PERIODIC REPORT ON NATIONAL EMERGENCY WITH RESPECT TO SUDAN—MESSAGE FROM THE PRESIDENT OF THE UNITED STATES

The SPEAKER pro tempore laid before the House the following message from the President of the United States; which was read and, together with the accompanying papers, without objection, referred to the Committee on International Relations and ordered to be printed:

To the Congress of the United States:

As required by section 401(c) of the National Emergencies Act, 50 U.S.C. 1641(c), and section 204(c) of the International Emergency Economic Powers Act (IEEPA), 50 U.S.C. 1703(c), I transmit herewith a 6-month periodic report on the national emergency with respect to Sudan that was declared in Executive Order 13067 of November 3, 1997.

GEORGE W. BUSH.

THE WHITE HOUSE, *May 2, 2001*.

SOCIAL SECURITY

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. SMITH) is recognized for 5 minutes.

Mr. SMITH of Michigan. Mr. Speaker, I am going to talk about Social Security, a little bit about the problems, a little bit about the commission that was appointed today by the President of the United States, George Bush, to try to come to a conclusion that is going to keep Social Security solvent.

We have been looking and acknowledging for almost 6 years now the serious problem of Social Security solvency. It has been a problem because when we developed Social Security in 1934, it was set up as a pay-as-you go program, where current workers pay in their Social Security tax and it is immediately sent out to current retirees.

What we have been experiencing over the last 65 years is a dwindling number in the birth rate and an increasing lifespan of seniors. So, for example, in 1942, we had almost 40 people working paying in their Social Security tax for every one retiree. Today, yes, Mr. Speaker, there are three people working paying a much higher Social Security tax to accommodate every one retiree.

The guess is that within 20 years, it is going to be two workers paying their tax for one retiree, so the challenge is increasing the return on that money that is being paid in by employees and employers in the United States.

Right now, the average employee is going to get a 1.7 percent return on the money they have paid in to Social Security in Social Security taxes. Today the President appointed a commission. It was my recommendation that we do not use a commission to further delay the implementation of a solution for this, because the fact is that the longer we put off this decision, the more drastic the changes are going to have to be.

There are only two ways to solve the Social Security dilemma: We either increase the revenues, or we decrease the benefits and the amount of money going out.

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And what some of us have been suggesting for several years is that we increase revenue by getting a better real return on some of that money rather than simply lending it to the Government.

We have heard a lot of bragging that we are paying down the public debt. Actually, we are borrowing the money from Social Security and writing an IOU and then using that money to pay down the so-called debt held by the public, or I call it the Wall Street debt.

I urge the President to urge this commission to move quickly. I urge the commission to look at the legislation that many of us have been introducing over the last 6 or 7 years to make sure we keep Social Security solvent.

I think it is very important for the American people to know, Mr. Speaker, that we should not accept any recommendation from the White House that does not keep Social Security solvent for at least the next 75 years. It is too easy to say let us put Social Security first and then do nothing except add rhetoric and maybe pay down the debt a little bit. But what we have done with the so-called lockbox, with the so-called paying down the debt held by the public, does not help solve the long-term Social Security problem.

So I appreciate this time, Mr. Speaker; and I urge the commission to act as quickly as possible. I do see members of that commission that are going to be on the bottom end of the learning curve. That means that if they are going to understand the complexity and seriousness of the Social Security problem, that they need to do a lot of burning of the midnight oil.

PATIENT PROTECTION AND PRESCRIPTION DRUG COVERAGE LEGISLATION

The SPEAKER pro tempore (Mr. GRAVES). Under the Speaker's announced policy of January 3, 2001, the gentleman from Iowa (Mr. GANSKE) is recognized for 60 minutes as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, just a heads up, I will probably only take about half of this time, so that if any Members on the other side are going to give a Special Order, they should realize that I will not take the full hour.

Mr. Speaker, I want to talk a little bit about two health care issues that are very important: patient protection legislation and prescription drug coverage. Just last night, Mr. Speaker, I was at an event here in Washington, and a gentleman who is a CEO of one of the world's largest corporations received an award. This gentleman had had, when he was a child, a bilateral cleft lip repaired, and he spoke beautifully. He has risen to the pinnacle of the business world. He had the advantage of having the appropriate care when he was a baby. And yet if we look at what has happened, my colleagues, around the country, with the advent of managed care, we will see cases like this.

Before coming to Congress, I was a plastic and reconstructive surgeon. I took care of lots of babies that were born with birth defects like this, a cleft lip and a cleft palate. And in the last several years, at least 50 percent of the surgeons who take care of children with birth defects like this have had operations on their patients denied because they were not ''medically necessary.'' Not medically necessary.

Let me give a few other examples. In 1996, Musette Batas was 6 months pregnant when she had an inflammatory bowel disease flare-up. Her insurance company authored a 1-day hospitalization. Her primary care physician asked for a longer stay, but her HMO concurrent review nurse looked at Mrs. Batas' chart and said it was not ''medically necessary.''

Now, the nurse never consulted with the physician; she never saw the patient. Musette Batas went to the emergency department 10 days later with fever and pain. A physician sought approval for exploratory surgery. Three days later, the doctor still had not heard from the HMO and her intestine burst. Four days after emergency surgery, in which part of her colon was removed, the HMO nurse told her physician she had to be discharged. The physician refused. The nurse reviewed her chart, she consulted Millimen and Robertson's care guidelines, and based on that, the nurse said the HMO would not pay for any more time in the hospital because it was not ''medically necessary.'' So she left the hospital because she could not afford to pay for it herself.

How about down in Texas in the last few years? There is a gentleman named Plocica. Mr. Plocica. He was suicidal. He was in the hospital. His psychiatrist said he needed to stay in the hospital. His HMO said no, we do not think he does. It is not medically necessary. So we are not going to pay for any more hospitalization. And when an HMO does not pay for a hospitalization, most people cannot stay in the hospital because they cannot afford the care.

They could not afford to pay for it out of pocket, so Mr. Plocica went home. His family reluctantly took him home, and that night he drank half a gallon of antifreeze and he committed suicide.

How about Nancy T. Vogel? She had a total abdominal hysterectomy to remove two tumors that weighed more than 3½ pounds. Her doctor said she needed at least 96 hours in the hospital to recover. As a physician, I would say that is the minimum. An HMO nurse looked at Millimen and Robertson's guidelines, guidelines that are used by HMOs, and determined that only 48 hours was medically necessary. So she left after 48 hours.