

in. They send ice. They send chain saws. They send bulldozers. They write checks. The Red Cross comes in, the Salvation Army.

We have been hit by such a crisis, but it is not quite as visible, and it is the farm crisis. We have lost \$700 million in crop damage to the State of Georgia alone.

I believe, listening to colleagues from all over the country, Democrats and Republicans alike, that the damage nationally may be as high as \$3-, \$4-, \$5-, potentially \$6 billion. It is tremendous. What our farmers in southeast Georgia have told me in a series of farm meetings that I had over the last couple of weeks is that they need, right now, a lifeline. And they do not really want to see Congress get in a big debate about how the lifeline gets to them.

If they are a drowning man and somebody throws them an inner tube, a life preserver, a floating piece of log, anything to cling to is sufficient; and that is what they are. If the relief comes in crop insurance liberalization, if the relief comes in disaster loans, that is fine. Low-interest, no-interest loans, loans with little or flexible collateral; they need it and they need it now.

They need market relief of prices. Prices are lower now than they were 2 years ago. They are cyclical by nature, but they are worse than ever. It seems like their foreign counterparts are heavily subsidized, and they do not have to comply with the EPA standards that we make our farmers comply with in terms of fertilizer and pesticides and herbicides and so forth. And that is fine.

Our farmers are not bellyaching about complying with our environmental and regulatory and labor laws. But what they are saying is, their foreign competitors are not; and then on top of that, they are subsidized. It is very difficult for a Georgia farmer to produce oats to compete against imported oats. And we heard this message over and over again.

We on the Committee on Agriculture on the appropriations side and on the authorizing side, we are trying to work for solutions. We need the Secretary of Agriculture to submit his disaster plan so that we can immediately start working with the Senate and the House Members to try to do something for them.

Putting this in perspective, Mr. Speaker, imagine being a young farmer named Roy Collins. Roy is 35 years old. His farm was started by his grandfather, handed down to him from his mother and dad, and he has been a farmer now for 12 years. And at this point, if we cannot do something, he is wiped out. A third-generation family farmer will be gone forever. He will move off to Atlanta. He will sell real estate. He will go to work for a bank or something. We will lose his talent. We will lose his generation of farmers.

The average age of a farmer in Georgia right now is 56. We cannot afford to

skip a generation of farming. It becomes at that point an issue of national security, not just making a good vocation for people. But America does not and should not be dependent on foreign producers for our food.

Mr. ABERCROMBIE. Mr. Speaker, will the gentleman yield?

Mr. KINGSTON. I yield to the gentleman from Hawaii.

Mr. ABERCROMBIE. Mr. Speaker, I just wanted to indicate to the gentleman from Georgia (Mr. KINGSTON) that I have been listening to the very eloquent, I think "plea" is a fair word to say. In other words, that we are trying to get across what the difficulties are not only for the family farmer but for farming in general.

I simply want to say that I believe another speaker had said that there was an appeal being made to individuals who may represent urban areas to understand what the implications are.

#### AMERICAN FAMILY FARMERS

(Mr. ABERCROMBIE asked and was given permission to address the House for 1 minute.)

Mr. ABERCROMBIE. Mr. Speaker, I merely want to indicate that coming, as I do, from a State in which rural and urban constituencies meld into one another in ways that may not always be fully appreciated by the public at large, and representing the urban part of the State of Hawaii, I want to indicate that I am in full sympathy with that and want to express not only to the gentleman from Georgia (Mr. KINGSTON), but to all others who are finding themselves in this circumstance, that those of us who are working with sugar producers in the State of Hawaii fully understand what the implications are from foreign workers who are exploited and being utilized against American workers and against American growers, coming into the picture under adverse circumstances such as the gentleman has just outlined.

And I want to assure my colleague that those of us from urban areas who understand that this is a necessity for an integrated approach on behalf of Americans, both rural and urban, it being necessary not just for their survival, but for the prosperity of the country are in full sympathy with him and want to work with him on it.

Mr. KINGSTON. Mr. Speaker, will the gentleman yield?

Mr. ABERCROMBIE. I yield to the gentleman from Georgia.

Mr. KINGSTON. Mr. Speaker, I want to say, from Georgia to Hawaii, we are happy to work for the American family farmer; and at this point, if we do not help them, we will not have a family farmer left.

□ 1830

So we are unified in party and geography on this.

#### MANAGED CARE REFORM

The SPEAKER pro tempore (Mr. BLUNT). Under the Speaker's an-

nounced policy of January 7, 1997, the gentleman from New Jersey (Mr. PALLONE) is recognized for 15 minutes as the designee of the minority leader.

#### PARLIAMENTARY INQUIRY

Mr. PALLONE. Mr. Speaker, can I just clarify again, is that because it is understood that the other 45 minutes of the hour will be dedicated to the gentleman from Iowa (Mr. GANSKE)?

The SPEAKER pro tempore. That is the Chair's understanding.

Mr. PALLONE. Mr. Speaker, tonight I want to talk about the prospects of passing a managed care reform bill in the time Congress has left before it adjourns for the year in October. Last evening, I mentioned how over the August break I had many town meetings and outreach programs throughout my district and continually the issue of managed care reform was the number one concern that my constituents had.

I know, having talked to many of my colleagues since we returned this week, that many of them say the same thing; that this is the issue that the average American or that most Americans want this Congress to address before we adjourn in October. Although there is not much time left, I am hopeful that we can reach an agreement with our Republican colleagues and send the President a managed care reform bill that he can sign.

Now, we know that the full House took up the issue of managed care reform before the August recess and the Republican leadership's bill narrowly passed and the bipartisan Patients' Bill of Rights, which I support, unfortunately was narrowly defeated.

I want to stress again how important it is to pass the bipartisan Patients' Bill of Rights or at least something very much like it because of the valuable patient protections that are included therein, such as the return of medical decision-making to patients and health care professionals, not insurance company bureaucrats; access to specialists, including access to pediatric specialists for children; coverage for emergency room care; the right to talk freely with doctors and nurses about every medical option; an appeals process and real legal accountability for insurance company decisions and, finally, an end to financial incentives for doctors and nurses to limit the care that they provide.

If Congress is going to get a bill to the President that is like the Patients' Bill of Rights, then the Senate must act very swiftly. We passed the Republican leadership bill, which I think was a bad bill, in the House but now it is up to the Senate to pass a strong bill so that we can go to conference and get something to the President's desk that both Houses agree on. The House Republican bill, I would point out, is considerably different from the Senate Republican bill, for one thing, but more importantly both Republican bills fail to address a number of provisions that the President and congressional Democrats believe must be part of any managed care reform legislation.

Just as an example, both the House and Senate Republican bills let HMOs, not health professionals, define medical necessity. They both fail to guarantee access to specialists. They both fail to assure continuity of care and they both weaken the standards for emergency care which needs to be strengthened. Both Republican bills allow financial incentives to jeopardize patient care. They both fail to hold HMOs accountable when the decisions harm patients, and they both are loaded with poison pills. Issues such as medical malpractice reform, expanding medical savings accounts, expanding health insurance pools, whether or not we agree or disagree on these issues, they are just issues that are very controversial that are going to kill the legislation because they take away from the issue of managed care reform.

I just wanted to say this evening, because I want to yield some time to my colleague, the gentleman from Ohio (Mr. STRICKLAND), that the President has already said that he would veto the House bill if it was sent to him in its current form.

In a letter which I have here, and I would like to introduce into the RECORD dated September 1, that the President sent to Senate Majority Leader TRENT LOTT, he reiterates that he would veto a bill that does not address the serious flaws that I have just mentioned in these Republican bills.

The text of the letter is as follows:

[Transmitted from Moscow.]

THE WHITE HOUSE,  
WASHINGTON, DC,  
September 1, 1998.

Hon. TRENT LOTT,  
Majority Leader, Senate,  
Washington, DC.

DEAR SENATOR LOTT: Thank you for your letter regarding the patients' bill of rights. I am pleased to reiterate my commitment to working with you—and all Republicans and Democrats in the Congress—to pass long overdue legislation this year.

Since last November, I have called on the Congress to pass a strong, enforceable, and bipartisan patients' bill of rights. During this time, I signed an Executive Memorandum to ensure that the 85 million Americans in federal health plans receive the patient protections they need, and I have indicated my support for bipartisan legislation that would extend these protections to all Americans. With precious few weeks remaining before the Congress adjourns, we must work together to respond to the nation's call for us to improve the quality of health care American are receiving.

As I mentioned in my radio address this past Saturday, ensuring basic patient protections is not and should not be a political issue. I was therefore disappointed by the partisan manner in which the Senate Republican Leadership bill was developed. The lack of consultation with the White House or any Democrats during the drafting of your legislation contributed to its serious shortcomings and the fact it has failed to receive the support of either patients or doctors. The bill leaves millions of Americans without critical patient protections, contains provisions that are more rhetorical than substantive, completely omits patient protections that virtually every expert in the field believes are basic and essential, and includes

"poison pill" provisions that have nothing to do with a patient's bill of rights. More specifically, the bill;

Does not cover all health plans and leaves more than 100 million Americans completely unprotected. The provisions in the Senate Republican Leadership bill apply only to self-insured plans. As a consequence, the bill leaves out more than 100 million Americans, including millions of workers in small businesses. This approach contrasts with the bipartisan Kassebaum-Kennedy insurance reform law, which provided a set of basic protections for all Americans.

Let HMOs, not health professionals, define medical necessity. The External appeals process provision in the Senate Republican Leadership bill makes the appeals process meaningless by allowing the HMOs themselves, rather than informed health professionals, to define what services are medically necessary. This loophole will make it very difficult for patients to prevail on appeals to get the treatment doctors believe they need.

Fails to guarantee direct access to specialists. The Senate Republican Leadership proposal fails to ensure that patients with serious health problems have direct access to the specialists they need. We believe that patients with conditions like cancer or heart disease should not be denied access to the doctors they need to treat their conditions.

Fails to protect patients from abrupt changes in care in the middle of treatment. The Senate Republican Leadership bill fails to assure continuity-of-care protections when an employer changes health plans. This deficiency means that, for example, pregnant women or individuals undergoing care for a chronic illness may have their care suddenly altered mid course, potentially causing serious health consequences.

Reverses course on emergency room protections. The Senate Republican Leadership bill backs away from the emergency room protections that Congress implemented in a bipartisan manner for Medicare and Medicaid beneficiaries in the Balanced Budget Act of 1997. The bill includes a watered-down provision that does not require health plans to cover patients who go to an emergency room outside their network and does not ensure coverage for any treatment beyond an initial screening. These provisions put patients at risk for the huge costs associated with critical emergency treatment.

Allows financial incentives to threaten critical patient care. The Senate Republican Leadership bill fails to prohibit secret financial incentives to providers. This would leave patients vulnerable to financial incentives that limit patient care.

Fails to hold health plans accountable when their actions cause patients serious harm. The proposed per-day penalties in the Senate Republican Leadership bill fail to hold health plans accountable when patients suffer serious harm or even death because of a plan's wrongful action. For example, if a health plan improperly denies a lifesaving cancer treatment to a child, it will incur a penalty only for the number of days it takes to reverse its decision; it will not have to pay the family for all the damages the family will suffer as the result of having a child with a now untreatable disease. And because the plan will not pay for all the harm it causes, it will have insufficient incentive to change its health care practices in the future.

Includes a "poison pill" provisions that have nothing to do with a patients' bill of rights. For example, expanding Medical Savings Accounts (MSAs) before studying the current demonstration is premature, at best, and could undermine an already unstable insurance market.

As I have said before, I would veto a bill that does not address these serious flaws. I could not sanction presenting a bill to the American people that is nothing more than an empty promise.

At the same time, as I have repeatedly made clear, I remain fully committed to working with you, as well as the Democratic Leadership, to pass a meaningful patients' bill of rights before the Congress adjourns. We can make progress in this area if, and only if, we work together to provide needed health care protections to ensure Americans have much needed confidence in their health care system.

Producing a patients' bill of rights that can attract bipartisan support and receive my signature will require a full and open debate on the Senate floor. There must be adequate time and a sufficient number of amendments to ensure that the bill gives patients the basic protections they need and deserve. I am confident that you and Senator Daschle can work out a process that accommodates the scheduling needs of the Senate and allows you to address fully the health care needs of the American public.

Last year, we worked together in a bipartisan manner to pass a balanced budget including historic Medicare reforms and the largest investment in children's health care since the enactment of Medicaid. This year, we have another opportunity to work together to improve health care for millions of Americans.

I urge you to make the patients' bill of rights the first order of business for the Senate. Further delay threatens the ability of the Congress to pass a bill that I can sign into law this year. I stand ready to work with you and Senator Daschle to ensure that patients—not politics—are our first priority.

Sincerely,

BILL CLINTON,  
President.

He goes on to say, however, that as he has repeatedly made clear, he remains fully committed to working with the Republicans, as well as the democratic leadership, to pass a meaningful Patients' Bill of Rights before Congress adjourns. What the President is saying, and I will say again, is that this issue should not be viewed as a partisan issue. That is why I was, and the President states that he was, disappointed by the partisan manner in which the Senate Republican and the House Republican leadership were developed.

We need to have bipartisan support. We cannot have that if the President and the House Democrats are not involved, if you will, in the final bill that goes to the President's desk.

I just want to say that probably the best way that we can illustrate why the flaws that the President and the Democrats have identified in the House and Senate Republican bills need to be addressed is through real life examples. One of the things that we have done many times on the floor of this House, over the last 6 months, is the Democrats and some of our Republican colleagues, like the gentleman from Iowa (Mr. GANSKE), who is going to speak after me tonight, we are yielding the time to him that the Democrats have because we know that he supports this bipartisan Patients' Bill of Rights. In fact, he is the chief sponsor of the bipartisan Patients' Bill of Rights.

The best way that we can illustrate the problems that we have now and

how we can correct them with a good bill, like the Patients' Bill of Rights, is by giving some real life examples.

Mr. Speaker, I yield to the gentleman from Ohio (Mr. STRICKLAND), who would like to give us some examples of the problems that we face. After that, we are going to have the gentleman from Iowa (Mr. GANSKE) go on and explain why we need real form.

Mr. STRICKLAND. Mr. Speaker, I thank my colleague for yielding.

Mr. Speaker, it is true that patients in this country are being deprived of essential and necessary health care, oftentimes resulting in their death, because managed care companies are placing profits above the needs of patients. I would like to share with my colleagues two stories, two real-life stories from my district. One involved a long-time friend of mine, and I will use his name, because before his death he gave me permission to talk about his situation on the floor of this House. His name was Jim Bartee.

He was a person younger than I am, someone that I had known for many, many years. Jim grew up in Portsmouth, Ohio. He went to Florida and became a publisher of a small newspaper. He developed leukemia, and he came back home for treatments. While he was in the hospital, getting chemotherapy, he called his managed care case manager and he was talking about his situation.

She said to him, "How are you doing, Jim?"

He said to her, "Well, I am feeling a little sick now because of the chemotherapy."

She said, "Well, if you need a couple of more days in the hospital, I can approve that for you."

He said, "Well, what I really needed to talk with you about was a conversation I had with my doctor this morning." He said, "My doctor came in and told me that I have perhaps as little as 3 weeks to live, and that my only hope for survival may be a bone marrow transplant."

She responded, this managed care case manager responded, by saying, "Oh, we could never get it approved that quickly."

He said to her, "How much would it cost?"

She said, "Probably somewhere in the vicinity of \$120,000." She said, "Jim, we just could not get it approved that quickly."

So, my friend, who had been a newspaper publisher, called his newspaper in Florida and told them what his managed care case manager had said to him. They said to him, "Jim, whatever you need, medically, do not worry about the cost. We will make sure it is paid for."

As it turned out, a bone marrow transplant was not indicated, according to his doctor, eventually, and so Jim passed away. I spoke at his funeral. He was one of the bravest, one of the kindest people I have ever known in my life.

I would say to my colleague, the gentleman from New Jersey, my reason for sharing this story is this: No one facing a death threatening medical set of circumstances should be told by an insurance bureaucrat, we cannot approve this treatment in time. That is a decision that ought to be made by a physician and the patient.

I share this story because before Jim Bartee died, he told me that he would like for me to share with others what his experience had been.

Then a second circumstance that occurred in my district was a young man who grew up in one of my counties and went to California to go to college, and he affiliated with a managed care organization out there. He came back home for a visit and went hiking and fell some 80-some feet and damaged his brain, and he has been in a coma ever since.

After the fall, he was immediately taken to surgery in Cincinnati, Ohio, and a few days after surgery the managed care company informed his parents that they would no longer provide medical coverage unless he was in one of their facilities. So the patients allowed this young man to be air transported to California. The mother took a leave of absence. She is a schoolteacher. She took a leave of absence to go to California to be near her son.

The week before Christmas, they contacted my office and they told me the care that he had received there: Lack of physical therapy, his teeth rarely being brushed, his body not being turned every two hours as it needed to be turned in order to keep him from getting bed sores. When they contacted me, they told me that the managed care company told them that his coverage would expire on January 1, and that thereafter they would be responsible for his medical costs.

At that point, they asked if he would be returned to Ohio. They said it is against our company policy. It was not until my office got involved and we literally threatened to make this the Christmas story of 1997 that on Christmas Eve day they finally relinquished and told his parents that they would fly him back to Ohio.

He is now in Ohio in a nursing home and he remains in a coma.

I talked to the father recently, and he said while his son was in California, a large swollen area developed on his skull and that they tried to get the managed care company to have him seen by a specialist, and it was put off and put off and put off until his coverage expired. Once he got back to Ohio and the physician saw him in Ohio, they said, this needs immediate attention.

They discovered that he had an existing serious infection that had been neglected for a long, long time. The father believes that that managed care company refused to evaluate his condition simply because they did not want to bear the cost of the necessary treatment.

These are the things that are happening to my constituents and to real Americans, and every Member of this House, Republican and Democrat alike, should stand together to say, we are no longer going to tolerate American citizens being abused in these kinds of ways. That is why I am really proud of the gentleman from Iowa (Mr. GANSKE).

Many people may not know that the gentleman from Iowa (Mr. GANSKE) is himself a physician. He has joined with some of the rest of us to fight this fight to make sure that patients come first, and that profits, while essential and necessary for any corporation or any business, should not be put first and patient needs put second or third or fourth.

So I am pleased that you have given me the time to talk about my constituents and the problems they have had. I encourage you, my colleague, the gentleman from New Jersey, to continue your fight for all of us.

Mr. PALLONE. Mr. Speaker, we have very little time left, but I want to thank the gentleman from Ohio (Mr. STRICKLAND) for giving us those two examples. All I can say again, and I am sure that the gentleman from Iowa (Mr. GANSKE) will say the same, is that this is happening on a regular basis. These are not isolated instances. We are getting these kinds of problems on a daily basis in our districts, and that is why it is so important that we pass the Patients' Bill of Rights.

□ 1845

#### MAJOR DIFFERENCES EXIST IN HEALTH CARE LEGISLATION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from Iowa (Mr. GANSKE) is recognized for 45 minutes as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, I am glad to join my colleagues this evening to discuss managed care legislation. Yesterday the House returned from the August district work period when Members were scattered across the Nation for the past month, and yesterday Judge Starr delivered his report to Congress. I would hope that we will be able to get some work done in this Congress besides just dealing with the Starr report before we leave for the year.

When Members were back in their districts, they had the opportunity to speak with constituents at countless county and state fairs, town hall meetings and other gatherings, both formal and informal. It was 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 suspect that my colleagues had experiences similar to mine. It was almost impossible to pick up a newspaper or hold a town meeting without hearing another story about how a managed care plan had denied someone life-saving treatment. No public opinion