

House colleagues. We recognized that there was a need to provide our constituents with free screenings for glaucoma, a devastating disease that robs a person of his or her sight. There is no cure for glaucoma—but it can be prevented if caught early enough. Unfortunately, many of our fellow Americans who are at highest risk for glaucoma are also unable to easily avail themselves of the latest in medical testing. We formed the Congressional Glaucoma Caucus to bring important information and preventive screenings to constituents in our own districts. The idea has gained great momentum. There are now 40 members of the Congressional Glaucoma Caucus and we have already held screenings in Florida, Illinois, New York, Tennessee, and Washington, DC. Hundreds of Americans have been referred for follow-up care of possible glaucoma or other acuity problems; hundreds of others have gone home from our screenings reassured that their eyes are healthy. In this effort we have had much help. The Friends of the Congressional Glaucoma Caucus Foundation was founded to bring together physicians, blindness prevention groups; industry spokespeople and others interested in this cause. The Foundation has done yeoman work in setting up the screenings and ensuring that they run smoothly and for that the members of the Caucus are profoundly grateful. A great deal of thanks is owed to the ophthalmologists and their staffs who have volunteered to conduct the actual screenings. And we owe the Pharmacia Corporation a debt of gratitude for its generous educational grant to the Friends of the Congressional Glaucoma Caucus Foundation. Their support has been vital, and has meant that not one penny of anyone's tax dollars have been spent on this noble effort. This is truly a wonderful thing, and I commend everyone involved.

QUALITY HEALTH-CARE
COALITION ACT OF 2000

SPEECH OF

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, June 29, 2000

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 1304) to ensure and foster continued patient safety and quality of care by making the antitrust laws apply to negotiations between groups of health care professionals and health plans and health insurance issuers in the same manner as such laws apply to collective bargaining by labor organizations under the National Labor Relations Act:

Mr. STARK. Mr. Chairman, the fact that we are considering this legislation on the House floor today is a testament to the Republican leadership's lack of desire to deal with the real problems consumers are facing from managed care.

We passed a bipartisan Patients' Bill of Rights last October, the conference was appointed nearly four months ago—but we have made precious little progress on that important legislation that is already so long overdue.

That is what we should be debating on the House floor today. We should be debating extending patient protections to consumers to ensure that health plans cover emergency

room care, that women have an unfettered right to ob/gyn care, that health plans are required to provide their members with access to specialists, that patients be guaranteed access to an independent external appeals, and that patients could hold health plans liable if their actions caused harm or death.

Instead, we are faced with a bill that does absolutely nothing to protect consumers in managed care—but does wonders to protect doctors' incomes.

I guess we shouldn't be surprised. This Republican Congress has shown us time and time again that they are far more interested in helping their monied friends and supporters than the general public.

On its face, this legislation raises numerous concerns. A simple look at the exceptions in the bill makes it clear that anti-trust exemptions fraught with potential problems.

It Exempts Federal Health Programs. In order to get the bill out of the Judiciary Committee the bill's supporters had to accept an amendment to exclude Medicare, Medicaid, the Federal Employees Health Benefits Plan, the State Children's Health Insurance Program, Veterans Health services, Indian Health Services and all other federal health programs from the law.

The reason for this amendment was that Congressional Budget Office analysis showed that the bill would impact federal spending for these programs by increasing expenditures by some \$11.3 billion over 10 years.

Managed care plays a major role in most of these programs today. By allowing doctors to collectively bargain with managed care plans, CBO estimates that rates will increase by 15 percent. If the law applied to federal health programs it would obviously impact federal health spending. The supporters of the bill don't want to acknowledge the real costs associated with passage of this bill so they exempt federal programs from it.

Even with federal health programs exempted, CBO found that passage of the bill would decrease federal tax revenues by some \$3.6 billion over ten years. Those federal losses come about because employers would claim larger deductions for the increased expense of providing health benefits (because of the increased bargaining power of doctors). This would also result in employees receiving a greater share of compensation in tax-sheltered benefits.

The law sunsets after three years. In another attempt to gain support, the bill has a provision that would automatically sunset the law after three years. This sunset provision is a direct acknowledgement of the concern that granting anti-trust exemptions is a dramatic move. The fact is that we don't know exactly how much strength doctors would exert through this new found ability to collectively bargain. It may be that they would exercise restraint and put the quality of care of their patients first. Then again, they might exercise united power by refusing to contract with health plans that won't meet their demands—whatever those demands might be.

Should the latter occur, the impact on patient care could be devastating. Therefore, the authors are acknowledging that an escape hatch might be necessary. I'd rather not open such a risky door in the first place.

After all of these strong statements, I must also acknowledge that I understand and empathize with the frustration of America's

physicians and other health care providers. The growth of managed care has significantly altered their professions in ways in which we could not have imagined even 10 years ago. And, much of this change has not been good for patients or health care providers. Congress can and should take action to address those concerns, but this bill isn't the solution.

Instead, I urge Congress to move forward with passage of the Patients' Bill of Rights which would limit health plans' abilities to use financial incentives, eliminate gag clauses, and finally extend liability already faced by doctors and hospitals to the health plans that are making many of today's medical decisions.

Many of my colleagues may not know that I was voted the most fiscally conservative Democrat this year by the National Taxpayer's Union. In the spirit of maintaining my standing of strong fiscal responsibility—and on the many additional grounds I've mentioned—I strongly oppose H.R. 1304 and urge my colleagues to join with me in opposition to this so-called managed care "solution" that is fraught with such serious flaws.

CONGRATULATIONS TO THE CITY
OF CLINTON ON RECEIVING THE
ALL-AMERICAN CITY AWARD

HON. IKE SKELTON

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Monday, July 10, 2000

Mr. SKELTON. Mr. Speaker, let me take this opportunity to congratulate the community of Clinton, Missouri, which recently received the designation of All-American City from the National Civic League.

The All-American City Award recognizes towns that work together to address critical community issues. The sponsors of this award commended Clinton for exhibiting outstanding citizen involvement, high government performance, local philanthropic resources, and inter-community cooperation.

With a population of 9,300, Clinton was the smallest of the 10 cities selected for this award, although towns of all sizes participated on an equal level. A group of 75 residents of Clinton—including many student ambassadors—traveled to Louisville, Kentucky, in early June to present a summary of three of their community betterment programs to a panel of judges selected by the sponsor of the award.

Several projects which the sponsors noted as especially worthwhile included the START (Students Together Achieving Responsible Tasks) program. This local youth community service organization connects students with charitable volunteer opportunities. In addition, Clinton has made progress in attacking its biggest killer, cardiovascular disease, by creating a CHART wellness center staffed by local hospital employees. Through community educational measures and blood pressure and cholesterol screenings, this group helps increase awareness and prevention of heart disease. Also, the town participates in the Main Street USA program in an effort to revitalize its downtown and Historic Square Districts.

Mr. Speaker, I wish to extend my congratulations to the residents of the city of Clinton. It is with great pride that I honor them for being designated an All-American City.