

In the 106th Congress, Democrats have no woman in their elected leadership.

We are working hard to ensure that each American has a safe, secure, and positive future.

The SPEAKER pro tempore (Mrs. WILSON). Under a previous order of the House, the gentlewoman from New York (Mrs. KELLY) is recognized for 5 minutes.

(Mrs. KELLY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

ASTHMA AWARENESS MONTH

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Maryland (Mrs. MORELLA) is recognized for 5 minutes.

Mrs. MORELLA. Madam Speaker, I am a Republican woman Member of the House, and I want to associate myself with the comments made by my colleague, the gentlewoman from Florida (Mrs. FOWLER).

But tonight I want to address this body with regard to something that is nonpartisan that requires bipartisan support, and that is asthma awareness.

This is Asthma Awareness Month, and I want to focus attention on the asthma epidemic in our country today. This is an epidemic that cannot be cured, but through better education and awareness, it can be a manageable part of one's life.

More than 14 million people in the United States have asthma, and of these, almost 5 million are children. One in every three children with asthma had to go to an emergency room because of an asthma attack in the past year.

Asthma is a problem among all races, but the asthma death rate and hospitalization rate for African Americans are three times the rate of white Americans. Asthma is a serious lung disease. Forty-one percent of all asthma patients, an estimated 6 million Americans, were hospitalized, treated in emergency rooms, or required other urgent care for asthma in the last year.

Madam Speaker, this Nation is falling far short of meeting new government guidelines for asthma care. Failure to meet these basic guidelines means that a generally controllable disease quickly spirals out of control. Asthma cannot be cured. Having asthma is a part of one's life. However, with proper medical care, one can control one's asthma and become free of symptoms most of the time.

But asthma does not go away. We must renew our commitment to our national goals for asthma care, goals established by the National Heart, Lung, and Blood Institute at the National Institutes of Health.

These goals include:

No missed school or work because of asthma. Forty-nine percent of children with asthma and 25 percent of adults

with asthma missed school or work due to asthma last year;

No missed sleep because of asthma. Almost one in three asthma patients, 30 percent, is awakened with breathing problems at least once a week;

Maintain normal activity levels. Forty-eight percent say that asthma limits their ability to take part in sports and recreation, 36 percent say it limits their normal physical exertion, and 25 percent say it interferes with social activities.

All too often the severity of asthma is ignored or goes undiagnosed. When this happens, adults as well as children find themselves rushing to the hospital and many times having to give up activities they love. They do not understand how treatable asthma is. We must increase awareness, education, and most of all, communication on how to best control the disease and how to control those things that make asthma worse.

Proper asthma care is crucial. America needs better asthma education and treatment, and especially in the hardest hit inner cities. We must all work together as parents, teachers, and public officials to ensure that all Americans, especially our children, have a basic knowledge and understanding of how to diagnose and how to control asthma before it becomes a life-threatening condition. We should do no less.

A CRISIS IN AGRICULTURE, AND THE NEED FOR BUDGET REFORM

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

Mr. THUNE. Madam Speaker, agriculture is in incredible crisis. Earlier today we voted on a number of amendments to the agricultural appropriations bill, and the bill funds programs that are very important to my constituency, programs that provide credit, dollars for conservation, income support for our farmers and ranchers.

For that reason, I have been very frustrated as I have watched this process and the tactics that have been employed here on the floor to try and slow this process down. It is a bill that is important to me, it is important to those I serve, and so I would hope that we can move this bill forward in a timely way.

Even though the spending does not take effect until October 1, the next fiscal year, we need to get these appropriation bills done. It is the work that the American people sent us here to do.

I appreciate what the gentleman from Oklahoma (Mr. COBURN) is trying to do. I do not believe he is taking issue with the agriculture bill itself, with the spending in the agriculture bill, as much as he is with the process by which we accomplish our work here.

On that point, I believe he happens to be right. We need budget process reform here in Washington. This process is an embarrassment to the people of

this country. It is an embarrassment to me, and it ought to be an embarrassment to every Member who serves here in the House or in the Senate.

There is a bias in the budget process toward higher spending. I want Members to think about what the current budget process has given us. We have \$5.5 trillion in debt, or \$20,000 for every man, woman, and child in America today.

In fact, people have a hard time grasping what \$1 trillion is. We are \$5.5 trillion in debt. If you started a business on the day that Christ was born and lost \$1 million every day, every day up until the present, you would not even have lost \$1 trillion. We are \$5.5 trillion in debt. That is what this budget process has gotten us.

The other thing it has gotten us is a \$1.7 trillion annual budget because of a Washington gimmick known as baseline budgeting, where every year we have increases that are built into the budget. Nobody else in America has to get the budget that way, but here in Washington, that is what we do.

The tax burden in this country is at the highest level since any time since 1945, where every American essentially works 2 hours and 51 minutes of every working day just to pay the cost of government.

Last fall we had a debate here as we got to the end of the year, and of course, as usual, we had not done our work. We had not completed the appropriations process, so everything was wrapped into this huge omnibus continuing resolution which was some \$600 billion, a bill most of us had not even seen, let alone read, done in the middle of the night with a handful of people, and we are asked to vote on it.

This is a process which begs and cries out for reform. We are the guardians here of the public trust in Washington. This is a national tragedy. The American people ought to get engaged on this issue, because there is nothing that we could do that would more fundamentally change the way Washington operates and the way the taxpayer dollars are spent than for us to reform the budget process.

The American people need to be engaged, because it is their money we are talking about. We go about it with the process that we have in place today, and frankly could make the argument that if we had the political courage to make the hard decisions we could get it down, and we could.

But the fact of the matter is that the process lends itself to the very worst instincts I think of all of us here in Washington. There is a bias towards higher spending.

There is a proposal on the table this year to reform the budget process. The gentleman from Iowa (Mr. NUSSLE), this is a bipartisan bill, and the gentleman from Maryland (Mr. CARDIN) have come up with a proposal to reform the budget process. Last year I was a cosponsor of the bill of the gentleman from California (Mr. CHRIS COX) that would do the same thing.

But we need safeguards that protect the American people. We need to see that we have an emergency reserve contingency fund, so we do not end up at the end of every year having to come up with an omnibus emergency disaster bill and not get the process done or the bills done in a timely and orderly way.

We need to have some enforcement in the budget process, so that when we pass the resolution, that it is binding, not only upon us but upon the administration.

We need to have this debate about the budget earlier in the process, so we do not end up at the end of the year with all this pressure and with nowhere to go but to get into a bidding war, where we continue to spend more and more and more of the American people's money.

We need budget reform in this town more than just about anything else that I can think of. Watching the debate today reaffirmed in my mind how important it is that we deal with this issue now, we do it this year.

I urge all my colleagues to get on board and the American people to get on board with this issue.

CALLING ON LEADERSHIP TO BRING UP HMO REFORM LEGISLATION

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Madam Speaker, it is very important that we keep up the pressure in this House to pass HMO reform.

Despite the overwhelming support among the American people for HMO or managed care reform, the Republican leadership continues to let the issue languish. We still have no indication when or even if they will allow the Patients' Bill of Rights to come to the House floor for a vote.

□ 2045

The reason for this activity is the same as it was last year. The Republican leadership cannot figure out how they can pass a good managed care bill without alienating the insurance agency.

So instead of doing what is right and best for the American people, they are once again appeasing the insurance industry and hoping an answer to this problem will magically fall from out of the sky.

Unfortunately, Madam Speaker, as the leadership sits and waits and does nothing, the shortcomings of the system continue to forever change the lives of countless Americans. We need only to turn on the TV or open the newspaper to see this.

I would like to use one example here tonight, and that is the issue of emergency room care. Earlier this month,

USA Today ran an editorial on this issue. It was called "Early Last Year" starts the editorial.

It mentions that a Seattle woman began suffering chest pains and numbness while driving. The pain was so severe that she pulled into a fire station seeking help only to be whisked to the nearest hospital where she was promptly admitted.

To most, that would seem a prudent course of action, but not to her health plan. It denied payment because she did not call the plan first to get preauthorized, according to an investigation by the Washington State Insurance Commissioner.

I mentioned this editorial, Madam Speaker, as an example of the problems people have with their HMOs in terms of access and paying to for emergency room care.

Let me just go on to talk about this editorial again. The editorial says that this incident is typical of the enumerable bureaucratic hassles patients confront as HMOs and other managed care companies attempt to control costs.

But denial of payment for emergency care presents a particularly dangerous double-whammy. Patients facing emergencies might feel they have to choose between putting their health at risk and paying a huge bill they may not be able to afford.

The editorial in USA Today goes on to suggest a solution to the problem, noting that a national prudent layperson standard law covering all health plans would help fill in the gaps left by the current patchwork of State and Federal laws.

Democrats have been basically making this point about managed care for a long time. We know that people have had problems with their HMOs if they need to use an emergency room either because they are told to go to a hospital emergency room a lot further away from where they live or where the accident occurred, or, as in this case that I just mentioned, the actual payment afterwards is denied because they did not seek preauthorization, which seems nonsensical certainly in the context of emergency room care.

One only goes to an emergency room if it is an emergency. If one has to get preauthorization for it, it really is not an emergency. That is the dilemma that more and more Americans face, that their HMO plan does not cover emergency room care.

The Democrats, in response to this, have introduced a bill called the Patients' Bill of Rights. Basically what we do in the Patients' Bill of Rights is say that the prudent layperson's standard applies.

In other words, if the average person, the average, prudent person, if you will, decided that they had chest pains or they had a problem that necessitated going to the local emergency room, then they can go to the emergency room that is closest by, and the HMO has to pay, has to compensate for that care, has to pay for that emergency room care.

In the last Congress, we, the Democrats, tried to bring up the Patients' Bill of Rights. The Patients' Bill of Rights provides a number of patient protections, not just the emergency room care, but access to specialists.

It basically applies the principle that says, if particular care is necessary, medically necessary, and in the opinion of one's doctor is medically necessary, then it is covered; and the HMO has to cover that particular type of care.

In the last Congress, the Republican leadership did not hold a single hearing on the Patients' Bill of Rights or even on an alternative managed care bill that they had proposed.

So what we had to do, basically, was to seek what we call a discharge petition. We had to have a number of our colleagues come down to the well here and sign a discharge petition that said that the Patients' Bill of Rights should be allowed to come to the floor.

As we reached the magical number that was necessary in order to bring the Patients' Bill of Rights to the floor, the Republican leadership finally decided that they would bring their own managed care reform bill to the floor. In the context of that, we were allowed to bring up the Patients' Bill of Rights.

I think we are going to have to be forced to do that again. Basically in this session of Congress, even though the Patients' Bill of Rights have been reintroduced and even though there are some Republican managed care reform proposals, so far, the Republican leadership has refused to bring up HMO reform, either their bill, which is not as good, or the Patients' Bill of Rights, the Democratic bill.

So what we have had to do again, and starting tomorrow, is to file a rule allowing for a discharge petition to be brought up and have as many Members of Congress come down to the well again in a couple of weeks and sign this discharge petition in order to force the Republican leadership to bring the Patients' Bill of Rights to the floor.

It should not be that way. It should not be necessary that, in order to achieve HMO reform, that we have to sign a petition as Members of Congress to bring it up. It simply should be brought up in committee. There should be hearings. It should be voted on in committee to come to the floor. But so far, we have nothing but stalling tactics from the Republican leadership.

I mentioned the example of emergency room care. But there are a lot of other examples that we can mention about why we need patient protections, why we need the Patients' Bill of Rights.

Let me just give my colleagues another example, though. We have a Democratic Task Force on Health Care, which basically put together the Patients' Bill of Rights. We had some hearings on the Patients' Bill of Rights in the context of our Democratic Health Care Task Force because we could not get hearings in the regular