

members companies; Michael H. Cochran, Executive Director, Ohio Twp Assoc., Columbus—8,600 members; Holly Saelens, Director—Public Policy Services, The Ohio Manufacturers' Association, Columbus; Sheila Adams, President/CEO, Urban League of Greater Cincinnati, Cincinnati—700 members; Bernard Shoemaker, President (Master), Ohio State Grange, Columbus—17,000 members; Bryan Bucklew, Director-Governmental Affairs, Dayton Area Chamber of Commerce, Dayton—3,350 members; C. Clark Street, Executive Vice President, Ohio Contractors Association, Columbus—585 members; James H. Lee, Executive Director, Ohio Forestry Association, Columbus; Susie Calhoun, Executive Director, Ohio Soybean Council, Columbus—1,500 members; Jack Heaveneridge, Executive Vice President, Ohio Poultry Association, Columbus—200 members

David M. Kelly, General Manager, Ohio Potato Growers Association; Tim Williams, Executive Vice President, Ohio Manufactured Housing Association, Dublin—500 members; David L. Kahler, Executive Vice President/CEO, Ohio Equipment Distributors Association, Dublin, 121 members/2,420 employees; Michael L. Wagner, Executive Director, Ohio Corn Growers Association, Marion—1,800 members; Jim Silvania, Executive Director, Ohio Association Security & Investigative Services, Columbus—33,000 members; John R. Langhirt, President, Mid-Ohio Electric Co., Columbus; Carmine J. Torio, Executive Vice President, Home Builders Association of Great Akron, 750 member Companies, 10,000 employees; Robert D. Horne, President, United Steel Workers of America, Local 5L—Akron, 175 members; Daniel L. Neff, Executive Director, Ohio Mid-Eastern Governments Association, Cambridge, serves a 10 county area; Judy R. Bastian, President, Ohio Glass Association, Cleveland—250 members; Roger Tedrick, Secretary/Treasurer, Ohio Dairy Farmers Federation, Gahanna—1,000 members; Robert T. Lambert, Executive Vice President, Ohio Auto and Truck Recyclers Association, Columbus; Donald L. Buckley, President/Secretary, Midwest Dairy Foods Association, Inc., Columbus—52 companies; Amira F. Gohara, Vice President for Academic Affairs, Medical College of Ohio at Toledo, Toledo—3,400 members; Peggy J. Smith, Executive Director, Ohio Chemical Council, Columbus—100 members; Patricia R. Cooksey, President, True Blue Patriots, Cincinnati—10,000 members; Thomas L. Hart, Executive Director, The Building Industry Association of Central Ohio, Columbus—1,226 members; Richard Greenwalt, Camp Secretary, Sons of Union Veterans of the Civil War-McClellan Camp, No. 91—Alliance;

Joseph Divito, Financial Secretary & Treasurer, Iron Workers Local Union No. 172, Columbus—723 members; Sue Yang, Program Coordinator, International Community Empowerment Project A.S.I.A., Inc., Akron—50 families served; Rochelle Peoples, Director of Volunteers, Habitat for Humanity of Greater Akron, Akron—100 volunteer members; Carole Richards, President, Creative Education Institute, Chagrin Falls—50 people served; Mike P. Reilly, President-Elect, Cincinnati Master Plumbers Assoc., Cincinnati—80 contractors; W. Paul Kilway, Jr., M.D., Summit County Medical Society, Akron, 460 members; David L. Kahler,

Executive Vice President/CEO, Ohio-Michigan Equipment Dealer Association, Dublin, 865 members/14,272 employees; Edward Tumulty, Regional Director, Precast/Prestressed Concrete Institute, Central Region Columbus; Russell K. Tippett, Dean, School of Natural Resources, Hocking College, Nelsonville; Randy Smith, Financial Secretary, Glass, Molders, Pottery, Plastic and Allied Workers Local 7A, Tiffin—573 members; Margaret F. Planton, Mayor, City of Chillicothe, 270 employees; Bill Hueckel, President, Central Ohio Flower Growers, Delaware—100 members; Hal Mullins, President, Central Ohio Chapter, Air Conditioning Contractors of America, Columbus—106 member companies; James Tann, President, Brick Institute of America, Mid East Region, North Canton; Ronald L. Kolbash, President, Ohio Mining & Reclamation Association, Columbus, 121 member companies; Richard C. Hannon, Jr., Chairman of Legislative Committee, Board Member, Carroll County Chamber of Commerce, Carrollton—150 members; John Nave, Director, Associated Risk Managers of Ohio, Powell; Jim Frost, Secretary/Treasurer, Akron/Medina County Labor Council AFL-CIO, Akron—18,000 members.

#### PATIENT PROTECTION ACT OF 1998

##### SPEECH OF

##### HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Friday, July 24, 1998*

Mr. PAUL. Mr. Speaker, I appreciate the opportunity to explain why I cannot vote for the Patient Protection Act (H.R. 4250). However, I would first like to express my support for two of the bill's provisions, relating to Medical Savings Accounts and relating to the proposed national health ID.

Earlier this week I introduced legislation, the Patient Privacy Act (H.R. 4281), to repeal those sections of the Health Insurance Portability and Accountability Act of 1996 that authorized the creation of a national medical ID. I believe that the increasing trend toward allowing the federal government to track Americans through national ID cards and numbers represents one of the most serious threats to liberty we are facing. The scheme to create a national medical ID to enter each person's medical history into a national data base not only threatens civil liberties but it undermines the physician-patient relationship, the cornerstone of good medical practice. Oftentimes, effective treatment depends on a patient's ability to place absolute trust in his or her doctor, a trust that would be severely eroded if the patient knew that any and all information given their doctor could be placed in a data base accessible by anyone who knows the patient's "unique personal identifier."

While I was not here in 1996 when the medical ID was authorized, it is my understanding that this provision was part of a large bill rushed through Congress without much debate. I am glad that Congress has decided to at least take a second look at this proposal and its ramifications. I am quite confident that, after Congress hears from the millions of Americans who object to a national ID, my colleagues will do the right thing and pass legislation forbidding the federal government from instituting a "uniform standard health identifier."

Mr. Speaker, I am also pleased that Congress is addressing the subject of health care in America, for the American health care system does need reform. Too many Americans lack access to quality health care while millions more find their access to medical care blocked by a "gatekeeper," an employee of an insurance company or a Health Maintenance Organization (HMO) who has the authority to overrule the treatment decisions of physicians!

An an OB/GYN with more than 30 years experience, I find it outrageous that any insurance company bureaucrat could presume to stand between a doctor and a patient. However, in order to properly fix the problem, we must understand its roots. The problems with American health care coverage are rooted in the American tax system, which provides incentives for employers to offer first-dollar insurance benefits to their employees, while providing no incentives for individuals to attempt to control their own health care costs. Because "he who pays the piper calls the tune," it is inevitable that those paying the bill would eventually seize control over personal health care choices as a means of controlling costs.

Because this problem was created by distortions in the health care market that took control of the health care dollar away from the consumer, the best solution to this problem is to put control of the health care dollar back into the hands of the consumer. We also need to rethink the whole idea of first-dollar insurance coverage for every medical expense, no matter how inexpensive. Americans would be more satisfied with the health care system if they could pay for their routine expenses with their own funds, relying on insurance for catastrophic events, such as cancer.

An excellent way of moving toward a health care system where the consumer is in charge is through Medical Savings Accounts (MSA's). I enthusiastically endorse those provisions of this bill that expand access to MSA's. It may be no exaggeration to say that MSA's are vital to preserving the private practice of medicine.

MSA's provide consumers the freedom to find high-quality health care at a reasonable cost. MSA's allow consumers to benefit when they economize in choosing health care so they will be more likely to make informed health care decisions such as seeking preventive care and, when possible, negotiate with their providers for the lowest possible costs. Most importantly, MSA's are the best means available to preserve the patient's right to choose their doctor and the treatment that best meets their needs, free from interference by an insurance company or an HMO.

Mr. Speaker, all those concerned with empowering patients should endorse H.R. 4250's provisions lifting all caps on how many Americans may purchase an MSA and repealing federal regulations that discourage Americans from using MSA's. For example, a provision in the tax code limits the monthly contribution to the MSA to one-twentieth of the MSA's yearly amount. Thus, MSA holders have a small portion of their yearly contribution accessible to them in the early months of the year. The Patient Protection Act allows individuals to make the full contribution to their MSA at any time of the year, so someone who establishes an MSA in January does not have to worry if they get sick in February.

This legislation also allows both employers and employees to contribute to an employee's MSA. It lifts the arbitrary caps on how one can obtain MSA's and expands the limits on the MSA deductible. Also it provides that possession of an MSA satisfies all mandated benefits laws as long as individuals have the freedom to purchase those benefits with their MSA.

However, as much as I support H.R. 4250's expansion of MSA's, I equally object to those portions of the bill placing new federal standards on employer offered health care plans. Proponents of these standards claim that they will not raise cost by more than a small percentage point. However, even an increase of a small percentage point could force many marginal small businesses to stop offering health care for their employees, thus causing millions of Americans to lose their health insurance. This will then lead to a new round of government intervention. Unlike Medical Savings Accounts which remove the HMO bureaucracy currently standing between physicians and patients, the so-called patient protections portions of this bill add a new layer of government-imposed bureaucracy. For example, H.R. 4250 guarantees each patient the right to external and internal review of insurance company's decisions. However, this does not empower patients to make their own decisions. If both external and internal review turn down a patient's request for treatment, the average patient will have no choice but to accept the insurance companies decision. Furthermore, anyone who has ever tried to navigate through a government-controlled "appeals process" has reason to be skeptical of the claims that the review process will be completed in less than three days. Imposing new levels of bureaucracy on HMO's is a poor substitute for returning to the American people the ability to decide for themselves, in consultation with their care giver, what treatments are best for them. Medical Savings Accounts are the best patient protection.

Perhaps the biggest danger these regulations pose is ratification of the principle that guaranteeing a patients' access to physicians is the proper role for the government, thus opening the door for further federal control of the patient-physician relationship. I ask my physician-colleagues who support this regulation, once we have accepted the notion that federal government can ensure patients have access to our services, what defense can we offer when the government places new regulations and conditions on that access?

I am also concerned that this bill further tramples upon state autonomy by further preempting their ability to regulate HMO's and health care plans. Under the 10th amendment, states should be able to set standards for organizations such as HMO's without interference from the federal government. I am disappointed that we did not get an opportunity to debate Mr. BRADY's amendment that would have preserved the authority of states in this area.

In conclusion, Mr. Speaker, while the Patient Protection Act takes some good steps toward placing patients back in control of the health care system, it also furthers the federal role in overseeing the health system. It is my belief that the unintended, but inevitable, consequence of this bill, will require Congress to return to the issue of health care reform in a few years. I hope Congress gets it right next time.

#### PERSONAL EXPLANATION

##### HON. EVA M. CLAYTON

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, July 29, 1998*

Mrs. CLAYTON. Mr. Speaker, on Wednesday morning July 29, 1998 I was in my district attending to official business and as a result missed two roll call votes.

Had I been present, the following is how I would have voted:

Rollcall No. 343 (the "Rule" on H.R. 629)

"Aye"

Rollcall No. 344 (final passage of H.R. 629)

"Aye".

#### INTRODUCTION OF THE JACOB JOSEPH CHESTNUT-JOHN MICHAEL GIBSON CAPITOL VISITOR CENTER ACT OF 1998

##### HON. ELEANOR HOLMES NORTON

OF THE DISTRICT OF COLUMBIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, July 29, 1998*

Ms. NORTON. Mr. Speaker, today, I am introducing the Jacob Joseph Chestnut-John Michael Gibson United States Capitol Visitor Center Act of 1998 (Chestnut-Gibson Act). I feel a special obligation to do so because I represent the District of Columbia in which the Capitol is located. I also introduce the bill because the residents of the District have a special relationship with the Capitol Police. In 1992, when there was a large spike in crime in the District, Congress passed the United States Capitol Police Jurisdiction Act, a bill I introduced authorizing the Capitol Police to patrol parts of the Capitol Hill residential community closest to the Capitol where various facilities of the Capitol are located. Capitol Police officers were not only willing; they were enthusiastic to use their excellent training and professionalism for the benefit of residents and the many tourists and visitors whose safety might be compromised by having to travel through high-crime areas in order to get to the Capitol.

My bill authorizes the Architect of the Capitol "to plan, construct, equip, administer, and maintain a Capitol Visitor Center under the East Plaza of the Capitol" grounds. The primary purpose of the bill is to increase public safety and security. A second purpose is to provide a place to welcome visitors who are seeking tours, taking into account their health and comfort. To guard against excessive costs and to obtain quick action, the bill requires the Architect to consider existing and alternative plans for a visitor center and to submit "a report containing the plans and designs" within 120 days.

I have supported a Capitol Visitor Center since it was first extensively discussed in 1991. During this decade of high deficits, the reluctance of Congress to appropriate funds for such a center has perhaps been understandable, until last Friday. No one knows whether Officer Chestnut or Detective Gibson or, for that matter, any other officer or individual would have been spared had a visitor center been in place. What we do know is that our nineteenth century Capitol was not built with anything like today's security hazards in

mind. According to the Capitol Police and the United States Capitol Police Board, a visitor center would provide significant distance between the Capitol and visitors, and for a host of reasons they have documented, would make the Capitol more secure.

Our foremost obligation is to protect all who visit or work here and to spare no legitimate consideration in protecting the United States Capitol. The Capitol is a temple of democracy and is the most important symbol of the open society in which we live. It is more so than the White House, in part because the President's workplace is also a residence and cannot be entirely open. However, the Capitol symbolizes our free and open society not only because it is accessible but also because of what transpires here. It is here that the people come to petition their government, to lobby and to persuade us, and ultimately to discharge us if we stray too far from their democratic demands. Thus, we neither have nor would we want the option to make the Capitol more difficult to access. After last Friday's tragedy, we have an obligation to demonstrate that security is not inconsistent with democracy.

There is a second reason why this bill is necessary. Visitors are safe when they come to the Capitol, but the conditions they encounter do not ensure their health, convenience, and cordiality, nor afford them the welcome to which they are entitled. Members address constituents seated on stone steps outdoors. In the blistering heat and merciless cold of Washington, visitors wait in line outdoors to tour the Capitol. During this summer, the hottest on record in the United States, it has not been uncommon for tourists to faint during lengthy waits on line and then be rushed inside to be treated by our physicians. Even if the Capitol had not incurred a terrible tragedy, we would be in need of a more civil way to welcome the people we represent.

I will seek cosponsors for this bill at once. I have not waited to do so because I believe a bill requiring plans for a visitor center is necessary to provide the assurance of safety and comfort the public has a right to demand. We must do more than try to recover from the shock of the invasion of the Capitol by a gunman. We must do more than mourn the irreplaceable loss of two fine men. We must do what we can and we must do it now.

#### PERSONAL EXPLANATION

##### HON. JUANITA MILLENDER-MCDONALD

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, July 29, 1998*

Ms. MILLENDER-MCDONALD. Mr. Speaker, on Wednesday, July 29, 1998, I was unavoidably detained while conducting official business and missed rollcall vote No. 344. Had I been present I would have voted "yea."

#### SHAME ON THE GOVERNMENT OF GRENADA

##### HON. ILEANA ROS-LEHTINEN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, July 29, 1998*

Ms. ROS-LEHTINEN. Mr. Speaker, it was 15 years ago that American soldiers liberated