just loves talking. The more controversial and politically charged the better.

There were always parades to walk with stickers and brochures to hand out, door knocking campaigns for dad or some other worthy candidate. It was expected of us much like a farmer expecting his children to help out on the farm.

A family our size has required us to cooperate, share and be creative. Family vacations and rides in the car were a real test of that. "It's my turn to sit by the window, you're touching me, or you're in my space" were common grumblings ending up in pinching matches and angry words. Long trips required a cooler of sandwiches and beverages eating in the car on a stop at a roadside picnic area. Sleeping in the car required further division of the minimal car space. Two got the floor usually by screaming dibs first! That was a real treat because you had twice the room of the 3 or 4 sitting behind you on the seat. But if you got pushy or crabby you ended up in the front seat with mom and dad—that was really bad. By the way dad, you can get a smaller car now.

When we thought things were tough or unfair for us mom always told us "offer it up and you'll go straight to heaven". You can guess how much credence that held with five 6 to 13 year-olds. Then there was the now famous saying of mom's when we would say something she thought was really dumb . . . "Don't talk like a sausage". To give you an idea of the incredible wisdom we held as children we never questioned that saying. Only as an adult did I wonder how a sausage sounded and how stupid we were to believe a sausage talked.

Weekend trips often include a caravan of family cars following our leader, Dad. He drives fast so he's hard to keep up with, but you can always count on catching up to him because he most often makes a Dairy Queen stop . . . his car seems to smell them out. He never hears a single complaint.

Through the years mom tried to find ways to help with the clothing needs of so many young teenage girls. There was Beeline home clothing partyshows . . . no need to hire a model, all she had to do was bribe me with new clothes. Actually I loved doing it! The Chic Shoppe came later. A dream of mom's. A women's brand name clothing store with sizes to fit women and teens. What a boon for the four teen girls at the time. I think it was more a dream for us than for her; though she kept a good handle on her inventory.

Dad is always one to be in the forefront of technology, first in the neighborhood to get a color tv, vcr, or videocassette recorder. I often wonder how such an intelligent person can be so electronically progressive and not have a clue on how to keep his tv remote control programmed or run his telephone an-

swering machine. But then there is a time for everything and maybe that's one reason why he has so many children.

Leisure activities always included games for the whole family. Evening ping pong matches were common, as were card games for those deemed able. You knew you came of age in this family when you were included in the weekend card games, buck eucker, hearts and bridge, to name of a few. This was the true passing into adulthood!

Dad, you have continued to inspire your children through your example of lifelong learning, and many of us have stepped forward to follow in your steps and have sought and gotten degrees as adults.

Mom, your appreciation of art and the beauty you alone are able to create on paper and canvas makes it a joy. To see your newest creations puts such pride in our hearts. Some of your children and grandchildren have been blessed with your artful talent. We see the beauty in life because of you!

Experiences both good and bad have a part in shaping who we each are and have become. Thank you, mom and dad, for loving each other in sickness and in health, through good and bad, and for living life to the fullest. You have laid both the foundation of life, as a married couple, and our strong family values. You can be proud!

As dad always says, "It's hard to be humble when you're perfect in every way". Isn't it?

## PATIENTS' BILL OF RIGHTS

### HON. GREG GANSKE

OF IOWA

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 6, 1998

Mr. GANSKE. Mr. Speaker, soon the House will adjourn for the August District Work Period. Members will scatter to the four corners of the nation and return to their hometowns.

Over the next month, we will have the time to speak with our constituents at countless county and state fairs, town hall meetings, and other gatherings, both formal and informal. It will be an opportunity for us to communicate what we have done and for the voters to tell us what they would like Congress to do.

I think that we will find it next to impossible to pick up a newspaper or hold a town meeting without hearing another story about how a managed care plan denied someone life-saving treatment.

And no public comment poll could convey the depth of emotion about this issue as well as movie audiences around the country who spontaneously clapped and cheered Helen Hunt's obscenity-laced description of her HMO.

Mr. Speaker, I rise today to offer some thoughts on what we are likely to hear from our constituents about this issue over the next month.

Two weeks ago, the House approved a Republican Task Force bill which was advertised as addressing consumer complaints about HMOs. But, Mr. Speaker, I think an examination of the fine print is in order, particularly when we compare it to the Patients' Bill of Rights, a bi-partisan proposal I support which has been endorsed by close to 200 national groups of patients and providers.

Last year, Congress and the President were able to reach agreement on a plan to save Medicare from bankruptcy. Included in that package were several provisions to protect

seniors enrolled in Medicare HMOs. One of the most important was language to ensure that health plans pay for visits to the emergency room.

We had heard frequent complaints that health plans were denying payment if the individual was found, in the end, not to have had a condition requiring ER care. The best example is the man who experiences crushing chest pain. The American Heart Association says that is a sign of a possible heart attack and urges immediate medical attention.

Fortunately, there are other causes of crushing chest pains, but seniors whose EKG were negative were being stuck with a bill for the emergency room care, since, in retrospect, the HMO said it was not an emergency after all.

The Medicare law passed last year took care of this problem, by ensuring that plans paid for emergency room services if a "prudent layperson" would have thought a visit to the ER was needed. This prevented the sort of "hindsight is 20-20" coverage denials that consumers had complained about.

The Patient Bill of Rights, which I support, would have extended the same protections to consumers in all health plans. Instead, the Republican Task Force bill passed by the House contains a watered-down version of the prudent lay person rule.

On Tuesday, the *New York Times* published an excellent article by their noted health reporter, Robert Pear. In it, Mr. Pear outlined just how different the protections in the Republican Task Force Bill are from those we passed for Medicare and Medicaid.

A key difference is exactly how much patients will have to pay for emergency care. The Patients' Bill of Rights, which I supported, provides that patients could not be charged more money if they seek care in a non-network emergency room.

By contrast, the Republican Task Force allows the health plan to impose higher costs on those who are so careless as to allow emergencies to befall them in places not close to a network-affiliated hospital!

Mr. Speaker, consider what this means. HMOs require enrollees to use certain hospitals, because the plan has some financial arrangement with them.

But when a young child splits his head open by falling down a flight of stairs, I fail to see that any good is served by giving patients a financial incentive to delay care until they can get to one of the HMOs own emergency rooms.

Consider the case of James Adams. Age: six months. At 3:30 in the morning, his mother Lamona found James hot, panting, and moaning. His temperature was 104 F.

Lamona called her HMO and was told to take James to Scottish Rite Medical Center. "That's the only hospital I can send you to," the Medicare nurse added.

"How do we get there?" Lamona asked.

"I don't know," the nurse said. "I'm not good at directions."

About 20 miles into their ride, they passed Emory University's hospital, a renowned pediatric center. Nearby were two more of Atlanta's leading hospitals, Georgia Baptist and Grady Memorial.

But they didn't have permission to stop there and pressed on. They had 232 more miles to travel to get to Scottish Rite.

While searching for Scottish Rite, James' heart stopped. When James and Lamona

eventually got to Scottish Rite, it looked like the boy would die.

But he was a tough little guy. And despite his cardiac arrest due to the delay in treatment by his HMO, he survived.

However, the doctors had to amputate both of his hands and both of his feet because of gangrene.

All this is documented in this book, "Health Against Wealth." As the details of James' HMO's methods emerged, the case suggested that the margins of safety in HMOs can be razor thin. In James' case, they were almost fatal, leaving him without hands or feet for the rest of his life.

Think of the dilemma this places on a mother struggling to make ends meet. In Lamona's situation, under the Republican Task Force bill, if she rushes her child to the nearest emergency room, she could be at risk for charges that average 50 percent more than what the plan would pay for in-network care. Or she could hope that her child's condition will not worsen as they drive past other hospital an additional 20 miles to get to the nearest ER affiliated with their plan. And woe to any family's fragile financial position if this emergency occurs while they are visiting relatives in another State!

Mr. Speaker, the Patients' Bill of Rights would ensure that consumers would not have to make that potentially disastrous choice.

A second key difference between the Republican Task Force bill and the protections already enacted for Medicare is that the Republican bill does not require any payment for services other than an initial screening. After that, payment must be made only for additional emergency services if a "prudent emergency medical professional" would deem them necessary. Moreover, the GOP bill added a new burden on emergency room doctors, requiring them to certify in writing that such services are needed. Talk about bureaucracy!

Robert Pear's New York Times article quoted John Scott of the American College of Emergency Physicians. Mr. Scott's comments bear repeating, because I think they illuminate the weaknesses of the Task Force bill:

We have more than a century of common law and court decisions interpreting the standard of a 'prudent lay person,' or 'reasonable man,' as it used to be called. But this new standard of a 'prudent emergency medical professional' was invented out of thin air. It creates new opportunities for HMOs to second-guess the treating physician and to deny payment for emergency services.

Mr. Pear's article also takes a hard look at the difficult issue of medical records privacy and concludes that "on this issue, took the details have provoked a furor."

He noted that privacy advocates were amazed to learn that the Republican Task Force bill authorizes the disclosure of information without an individuals consent for a broad range of purposes, including risk management, quality assessment, disease management, underwriting, and more.

And the Republican bill considers disclosure for "health care operations" permissible. This is a term so broad that critics say it would allow the transfer of patient information to companies marketing new drugs.

Commenting on these flaws, noted privacy expert Robert Gellman said that the Republican bill "gives the appearance of providing privacy rights. But it may actually take away rights that people have today under state law or common practice."

Mr. Speaker, I ask unanimous consent that the entire text of the Robert Pear article be printed in the Congressional Record at this point.

Mr. Speaker, these are but two examples of flaws that may not be apparent on a quick read of the Republican Task Force bill but which become apparent upon closer examination.

I wish I could say that those are the only two provisions in the House-passed GOP managed care reform bill which—to borrow from the old TV ad—may taste great but is certainly less filling.

I think every Member of Congress would agree that the best health care bill is one that delivers people the services they need, when they need them. Remedies such as internal and external appeals and access to the courts are needed backstops, but our first goal should be to require that HMOs provide needed care. On that count, there is no comparison between the two bills.

Here is a partial list of protections contained in the Patients Bill of Rights but which were not included in the Republican Task Force proposal:

First and foremost, the Republican Task Force bill could actually make the situation worse by creating Association Health Plans which will be beyond the reach of state regulations. For years and years, States have shown themselves able to craft workable consumer protections for health insurance. But thanks to a 25 year old federal law known as ERISA, millions of Americans are in health plans regulated by the federal government and are therefore beyond the reach of state consumer protections.

Instead of giving consumers more control over health care, the Republican Task Force bill actually places more people in ERISA-regulated health plans. Does this solve our health care problems? Certainly not. Does it add to them by denying people the protections of state law? Definitely.

Instead of improving access to insurance, these proposals could have the exact opposite effect. By exempting multiple employer welfare arrangements—known as MEWAs—from a range of state insurance regulation, the Republican bill will make it more difficult for states to fund high-risk pools and other programs to keep health insurance affordable. The National Association of Insurance Commissioners and the National Conference of State Legislatures are concerned that these GOP provisions could "undermine the recent efforts undertaken by states to ensure their small business communities have access to affordable health insurance."

Take a look at this little boy, born with a cleft lip. In many states, HMOs are required to pay for coverage to give this boy a normal face.

Mr. Speaker, I would guess that many of my Republican colleagues would be surprised to learn that because a cleft lip is considered a "condition" rather than a "disease," plans serving HealthMarts in the GOP bill would not be required to cover needed treatments for this deformity!

This is not just my interpretation of the Republican bill. The Commerce Committee staff member who helped draft the provision confirmed to me that HealthMarts would not be bound by state laws requiring coverage of cleft lips and similar birth defects. If the Republican

Task Force bill becomes law, I think it will be very difficult for Members to explain to the parents of a child like this why Congress exempted HealthMarts from this state law protection.

Second, the Republican bill does not contain protections for doctors and nurses who serve as advocates for their patients. Both bills ban "gag rules" that some health plans have used to limit discussions between patients and their health care providers, but the Patients' Bill of Rights recognizes that doctors and nurses need to be advocates at other times too.

It prevents health plans from taking action against them for speaking up at internal and external reviews or for alerting public health authorities to safety concerns. These are protections not present in the Republican Task Force bill.

A third key difference between the Republican Task Force bill and the bi-partisan Patients' Bill of Rights related to the way in which they deal with drug formularies. For reasons which may have more to do with financial discounts than quality medical care, many health plans have limited their coverage of prescription drugs to those on a "formulary." For many conditions and diseases, patients can be given any number of formulations of a drug—whether brand names or generic.

That is, however, not always the case. Often, a patient may have a need for a particular formulation of a drug. That is especially true of narrow therapeutic index drugs, for which there is a very narrow window between efficacy and toxicity. Switching patients from brand name to generic drugs or vice-versa can have serious health consequences.

The Patients' Bill of Rights recognizes this by ensuring that physicians and pharmacists have input in the creation of a plan's formulary. Moreover, the bill ensures that there is a way for patients to get a drug that is not on the formulary if their physician determines it is medically indicated.

By contrast, the Republican Task Force bill merely provides enrollees with information of the extent to which a drug formulary is used and a description of how the formulary is developed.

More specific information as to whether a particular drug biological is on the formulary is available only to those who ask.

A fourth key difference is that the Patients' Bill of Rights guarantees access to clinical trials, something that the Republican Task Force bill does not do. For patients with some diseases, the only hope for a cure lies in cutting-edge clinical trials.

The Patient's Bill of Rights would allow individuals with serious or life-threatening illnesses for which no standard treatment is effective to participate in clinical trials if participation offers a meaningful potential for significant benefit.

This does not require the health plan to pay all of the costs of the clinical trials. In fact, all that the Patients' Bill of Rights, the bill I support, obligates a plan to do is cover the routine costs they would otherwise be required to pay. They are not forced to assume any of the added costs of participation in the clinical trial.

The Republican Task Force managed care reform bill, by contrast, contain no similar protections. That can be a major difference for someone with life-threatening illness who would rather use his strength to battle his disease, not to battle with the insurance company

for coverage of the clinical trial that could save his life.

A fifth important distinction between the competing proposals is that the Republican Task Force proposal does not provide for ongoing access to specialists for chronic conditions. Many chronic conditions, such as Multiple Sclerosis or arthritis, require routine care from specially-trained physicians, like neurologists or rheumatologists.

It is one thing to ask an enrollee to get a referral for an isolated visit to a specialist. But those with chronic conditions need a standing referral to those specialists or to be able to designate the specialist as their primary care provider. This protection is not in the Republican Task Force bill.

A sixth distinction between the two is that the Patients' Bill of Rights does more to ensure that individuals are able to see the doctor of their own choosing. Both bills have a point-of-service provision that allows individuals to see health care providers not in their plans closed panel, but the Republican Task Force bill contains a loophole that renders the protection a hollow one for millions of Americans.

Under the Republican bill, a health plan would not have to offer employees a point-of-service option if they could demonstrate that the separate coverage would be more than 1 percent higher than the premium for the closed panel plan. And this needs to be only a theoretical increase. The bill allows health plans to provide an only actuarial speculation that the costs would increase and they are relieved of having to offer employees this benefit.

Perhaps more amazing is the fact that this exemption is triggered even if the employees selecting the point of service option would pay all of the costs of the improved coverage themselves. Under the Republican Task Force bill, employees who are willing to pay the entire added cost for the ability to obtain out-of-network care can be denied access to this benefit if the employer is able to speculate that the costs might be higher.

That is the ultimate in paternalism. The bipartisan bill I support, the Patients' Bill of Rights, lets the employees decide for themselves if they want to purchase this enhanced coverage.

A seventh key difference between the two bills is that the Patients' Bill of Rights ensures that health plans not place inappropriate financial incentives on providers to withhold care. Medicare regulations very explicitly limit the kind of financial arrangements that health plans can have with providers protecting seniors from providers who may get a financial windfall by delivering less care.

#### TRIBUTE TO MRS. HELEN SEWELL

### HON. NEWT GINGRICH

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 6, 1998*

Mr. GINGRICH. Mr. Speaker, I would like to draw my colleagues' attention to this feature piece from The U.S. Capitol Historical Society newsletter, The Capitol Dome. For 60 years now, Helen Sewell has been the manager of

the snack bar in the Republican cloakroom and a mother to every member who has sat down to one of her hefty tuna salad sandwiches. Mrs. Sewell began working in the cloakroom while she was in junior high school and her father ran the snack bar. Since that time, she has served coffee and sandwiches to thousands of members, including several former presidents. In fact, according to some accounts, it was her cottage cheese with Worcestershire source that helped put Gerald Ford in the White House. Even today, when President Ford visits the House, he stops by for a visit with Helen. President Bush does the same. I think that my colleagues will enjoy this tribute to Mrs. Sewell. I did, and it is richly deserved.

#### 'HELEN'S CAFE'—CAPITOL CONCESSIONAIRE REMINISCES

As the red neon sign bearing her name shines brightly above, Helen Sewell busily prepares for the day at her cafe. As manager of a small concession stand offering a variety of sandwiches, soups, sodas, coffee, candy, ice cream and other snacks, she caters to a unique clientele—Speaker of the House Newt Gingrich, Majority Leader Dick Armey and the 226 other Republican Members of the U.S. House of Representatives.

Helen's domain is the concession counter in the Republican Cloak Room, located just outside the House of Representatives Chamber. The cloak rooms are private enclaves where Members can relax, make phone calls and, thanks to Helen, enjoy everything from a light snack to a hearty sandwich. Now 80 years of age, she has been working at the counter since the 1930s when she was a teenager helping her father prepare snacks for Members of Congress. "It was intimidating at first," Helen recalled, "but I got used to it, and now I just love it."

With more than 60 years of service, Helen has become something of an institution. In comparison, Helen's counterparts in the Democratic Cloak Room have come and gone for more than three generations. Currently, Cindy Edmondson works (as she has for a dozen years) in the Democratic Cloak Room concession.

According to Helen, her father came to Washington from Lovejoy, Ill., with his Member of Congress who helped get him a job as an attendant in the cloak room. "But he got so tired of just hanging up coats and hats," Helen reminisced, "so one day he brought in fruit, candy and drinks for the Members, and they really appreciated it."

Each Member who visits "Helen's Cafe" is part of her extended family. "I know every Republican Member of Congress . . . I fuss with them, and they fuss back. We're like family here and we're extremely close." It is obvious that her customers consider her to be a part of the family as well. They bought her a television so she could keep up with her favorite soaps; former Congressman Pat Roberts, now a Senator from Kansas, also gave Helen a new chair because he was concerned about her health; Amory Houghton of the 31st Congressional District of New York, commissioned the neon sign that proudly announces "Helen's Cafe." "They worry about me to much," Helen says modestly.

In fact, when she was hospitalized a few years ago with a heart attack, she received dozens of get-well cards and bouquets of flowers. She is convinced that the Members really missed her sandwiches. "I'm pretty heavy-handed with my sandwiches," Helen admits, referring to the generous size of her culinary creations.

Working in the cloak room over six decades, Helen has witnessed much of the nation's history. She has a photographic memory and vividly remembers events such as the day in 1954 when Puerto Rican nationalists fired several shots from the House Gallery and wounded five Members of Congress. She has met many of the Members' spouses and children, including the Society's President, Clarence Brown, when his father served in Congress before him.

The recent deaths of Bill Emerson and Sonny Bono particularly sadden Helen. "I remember when Bill Emerson passed away," Helen said softly. "It was an emotional day . . . I was very close to him," she said of the Missouri Congressman she had known since he had been a House Page in 1953.

Away from the Capitol, Helen is a proud grandparent and is active in community life. Her two daughters and one son have given Helen nine grandchildren and five-great-grand children. A life-long resident of Washington, she has strong ties to the Petworth Community where she attends the Petworth United Methodist Church. For more than thirty years Helen has been an active member of the Northwest Boundary Civic Association. For fun, she admits with a chuckle, she occasionally visits the casinos in Atlantic City, N.J.

When the question of retirement comes up, Helen immediately says "no." She plans to continue working for as long as she is physically able. Besides, who could make such great tuna sandwiches?

#### RECOGNIZING THE HOME HEALTH ASSEMBLY OF NEW JERSEY ON TWENTY FIVE YEARS OF SERVICE

### HON. MICHAEL PAPPAS

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Thursday, August 6, 1998*

Mr. PAPPAS. Mr. Speaker, I rise today to honor the Home Health Assembly of New Jersey, which is celebrating their twenty-fifth year of providing health care services to the caregivers and citizens of New Jersey.

In the face of our nation's every-changing healthcare system, the Home Health Assembly of New Jersey has served as a consistent and reliable source of support, education and advocacy for those who administer home health care and to those who receive it. As the state's largest and most comprehensive professional home care association, home care providers, hospices and associations have relied on their knowledge and insight for a quarter-century.

Mr. Speaker, home health care allows so many of our citizens to receive necessary health care in comfortable and familiar surroundings. Equally important to the physical health care services which home health care providers offer to the elderly, the disabled, children and adults, is the emotional support they give. Offering a hand to hold and a shoulder to lean on makes one's illness more manageable and more hopeful.

Through their leadership and advocacy, the Home Health Assembly of New Jersey has truly achieved its mission of being "the Voice for Home Care in New Jersey." I wish the Assembly continued success in the future years of service which they will provide to the people of New Jersey.