

THE JUDGE'S DECISION

When approached for comments Supreme Court press spokesman Nikolay Gastello said the decision was taken by the presiding judge, Magomed A. Karimov. Gastello could neither comment on the motives of the judge nor say if the judge would change his mind.

"It was not an unexpected decision," says Aleksandr Nikitin, who arrived in Moscow today. "The FSB is there and does whatever it can to win the case."

THE NIKITIN CASE

Aleksandr Nikitin is charged with espionage and disclosure of state secrets while working for the Bellona Foundation. He was arrested by the FSB on 6 February 1996, after writing two chapters of a Bellona report on the risks of radioactive pollution from Russia's Northern Fleet. Jailed for 10 months following his arrest, Nikitin has since been restricted to the city limits of St. Petersburg. His case was then tried in St. Petersburg City Court between October 20 and 29, 1998. The St. Petersburg judge's decision to return the case to further investigation was appealed by both the prosecutor and the defence. Their respective appeals are to be heard in the Supreme Court on 4 February 1999.

Contacts in Moscow: Frederic Hauge and Thomas Nilsen.

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COMMUNICATION FROM STAFF MEMBER OF HONORABLE JIM MCCRERY, MEMBER OF CONGRESS

The SPEAKER pro tempore laid before the House the following communication from Sally Asseff, staff member of the Honorable JIM MCCRERY, Member of Congress:

CONGRESS OF THE UNITED STATES,
HOUSE OF REPRESENTATIVES,
Washington, DC, January 27, 1999.

Hon. J. DENNIS HASTERT,
Speaker, U.S. House of Representatives, Washington, DC.

DEAR MR. SPEAKER: This is to formally notify you pursuant to Rule VIII of the Rules of the House that I received a grand jury subpoena for documents issued by the U.S. District Court for the Western District of Louisiana.

After consultation with the Office of General Counsel, I have determined that compliance with the subpoena is consistent with the privileges and precedents of the House.

Sincerely,

SALLY ASSEFF.

APPOINTMENT OF MEMBERS TO HOUSE COMMISSION ON CONGRESSIONAL MAILING STANDARDS

The SPEAKER pro tempore. Without objection, and pursuant to the provisions of section 5(b) of Public Law 93-191, the Chair announces the Speaker's appointment of the following Members of the House to the House Commission on Congressional Mailing Standards:

Mr. THOMAS of California, Chairman;

Mr. BOEHNER of Ohio;

Mr. NEY of Ohio;

Mr. HOYER of Maryland;

Mr. CLAY of Missouri; and

Mr. FROST of Texas.

There was no objection.

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Iowa (Mr. GANSKE) is recognized for 60 minutes as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, I want to talk to my colleagues today about managed care reform, an issue that we must take from the drawing board to the signing ceremony this year.

Last year I joined with my friend, the gentleman from Michigan (Mr. DINGELL), and offered the Patients' Bill of Rights as an amendment on the House floor. While I regret that it did not pass, there may have been at least one good thing about that. In the last few weeks, many HMOs have announced double digit premium increases, because, in my opinion they have not done such a great job in cost containment and their premiums have been loss leaders for years. But you can be sure that if the Patients' Bill of Rights had passed last year, they would be blaming us now for their skyrocketing premiums.

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And by the way, how many of their CEOs are taking pay cuts from their multimillion dollar salaries as they are raising their premiums this year?

Mr. Speaker, before discussing how I think Congress will deal with this issue this year, it is important to understand why passage of HMO reform legislation is so important. I will bet that every Member of Congress has heard from constituents describing their own HMO horror story.

We have all seen headlines like: "HMO's Cruel Rules Leave Her Dying for the Doc She Needs." Or: "Ex-New Yorker is Told: Get Castrated So We Can Save Dollars." Or how about this headline: "What His Parents Didn't Know About HMOs May Have Killed This Baby."

Consider the 29-year-old cancer patient whose HMO would not pay for his treatments. The HMO case manager told him instead to hold a fund-raiser. A fund-raiser. Well, Mr. Speaker, I certainly hope that campaign finance reform will not stymie this man's efforts to get his cancer treatment.

During congressional hearings two years ago before the Committee on Commerce, we heard testimony from Alan DeMeurers, who lost his wife, Christy, to breast cancer. When a specialist at UCLA recommended that she undergo a bone marrow transplant, her HMO leaned on UCLA to change its medical opinion. Who knows whether Christy would be with her two children today, had her HMO not interfered with her doctor-patient relationship.

Other plans have placed ridiculous burdens on those seeking emergency care. Ask Jacqueline Lee how bad this can be. In the summer of 1996 she was

hiking in the Shenandoah mountains when she fell off a 40-foot cliff. She fractured her skull, her arm, her pelvis; she was semicomatose. She was airlifted to the local hospital and treated. Now, my colleagues will not believe this. Her HMO refused to pay for the services because she had failed to get preauthorization.

I want to ask my colleagues, what was she supposed to do, know that she was going to fall off a cliff? Or maybe as she was laying at the base of that 40-foot cliff, semicomatose, with her non-broken arm she could pull a cellular phone out of her pocket and phone a 1-800 number saying, I need to get to the emergency room?

Colleagues, there are countless other examples. How about the doctor who was treating a drowning victim, a little 6-year-old boy? This physician told me that this little boy had been in the ICU for just a few hours, was hooked up to a ventilator, they were doing everything they could to save his life, but it did not look very promising. As this physician and the little boy's parents were standing around the bedside, just a few hours after admission to the ICU, the phone rings. It is the HMO case manager.

"Well, how is this little boy's condition?" It is pretty critical. "Well, if it is so dismal, have you thought about sending him home on home ventilation?" Think about that. We are fighting to save this little boy's life, and a few hours after admission, the HMO is suggesting, send him home on home ventilation so that we can save a few dollars.

How about the HMOs that refuse to cover cleft lip and cleft palate surgery, saying that these are cosmetic? How about plans that threaten action against doctors who tell their patients about all of their medical options, not just the cheap ones that the plan will provide? How about HMOs manipulating the term "medically necessary" to avoid covering costly procedures?

Because our friends, our neighbors, our fellow workers, or our own families have had these types of experiences, countless polls show that people want Congress to pass managed care reform legislation this year. A recent Kaiser Family Foundation survey found that 78 percent of voters support managed care reform, and a similar percentage support allowing consumers to go to court to sue their health plans if their health plans are guilty of malpractice.

But no public opinion poll can convey the depth of emotion on this issue, except the way movie audiences around the country spontaneously clapped and cheered Helen Hunt's obscenity-laced description of her HMO in the Oscar-winning movie, *As Good As It Gets*. Audiences across the country responded to her plight because they saw the same things happening to their families, their friends, their fellow workers.

Now, the industry responds, well, these cases that you have talked about, they are all just anecdotes. Well, Mr.