

Every medical specialty organization in this country challenges the right of insurance companies to interfere in the decision of what treatment is medically necessary or appropriate for a patient. Whether that patient is a young woman giving birth to a baby, or having surgery to treat breast cancer, the insurer has no right to be in the middle, between the patient and the doctor. And in no case should a patient be sent home less than 24 hours after a mastectomy so that an insurance company or hospital can save money.

Representative DELAURO and I, along with many other Members, placed this issue on the table at the end of the last session because we wanted every Member of this body to think about this matter before the convening of the 105th Congress. We spent several months researching the best, most effective way to accomplish the goals we laid out last year. This legislation is consistent with the Kennedy-Kassebaum health insurance reform bill and with the MOMS bill passed last Congress, providing 48-hour maternity stays.

H.R. 135 goes where many angels have feared to tread, into the hallowed halls of a well-heeled industry that is trying to make cost, rather than care, the driving principle of our health care system. This legislation just says "no." It says to anyone who is not the patient or the patient's doctor: "No, you may not dictate when a patient must leave the hospital."

Mr. Speaker, I am very happy to report that almost a year after her surgery, Connie Shorter is a breast cancer survivor, and remains a vital and effective member of my senior staff. More important, she remains a loving, caring and giving spouse, mother, and grandmother, and we all expect her to continue in all these roles for a very long time.

As Connie's story reveals, the devastation of breast cancer is too great to allow Congress to ignore the risks of inadequate medical care. The difficulties, both physical and psychological, associated with mastectomy are too complex. This legislation seeks to ensure that insurance snafus and mindless refusals do not make these difficult situations impossible.

Today, H.R. 135 has almost 200 cosponsors from both sides of the aisle. In addition, a nationwide campaign on the Internet has begun to push us to give this bill and other breast cancer legislation the hearings they deserve. I urge my colleagues who have not already cosponsored this legislation to do so now, and express the hope that Congress will listen to respond to the women of America who seek better and more reliable treatment for breast cancer.

GENERAL LEAVE

Ms. DELAURO. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks on the subject of my special order today.

The SPEAKER pro tempore (Mr. BRADY). Is there objection to the request of the gentlewoman from Connecticut?

There was no objection.

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Washington [Mr. METCALF] is recognized for 5 minutes.

[Mr. METCALF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

RECOGNIZING OCTOBER AS BREAST CANCER AWARENESS MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Tennessee [Mr. CLEMENT] is recognized for 5 minutes.

Mr. CLEMENT. Mr. Speaker, I rise on this special occasion, recognizing October as Breast Cancer Awareness Month.

Mr. Speaker, breast cancer is the most common form of cancer affecting women in the United States, with one out of eight women developing this disease in her lifetime. It affects mothers, daughters, wives, and sisters. Both its cause and the means for its cure remain undiscovered.

In honor of October as Breast Cancer Awareness Month, I am pleased to lend my support for the initiatives of this Congress to not only work toward eradicating this dreaded disease, but to ensure that women receive the proper treatment they deserve.

I would like to take this opportunity to call attention to the Internet petition. This petition gives constituents across the Nation a chance to voice their support for the initiatives by the gentlewoman from California [Ms. ESHOO] and the gentlewoman from Connecticut [Ms. DELAURO] to stop insurance companies from forcing women to have drive-through mastectomies, and denying women coverage for reconstructive breast surgery following mastectomies.

As a cosponsor of both of these bills, I am pleased to support this legislation, which would provide much needed improvements in coverage for breast cancer treatment.

A young lady from my State of Tennessee who lost her mother to breast cancer a year ago signed the petition earlier this week. She also added, "Not only do we need to stand up for the above initiatives, but we need to stand up for better treatment and cures for this deadly disease."

Yes, Mr. Speaker, we do need to stand up for better treatment and cures for this deadly disease. I encourage the House of Representatives to hold hearings on these two bills in an effort to see that this legislation is passed into law.

Like many of us down here on the floor tonight, I am dedicated to expanding the Federal commitment to eradicating breast cancer through increased outreach and education programs, as well as through regulation and provision of treatment. Let us work together to find a cure for this dread disease.

Mr. Speaker, I also want to brag on my wife, too, Mary Clement, because she is on the board at the Vanderbilt

Cancer Center in Nashville, TN. She is very outspoken on this particular issue; and also my aunt, who is a State senator, or a former State senator now, from the State of Tennessee, Annabelle Clement O'Brien. She passed some major legislation in the Tennessee General Assembly several years ago, and was just honored, alongside Dr. Benjamin Byrd. Both of them were honored at Vanderbilt University, and I congratulate them.

If all of us will work together, we can accomplish great things.

THE CITIZENSHIP REFORM ACT OF 1997

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California [Mr. BILBRAY] is recognized for 5 minutes.

Mr. BILBRAY. Mr. Speaker, I rise today to address the Citizenship Reform Act of 1997. The Citizenship Reform Act of 1997 amends the Immigration and Naturalization Act to deny automatic citizenship to children born in the United States who were not born by parents who are legal resident aliens or permanent residents, or U.S. citizens.

Now, Members may say there are not that many people out there who are born to citizens of tourists or illegal aliens, and it is not that big a deal. Mr. Speaker, let me clarify that this has become a big deal. In California alone, we have addressed this issue and seen this issue grow. Over 250,000 children of illegal aliens are now qualified in the county, in one county, of Los Angeles, over 250,000 qualify for benefits such as Medicare, AFDC, WIC, and SSI. In fact, two-thirds of the births in Los Angeles County, Mr. Speaker, in the public hospitals of Los Angeles County, are to parents who are illegal aliens.

The fact is that the cost to the State of California alone is \$500 million for providing welfare and health benefits to the children of illegal aliens. Forty percent of all births in the State of California are children of illegal aliens.

These costs are not just borne by the people of California, they are borne by everyone. I think it is an issue that we now have a responsibility to address. The fact is we have created a loophole and created a benefit for people who break our laws.

I do not fault the mothers who come to the United States so their children can get automatic citizenship and get all these benefits. I do not fault them at all. They are only doing what is legal for them. Who I fault is Congress in Washington, DC, for having this huge loophole, this great encouragement for people to immigrate illegally.

Just in Texas there has recently been a report coming out showing that birth certificates are being sold to Mexican nationals for children that were never even born in the United States. In fact, one midwife has sold over 3,800 phony birth certificates so children could

then qualify for welfare benefits and Social Security benefits.

In fact, it is estimated that in one sting operation alone where there were 89 people arrested, over \$400,000 of alleged fraud was committed under the guise of utilizing the automatic citizenship clause through phony certificates. The granting of automatic citizenship to children born in the United States has led to this kind of fraud. Regardless of the parents' status, we are rewarding people for violating our laws.

We are talking about fairness here, too, Mr. Speaker, because how many people are waiting out there, 3,500,000, to immigrate legally? How many children are born to these 3,500,000 people who are playing by the rules? Do we give them automatic citizenship? No. We tell them, like we should be telling the children of illegal aliens, you have the right to apply for citizenship like anyone else, but we are not going to give you automatic citizenship.

I think it is quite unfair that we tell one group of people that your children get automatic citizenship because you broke the law and then tell another group of people, 3,500,000, that you will not get this privilege because you did not break the law. Fairness tells us we need to take care of this problem. Thousands of legal immigrants are waiting, and many, many thousands of illegal aliens are getting rewarded.

There may be those who say that H.R. 7 is unconstitutional. Mr. Speaker, the Supreme Court has never ruled on the issue of illegal aliens getting automatic citizenship for their children. They have ruled on legal aliens, and they have said that because legal aliens were allowed in this country and agreed to come to this country, they have the burdens of loyalty and obligations of service in the draft. With that obligation comes the inheritance for their children of automatic citizenship. Illegal aliens do not have that obligation, and thus cannot pass on a citizenship right to their children as legal immigrants can and U.S. citizens.

Mr. Speaker, the status of H.R. 7 is we have 51 bipartisan sponsors. The hearing was held on June 25. We are looking forward to a markup in early November, and frankly, I would encourage every citizen in the United States and every legal resident to contact their Congressman and ask them to join in the Immigration Reform Act of 1997, and bring some logic and some fairness back into our immigration policy.

Let us start rewarding people for playing by the rules and stop punishing them for obeying the laws.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina [Mr. PRICE] is recognized for 5 minutes.

[Mr. PRICE of North Carolina addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia [Mr. LEWIS] is recognized for 5 minutes.

[Mr. LEWIS of Georgia addressed the House. His remarks will appear hereafter in the Extensions of Remarks.]

JOIN THE FIGHT AGAINST BREAST CANCER

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Massachusetts [Mr. MCGOVERN] is recognized for 5 minutes.

Mr. MCGOVERN. Mr. Speaker, breast cancer is currently the second leading cause of cancer deaths among American women. One woman in eight will develop breast cancer during her lifetime. In 1996 alone, an estimated 44,000 women died from this terrible disease.

While these statistics are sobering indeed, there is hope. If breast cancer is detected early, the probability that a woman can survive is greater than 90 percent. Certainly, we must do everything in our power to identify the signs of breast cancer early, treat the symptoms aggressively, and make continued medical attention affordable and accessible. As we celebrate Breast Cancer Awareness Month, we in Congress should recognize the obligation that we share in the national battle against this terrible illness.

I am a cosponsor of several important pieces of legislation that seek to establish high standards for quality and affordable medical treatment of breast cancer, including H.R. 164 and H.R. 135, which my colleagues, the gentlewoman from California, Ms. ANNA ESHOO, and the gentlewoman from Connecticut, Ms. ROSA DELAURO, introduced earlier this year. Both of these measures would give breast cancer patients who undergo mastectomies the health care coverage they need to fully recuperate from their illness.

When I meet the women throughout my district in Massachusetts, I hear how concerned they are that their health insurance will not adequately provide for them if they are one day diagnosed with breast cancer.

Back in January, the Massachusetts Breast Cancer Coalition wrote me to ask that I cosponsor the legislation of the gentlewoman from Connecticut [Ms. DELAURO], which requires a 48-hour minimum hospital stay for patients undergoing mastectomies, and a 24-hour stay for lymph node removal for the treatment of breast cancer.

Under the legislation drafted by my colleague from Connecticut, physicians and patients, not insurance companies, determine whether or not a shorter hospital stay is warranted. I strongly agree with their sentiment, that decisions about hospital stays following these painful and psychologically distressing surgeries should be between the health care provider and the patient. I was proud to become a cosponsor of that legislation.

The gentlewoman from Connecticut [Ms. DELAURO] and the gentlewoman

from California [Ms. ESHOO] have also worked to establish a site on the World Wide Web that allows visitors to learn more about breast cancer, read and submit personal encounters with the disease, and build support for many of the legislative initiatives that seek to improve conditions for breast cancer patients.

As I read through some of the personal stories posted on that Internet site, I noticed a number of individuals who had written from my home State of Massachusetts, and I would like to share a couple of those stories.

Lynn DeCristofaro of Massachusetts wrote, and I quote: "I am only 16 years old, and I had to watch my 24-year-old sister die from breast cancer. I watched her come home after a mastectomy when it was obvious that she should be in the hospital."

Mrs. R. Russell of Massachusetts wrote: "I am a breast cancer survivor who is doing very well. However, I never know if the day will come that I have a recurrence. I think a recurrence is enough to worry about, without additional concern that my insurance company may not adequately cover my care."

Christopher Carron of Massachusetts wrote: "Two years ago my mother was diagnosed with breast cancer. She immediately had a mastectomy and reconstructive surgery. Luckily, she lives in Connecticut, where minimum stays in the hospital are required by law, and her health insurance company was flexible in the amount of time she spent in the hospital."

"I now realize that my mom's care was the exception, not the rule. Please end the inhumane treatment of our Nation's mothers, daughters, sisters, grandmothers, and granddaughters, and vote for H.R. 135 and H.R. 164. These women need to be treated with dignity and more than ample health care. My mom is now a 2-year cancer survivor and is fighting for herself and the rights of millions of other women who have faced this horrible battle. Thank you," he wrote.

Mr. Speaker, after hearing the stories of these individuals and countless others like them, I do not see how any Member of this body could say that current law is doing an adequate job of addressing the health needs of breast cancer patients in America.

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Doctors in this country are spending far too much time fighting with insurance companies to get permission to give their patients the treatment they need. Physicians who treat women suffering from breast cancer should never be put in that position.

Our legislation will allow doctors to make decisions based on the health and long-term well-being of their patients and not the bottom line. Clearly we in Congress must do more to ensure that women suffering from this dreaded disease have access to quality, affordable,