first described as a community outreach event at the Buddhist temple in Southern California.

The American people have simple questions that need to be answered. Are we safe? Are those who took the oath of office to uphold and defend the Constitution of the United States and thereby provide for the common defense in fact being good stewards and good custodians of that trust? As my colleague from Pennsylvania eloquently and substantively explains tonight, that is a serious question for which there may be troubling answers.

Mr. WELDON of Pennsylvania. I thank my colleague for joining me. I would like to stay here and engage the gentleman, but I am supposed to do a TV shot, so, unfortunately, I have to yield back my time. But I would like to thank the gentleman for coming over and joining me.

HMO REFORM NEEDED NOW

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.

Mr. GANSKE. Mr. Speaker, before I came to Congress I was a reconstructive surgeon. I took care of a lot of children who were born with cleft lips and pallets, similar to this little baby here. Unfortunately, Mr. Speaker, about half of the reconstructive surgeons in the country in the last couple of years have had proposed surgeries to correct conditions related to this birth defect turned down by HMOs because they are ''cosmetic.''

Mr. Speaker, when you have a normal process like aging and you do an operation to make it better, that is cosmetic. But, Mr. Speaker, when a baby is born with a birth defect in the middle of their face, like this, that is not a cosmetic procedure. I can give you many functional reasons why this should be fixed. But there are children in this country in the last several years who have been denied medically necessary treatment by HMOs.

Mr. Speaker, I closed my medical practice when I came to Congress, but I still go overseas to do surgeries to correct birth defects like this. I remember a few years ago I was down in Guatemala and a 30 year old man came in with an unrepaired cleft lip just like this. He lived all his life with an unrepaired cleft lip. So we fixed him the next day.

He had come in with his mother, who was probably about 50, but she looked like she was about 80. They were of Indian extraction. When we took him back to the recovery area in this small hospital up in northeast Guatemala, his mother broke down and started crying. She said in Spanish, ''Ahora el va a Dios con felicidad,'' now he will go to heaven happy.

Now, Mr. Speaker, one of the Members of this Congress, the gentleman from Texas (Mr. DELAY), should be commended, because he has helped raise funds for those surgical trips abroad, many of them done by Dr. Bill Riley, to help correct this type of birth defect. But we have a situation in this country where even if you are paying a lot of money for your insurance, you are getting turned down because your HMO arbitrarily declares this not medically necessary.

When HMO reform comes to the floor, I hope my colleagues who have participated in helping children get charitable care to correct this type of birth defect will vote for legislation that makes it necessary for insurers in this country to cover correction of this type of birth defect.

Mr. Speaker, the clock continues to tick. Another week has gone by without legislative action in the House on HMO reform. The gentleman from Virginia (Mr. BLILEY), the chairman of the Committee on Commerce, has promised the gentleman from Georgia (Mr. NORWOOD) that we would have a subcommittee markup ''sometime in June.'' But where is a firm commitment to a date certain, and where is the commitment for a full committee markup, and where is the commitment from the Republican leadership in this House to move HMO reform to the floor? Or do we just continue to delay?

Managed care reform should be on the floor by July 4th. There are four weeks until the July 4th recess. So, colleagues, let us get moving.

Now, why is it so important to move this legislation in a timely fashion? Because, Mr. Speaker, people are being hurt every day by decisions by managed care health plans that they make when they know they cannot be held responsible for those decisions.

I recently read an account of a gruesome crime, and I saw an analogy in that crime to what we have with Federal law as it relates to HMOs.

Mr. Speaker, in late 1978 a woman by the name of Mary Vincent made a fateful decision. She jumped into a blue van on a freeway while hitchhiking in Berkley, California. Later the driver pulled off the highway and, in a flash, Mary saw a hammer swinging at her head. Her attacker then tied her hands behind her back and he raped her viciously, repeatedly. She screamed for her release. Finally, he untied her hands, only to sink an ax, an ax, into her left forearm. Then he did it again, and again, and her left arm was off in three blows. Four blows later, and he had cut off her other arm. This sadist then dumped her molested and violated and mutilated body into a culvert off of a lonely road, where she was found the next morning, miraculously, still alive.

Mary was in the hospital for a month and was eventually fitted with prosthetic arms that have crab-like pinchers for her hands. She later testified against her attacker, and when she left the witness stand, he swore at her, ''If it is the last thing I do, I am going to finish the job.''

Eight years later Mary was living in Puget Sound when she heard on her wedding day that her attacker had been freed from San Quentin after serving only eight years. She lived in fear for years that this rapist would return to finish the job.

Finally, in February 1997, her mother called her with more bad news. Her attacker had killed a Florida woman. Last year she flew to Florida to testify against her attacker again.

□ 2115

This time he got the treatment he deserved. He is now on death row.

Parenthetically, Mr. Speaker, it is crimes like those done to Mary Vincent that caused me and many other of our colleagues to support the death penalty. Any person who is not criminally insane should be responsible for his or her actions.

So what does the horrendous tragedy that befell Mary Vincent have to do with managed care reform? Mr. Speaker, unfortunately, it reminded me of an equally tragic event that happened to a little 6-month-old baby named Jimmy Adams.

At 3:30 one morning Lamona Adams found her 6-month-old boy Jimmy panting, sweating, moaning, with a temperature of 104, so she phoned her HMO to ask for permission to go to the emergency room. The voice at the other end of the 1–800 number, probably 1,000 miles away, told her to go to Scottish Rite Hospital. Where is it, asked Lamona? I don't know, find a map, came the reply. It turns out that the Adams family lived south of Atlanta, Georgia, and Scottish Rite was an hour away on the other side of the Atlanta metro area.

Lamona held little baby Jimmy while his dad drove as fast as he could. Twenty miles into the trip, while driving through Atlanta, they passed Emory Hospital's emergency room, Georgia Baptist's emergency room, then Grady Memorial's emergency room. But they still pushed on to Scottish Rite Medical Center, still 22 miles away, because they knew if they stopped at an unauthorized hospital, their HMO would deny coverage for any unauthorized treatment, and they would be left with possibly thousands of dollars of bills.

They knew Jimmy was sick, they just didn't know how sick. After all, they were not trained medical professionals. While still miles away from Scottish Rite hospital, Jimmy's eyes fell shut. Lamona frantically called out to him, but she couldn't get him to respond. His heart had stopped. Can you imagine Jimmy's dad driving as fast as he can while his mother is trying to keep him alive?

They finally pulled into the emergency room entrance. Lamona leaped out of the car. She raced to the emergency room with Jimmy in her arms. She was screaming, help my baby, help my baby. The nurse gave him mouth-to-mouth resuscitation while the pediatric crash cart was rushed into the room. Doctors and nurses raced to see

if modern medicine could revive this little infant. He was intubated, intravenous medicines were given, and he was cardiopulmonary resuscitated.

This is little Jimmy Adams, tugging at his big sister's sleeve before he got sick. Well, little Jimmy turned out to be a tough little guy. He survived, despite the delay in treatment caused by his HMO. But he didn't survive whole. He ended up with gangrene in both hands and both feet, and doctors had to amputate both of Jimmy's hands and both of his feet.

Now Jimmy is learning how to put on his leg prostheses with his arm stumps, but it is tough for him to get on both of his arm hook prostheses by himself. For the rest of his life this anecdote, quote unquote, as HMO defenders are so likely to call a victim like Jimmy; they just say, they are just anecdotes. Well, little Jimmy will never play basketball, and little Jimmy will never caress the face of the woman that he loves with his hands.

A judge looked into this case of James Adams and he said that the HMO's margin of safety was ''razor thin.'' I would add it is about as razor thin as the scalpel that had to amputate little Jimmy's hands and his feet.

What do little Jimmy's amputations have to do with Mary Vincent's amputations? The person responsible for cutting off her arms is now on death row. But if your child had an experience like little Jimmy's and you received your health insurance through your employer's self-insured plan, the health plan would be responsible for nothing.

The health plan, let me repeat that as we look at little Jimmy, if Jimmy's parents received their insurance through their employer who has a self-insured plan, and that plan has made the medical decision that has resulted in a little Jimmy Adams losing both hands and both feet, under Federal law that plan is responsible for nothing other than the cost of care given; in this case, the amputations.

We say, how can that be? How can a health plan that makes medical decisions that result in the loss of hands and feet be free of responsibility? We would say, that is an outrage. We do not allow that to happen with victims of crime like Mary Vincent. How do we let an insurance company off scot-free when they make the kind of medically negligent decision that results in this?

Do not get me wrong, I am not advocating criminal prosecution of medical malpractice. But just as I, as a doctor, am responsible for my actions, HMOs should be responsible for their actions.

There are many Members of Congress like myself who support the death penalty because we believe in personal responsibility. How can, I ask the Members, how can we not at least support financial responsibility for an HMO when they make a medically negligent decision that results in the loss of a limb like this? Should they not at least be responsible for damages?

Under a current Federal law called ERISA, the Employee Retirement and Income Security Act, if you receive your insurance from your employer and you have a tragedy like Jimmy Adams, your plan which makes decisions is liable for nothing other than the care that was not given. Not only did Congress give HMOs legal immunity for their decisions, but ERISA allows those health plans to define as ''medically necessary'' any damned thing they want to say it is.

Do Members not quite see the parallel between Mary Vincent and Jimmy Adams yet? Listen to the words of a former HMO reviewer as she testified before Congress. It was May 30, 1996, when a small, nervous woman testified before the Committee on Commerce. Her testimony came after a long day of testimony on the abuses of managed care.

This woman was Linda Peeno, a claims reviewer for several health care plans. She told of the choices that plans are making every day when they determine the medical necessity of treatment options.

I am going to recount her story for the Members as she testified: ''I wish to begin by making a public confession. In the spring of 1987, I caused the death of a man. Although this was known to many people, I have not been taken before any court of law or called to account for this in any professional or public forum. In fact, just the opposite occurred. I was rewarded for this. It brought me an improved reputation in my job, and contributed to my advancement afterwards. Not only did I demonstrate I could do what was expected of me, I exemplified the good company doctor. I had saved a half million dollars.''

Her anguish over harming patients as a managed care reviewer had caused this woman to come forth and bare her soul in tearful and husky-voiced account. The audience in that room shifted uncomfortably and they became very quiet as her story continued. Industry representatives averted their eyes.

She continued: ''Since that day, I have lived with this act and many others eating into my heart and soul. For me, a physician is a professional charged with the care of the healing of his or her fellow human beings. The primary ethical norm is, do no harm. I did worse. I caused death. Instead of using a clumsy, bloody weapon,'' those are her word, ''Instead of using a clumsy, bloody weapon, I used the simplest, cleanest of tools, my words. This man died because I denied him a necessary operation to save his heart.

''I felt little pain or remorse at the time. The man's faceless distance,'' remember that 1–800 number that Lamona Adams, little Jimmy's mother, had to phone, ''because of that faceless distance, it soothed my conscience. Like a skilled soldier, I was trained for the moment. When any moral qualms arose, I was to remember I was not denying care, I was only denying payment.''

She continued: ''At the time, this helped me avoid any sense of responsibility for my decisions. Now I am no longer willing to accept the escapist reasoning that allowed me to rationalize this decision. I accept my responsibility now for this man's death, as well as for the immeasurable pain and suffering many other decisions of mine caused.''

At this point, Mrs. Peeno described many ways that health care plans deny care, but she emphasized one in particular, the right to decide what care is medically necessary.

She said, ''There is one last activity that I think deserves a special place on this list, and this is what I call the smart bomb of cost containment, and that is medical necessities denials. Even when medical criteria is used,'' she continued, ''It is rarely developed in any kind of standard traditional clinical process. It is rarely standardized across the field. The criteria are rarely available for prior review by the physicians or the members of the plan. And we have enough experience from history to demonstrate the consequences of secretive, unregulated systems that go awry.''

Mr. Speaker, the man who cut off Mary Vincent's arms sits on death row, but HMOs which deny care with similar consequences, what happens to them? They increase their profits. Under Federal laws, HMOs can cause a Jimmy Adams to lose his hands or his feet, and then they can justify their decision by defining ''medically necessary'' any way they choose.

When I think of Mary Vincent and Jimmy Adams, I rail at the injustice of their pain, but at least in Mary Vincent's case we know that her attacker is getting his just due, his just desserts.

But does it not send a chill up our spine to hear an HMO medical reviewer describe how she caused the death of a man, and then got rewarded for it? Does it not cause a sense of outrage to find out that for years Congress has been shielding health plans from the consequences of their decisions like those that affected Jimmy Adams?

It is time for Congress to defuse the smart bomb of HMOs. It is time for Congress to repeal the liability protection for ERISA health plans. They should function under the same liability that insurers in the individual market operate under, under regulations that would prevent tragedy like this.

□ 2130

Those protections should apply, Mr. Speaker, to everyone.

Now, Mr. Speaker, personal responsibility has been a watchword in this Republican Congress and should be applied to this issue. Health plans that recklessly deny needed medical service should be made to answer for their conduct. Laws that shield entities from their responsibility only encourage them to cut corners. Congress created the ERISA loophole, and Congress should fix it.

So I have now come full circle to what brings me to the floor tonight. I find us at a crossroads. HMO reform will either suffer slow legislative death as the House continues to do nothing, or we will take our responsibility for past congressional mistakes and pass a bill like my Managed Care Reform Act of 1999, H.R. 719.

I urge my colleagues to cosponsor H.R. 719, the Managed Care Reform Act of 1999. It would fix the type of conditions that have caused this type of loss to a little boy.

This bill is endorsed by the American Cancer Society and other consumer groups. It is endorsed by many professional groups, including the American Academy of Family Physicians. This weekend, it was endorsed by the American College of Surgeons.

Mr. Speaker, I beg my colleagues, no I implore my colleagues, we cannot let even one more little boy or girl become a victim for the sake of making profits for an HMO. Let us have a fair debate under an open rule on the floor of this House by the July 4th recess. We should all be for the little guy. We should not be in the pockets of the HMO corporate CEOs.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. BECERRA (at the request of Mr. GEPHARDT) for today on account of official business.

Mrs. WATERS (at the request of Mr. GEPHARDT) for today on account of official business.

Ms. KILPATRICK (at the request of Mr. GEPHARDT) for Monday, June 7, and Tuesday, June 8, on account of official business.

Mr. ROGERS (at the request of Mr. ARMEY) for today on account of personal reasons.

Mr. BLILEY (at the request of Mr. ARMEY) for today on account of personal reasons.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. PALLONE) to revise and extend their remarks and include extraneous material:)

Mr. PALLONE, for 5 minutes, today.

Mrs. CAPPS, for 5 minutes, today.

Mr. FILNER, for 5 minutes, today.

Ms. CARSON, for 5 minutes, today.

Ms. NORTON, for 5 minutes, today.

Ms. JACKSON-LEE of Texas, for 5 minutes, today.

(The following Members (at the request of Mr. FOSSELLA) to revise and extend their remarks and include extraneous material:)

Mr. BURTON of Indiana, for 5 minutes each day, on June 8 and June 9.

Mr. GUTKNECHT, for 5 minutes, on June 9.

Mr. ISAKSON, for 5 minutes, on June 9.

Mr. JONES of North Carolina, for 5 minutes, on June 8.

Mr. THORNBERRY, for 5 minutes, today.

Mr. PAUL, for 5 minutes, today.

Mr. FOSSELLA, for 5 minutes, today.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 704. An act to amend title 18, United States Code, to combat the overutilization of prison health care services and control rising prisoner health care costs; to the Committee on the Judiciary.

ENROLLED BILLS SIGNED

Mr. THOMAS, from the Committee on House Administration, reported that that committee had examined and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 1034. An act to declare a portion of the James River and Kanawha Canal in Richmond, Virginia, to be nonnavigable waters of the United States for purposes of title 46, United States Code, and the other maritime laws of the United States.

H.R. 1121. An act to designate the Federal building and United States courthouse located at 18 Greenville Street in Newman, Georgia, as the ''Lewis R. Morgan Federal Building and United States Courthouse.''

H.R. 1183. An act to amend the Fastener Quality Act to strengthen the protection against the sale of mismarked, misrepresented, and counterfeit fasteners and eliminate unnecessary requirements, and for other purposes.

BILLS PRESENTED TO THE PRESIDENT

Mr. THOMAS, from the Committee on House Administration, reported that that committee did on the following date present to the President, for his approval, bills of the House of the following titles:

On May 27, 1999:

H.R. 1034. To declare a portion of the James River and Kanawha Canal in Richmond, Virginia, to be nonnavigable waters of the United States for purpose of title 46, United States Code, and the other maritime laws of the United States.

H.R. 1121. To designate the Federal building and United States courthouse located at 18 Greenville Street in Newman, Georgia, as the ''Lewis R. Morgan Federal Building and United States Courthouse.''

H.R. 1183. To amend the Fastener Quality Act to strengthen the protection against the sale of mismarked, misrepresented, and counterfeit fasteners and eliminate unnecessary requirements, and for other purposes.

ADJOURNMENT

Mr. GANSKE. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 32 minutes p.m.), under its previous order, the House adjourned until tomorrow, June 8, 1999, at 9 a.m., for morning hour debates.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

2413. A letter from the Manager, Federal Crop Insurance Corporation, Department of Agriculture, transmitting the Department's final rule—Common Crop Insurance Regulations; Grape Crop Insurance Provisions—received May 17, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2414. A letter from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting the Department's final rule—Asian Longhorned Beetle; Addition to Quarantined Areas [Docket No. 99–033–1] received May 25, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2415. A letter from the Administrator, Agricultural Marketing Service, Department of Agriculture, transmitting the Department's final rule—Milk in the Iowa Marketing Area; Revision [DA–99–02] received May 17, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2416. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Difenoconazole; Pesticide Tolerance [OPP–300863; FRL–6081–5] (RIN: 2070–AB78) received May 27, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2417. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Terbacil; Extension of Tolerance for Emergency Exemptions [OPP–300862; FRL–6080–5] (RIN: 2070–AB78) received May 25, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2418. A letter from the Director, Office of Regulatory Management and Information, Environmental Protection Agency, transmitting the Agency's final rule—Fenhexamid; Pesticide Tolerance [OPP–300866; FRL–6082–7] (RIN: 2070–AB78) received May 25, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Agriculture.

2419. A communication from the President of the United States, transmitting a request to make available previously appropriated emergency funds for the Departments of Agriculture, Defense, the Interior, and State; the Federal Emergency Management Agency; International Assistance Programs; and, the United States Holocaust Memorial Council; (H. Doc. No. 106—79); to the Committee on Appropriations and ordered to be printed.

2420. A letter from the Secretary of Defense, transmitting the Fiscal Year 1998 Annual Report of the Reserve Forces Policy Board, pursuant to 10 U.S.C. 113 (c) and (e); to the Committee on Armed Services.

2421. A letter from the Director, Defense Procurement, Department of Defense, transmitting the Department's final rule—Defense Federal Acquisition Regulation Supplement; Contracts Crossing Fiscal Years [DFARS Case 99–D008] received May 27, 1999, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Armed Services.

2422. A letter from the Director, Defense Procurement, Department of Defense, transmitting the Department's final rule—Defense Federal Acquisition Regulation Supplement;