

the gentleman from Maine (Mr. ALLEN), who has also provided great leadership on this prescription drug issue, along with the gentleman from Texas (Mr. TURNER).

Mr. Speaker, I am on the floor this evening, because, quite simply, the prescription drug manufacturers in this country are ripping off the American people, and even worse, they are ripping off the senior citizens of this country. It is absolutely unbelievable that, as a Congress, we allow this to go on day after day after day.

In the district that I am fortunate enough to represent, I never stop and visit anyone that this issue does not come up, that we do not have to talk about the fact that we have senior citizens that have to make a decision on a daily basis whether or not to buy something to eat or to buy their medicine. This is a situation that we cannot allow to go on.

Mr. Speaker, I come from a small town. If we had someone in that small town going door to door, stealing from senior citizens, taking the money out of their pocket, throwing them into such economic circumstances that they were not able to buy food or stay alive because they did not have the money to buy their medicine, we would go find that person, and we would lock them up, I hope; but at the very least we would stop it from happening.

Yet we are allowing the prescription drug manufacturers in this country to continue to go into our citizens' homes on a daily basis and create this situation, and they are doing it legally.

Americans are just simply overcharged for these products, and it is not right. The taxpayers of this country pay for the research and development, most of it that takes place through grants, through tax credits, through various other mechanisms that we make possible. These same companies have the lowest taxes on their profits of any companies in the country.

Americans pay for this research that the whole world benefits from; and yet we are charged two to three times as much for these products as any other nation in the world. It is just simply not fair, and it is time the Congress does something about it.

When you have something that is this unfair, it is the job of the United States Congress to step in and do something about it.

Mr. Speaker, I beg my colleagues this evening to recognize this problem and do the right thing. We have just seen in the last few months a great uproar in this country over whether or not a young man from Cuba would be sent back to be with his father, whether he would stay Here.

□ 1845

We are all concerned about that situation. That situation pales in comparison to the hardship that our senior citizens are put in every day because of prescription drug companies in this

country are charging them far more than they charge anyone else in the world, and they just simply cannot afford it. And we, as a Nation, cannot afford it anymore. Mr. Speaker, I beg my colleagues to take this opportunity to do something about it.

Mr. PALLONE. Mr. Speaker, I thank the gentleman, and I think that he really brings home this whole issue of price discrimination and that is really what goes on and the heart of what our constituents' concerns are. They say it to us every day.

We had 2 weeks back in the district the last 2 weeks, and I just heard it so many times over and over again. And I do not think it matters where we are, Arkansas, New Jersey. Wherever we are, we just hear so many seniors that tell us that the costs are just too exorbitant, that they cannot pay them.

Mr. Speaker, I thank the gentleman for all his help in helping us put together the Democratic principles in the plan that we have been developing.

Mr. Speaker, I know that I do not have a lot of time left; but I wanted to, if I could in the time that I do have, to basically outline what the Democratic position is.

Democrats believe that in order to develop a meaningful Medicare prescription drug benefit, two crucial characteristics of the prescription drug marketplace for seniors have to be recognized.

The first is that the high cost of prescription drugs is not a problem exclusive to low-income seniors. Millions of middle-class seniors are feeling the effects of excessive prescription drug costs as well.

And the second is the price discrimination that seniors without health insurance are subject to when purchasing pharmaceuticals. I think tonight my colleagues outlined the problems with the costs and the problems that so many seniors are having now in terms of their ability, or their inability, to purchase medicine or prescription drugs.

But the bottom line is that a Medicare drug benefit should be offered to every Medicare beneficiary, and it should be voluntary and affordable. Seniors who have coverage they like should be able to keep that coverage. Seniors who have no coverage at all, or inadequate coverage, should be able to get the coverage they need. Low-income seniors should receive subsidies for the cost of benefits, including complete subsidies for those with the least ability to pay.

In addition, Democrats say that the coverage should consist of a meaningful, defined benefits package, including guaranteed access to medically necessary drugs. It must provide so-called catastrophic coverage for seniors with excessive drug costs, and it must be administered through a purchasing mechanism that maximizes the purchasing power of Medicare beneficiaries. By doing so, the program can reduce the costs of drugs to seniors and make the benefit affordable to the taxpayers.

Finally, Mr. Speaker, I will say there is broad support for what I have outlined and what my colleagues have outlined tonight amongst Democrats in the House of Representatives and in the Senate. All of these criteria about what this prescription drug benefit should include have been incorporated into the Medicare drug benefit plan that President Clinton has proposed.

But Democrats are not in the majority in either House of the Congress. We need the support of Republicans on a bipartisan basis if we are to succeed. I heard my colleagues on the other side of the aisle say that they want to provide a meaningful benefit. And my goal really, and the goal of us collectively, is to convince the Republican leadership to buy into these same principles that the Democrats have put forward so that we can provide seniors with the care they need to live out their golden years with the dignity that they deserve. I do not want any more of my constituents coming up to me at any point and saying that they have to make a choice between drugs and food or drugs and other necessary services.

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CONGRESS MUST CAREFULLY WEIGH TAX CUT PROPOSALS

The SPEAKER pro tempore (Mr. REYNOLDS). Under the Speaker's announced policy of January 6, 1999, the gentleman from Iowa (Mr. GANSKE) is recognized for 60 minutes.

Mr. GANSKE. Mr. Speaker, times could hardly be better. We are in the longest business expansion in our Nation's history. The economy is booming. Companies are reporting solid profits. Orders for durable goods were up 2.6 percent in March, and the Commerce Department has reported first quarter GDP grew by 5.9 percent. Mr. Speaker, that is after growth in GDP at 7 percent the previous quarter.

Unemployment is at record lows. Welfare rolls are down 50 percent or more around the country, thanks to work requirements and job training and the welfare reform bill that Congress passed a few years ago, and, yes, also thanks to a very strong economy.

Last year, Congress paid down more than \$130 billion in national privately held debt. And we did not use the Social Security Trust Fund to fund our appropriations.

Part of the economic boom is due to the consumer perception that Congress, despite all our battles with the President, has kept spending down. At the same time, the increased government revenues have allowed for significant increases in funding for education, health care research, and law enforcement. And despite a rash of rampage shootings at workplaces and schools, about which I will talk more in a little bit, better law enforcement has led to lower crime, including violent crimes like armed burglary.

But the good economy helps keep crime down too, if only because having

a job helps reduce domestic tension. Indeed, we have almost an economic miracle going on. The wealth of the 50 percent or more of Americans who invest in the market has grown considerably. In testimony before my committee, Alan Greenspan, Chairman of the Fed, attributes this remarkable economic story to the fruits of increased efficiencies due to computer technology investment and also to Federal budgetary restraint.

It is true that the gap between the average wage earner and his boss has increased dramatically, primarily because of new wealth creation at the top. Bill Gates is just the prime example.

But new data also shows increases in average wages starting to rise. However, the average level of savings for wage earners in this country is very low. We need to do more to help all Americans become wealthier. It would be enlightened public policy, especially with baby boomer retirement starting in 2011, at which time a baby boomer will retire every 8 seconds, if the Government would facilitate personal investment accounts. But I digress.

The economy is great, and we can all be very thankful. The strength of the economy is going to determine how much Congress will be able to do in many areas, including a potential prescription drug benefit. I would argue not just for senior citizens, but something we ought to consider for all Americans.

However, Mr. Speaker, it is imperative that Congress not muck up this great economy. The Dow was down 250 points today. The Dow is off 1,500 points from its high this year. That is almost 13 percent, amid rumors that Mr. Greenspan is going to larger interest rate increases.

Mr. Speaker, since we just paid our income taxes, I want to talk for a minute about tax cuts. Last year, I was one of only four Republicans who voted against the congressional leadership's \$785 billion tax cut. That was a very tough vote for me, because I fundamentally consider taxes to be my constituents' money and not Washington's money.

It was no secret the Chairman of the Committee on Ways and Means, the gentleman from Texas (Mr. ARCHER), who I respect very much, originally wanted to introduce a much smaller and more focused tax cut. But, Mr. Speaker, the Senate got involved. Well, I will have more to say about that body a little later in this speech.

Now, on that vote I could have taken the easy way out, and I could have voted for a tax cut, knowing that President Clinton would veto it. But I will tell my colleagues something, the day I start voting on this floor politically rather than on the merits is the day I had better stay home.

I did not vote on President Clinton's impeachment because of partisan politics, and I will not vote on important economic matters that make a lot of

difference to my constituents because of party positioning either.

So why did I vote for the \$250 billion tax cut instead of the larger tax cut? By the way, Mr. Speaker, the tax cut I voted for made permanent the Research and Development Tax Credit which the larger tax cut neglected. So why did I make that vote?

Exactly, Mr. Speaker, because the economy is so superheated right now. Throwing a \$785 billion tax cut, a tax cut of that size, on this economy would be like tossing gasoline on a bonfire. Chairman of the Fed, Alan Greenspan, in testimony before my committee made it clear that in the interest of sustained economic growth, he is going to raise interest rates. Can my colleagues imagine what the interest rates would be today had that larger tax cut become law last year? I think we would have seen interest rate increases twice as large.

Mr. Speaker, I do not need to tell my colleagues, I do not need to tell the people back in Iowa what a prime rate 1½ points or 2 points higher than it already is after Mr. Greenspan's quarter point increases, what that would be doing to the economy.

We are already starting to see the effect of those smaller interest rate hikes. Look at the volatility of the markets. Just the other day I asked a businessman in Des Moines, How are things going, Jim? Great, he replied, but the increased interest rates and reduced consumer confidence in the market are really starting to affect our home sales.

Mr. Speaker, I think we need to be very careful with congressional action that can affect the economy. We should be very careful not to rock this boat too much.

Yes, we can safely do a modest tax cut, as long as we keep some control of spending. And when we factor in cost of living increases and average emergency funding for things like droughts and hurricanes, that \$2 trillion surplus that everyone talks about shrinks to about \$600 billion over 10 years, and that is over if the economy continues to do well.

I believe the time for a really big tax cut is when the economy needs a stimulus, not when it may actually need a little Ritalin.

What should we do yet this year? Well, Congress passed and the President signed a \$250 billion tax cut in 1997. I hope that by the end of this year, we could actually get signed into law about \$250 billion in tax cuts that would increase health insurance deductibility and address the marriage tax penalty. Beyond that, Mr. Speaker, I think we should wait and see how the economy does in 2001.

There is nothing wrong with doing a responsible tax cut every few years. But we must be prudent and careful, and we should keep our fingers crossed that Congress and other fiscal policymakers can bring this big roaring jumbo jet of an economy to a safe and sustained landing.

Mr. Speaker, I also want to talk briefly about three health matters: violence in schools, children smoking tobacco, and HMO reform. Let us talk first about school violence.

SCHOOL VIOLENCE

Mr. Speaker, we are just past the 1-year anniversary of the Columbine High School shooting in which two high school students killed 12 fellow students, a teacher and themselves. Columbine, unfortunately, is not an anomaly. There have been school shootings in Moses Lake, Washington; Springfield, Oregon; Olivehurst, California; Bethel and Jonesboro, Arkansas; Edinboro, Pennsylvania; Grayson and West Paducah, Kentucky; Fayetteville, Tennessee; Conyers, Georgia; Pearl, Mississippi.

□ 1900

Well, Mr. Speaker, public action can make a difference. Increased cops on the beat, keeping guns out of the hands of felons, and longer jail terms for violent criminals have helped lower crime. Yet even though some types of criminal behavior such as burglary have decreased, the Littleton massacre was one of only 13 rampage attacks last year; and we have already seen several this year.

It is a sad fact that multiple murders at work and at school are becoming commonplace news stories that barely shock us. What can we do to prevent these rampage killings? Well, there is a tangle of cultural, psychological, and medical factors that I think leads to these events: higher divorce rates, parental abuse in some cases, poor impulse control stemming from violence on TV and the movies, lack of access to mental health services, and a general sense of isolation and alienation from other people.

The decline of the traditional family may be the most important factor. However, there is a common thread to the children and adults who commit multiple murders. They are almost invariably mentally ill. They may be schizophrenic, maybe they are just sociopathic; but they almost always are depressed and suicidal.

The two Columbine students carefully planned their own deaths for nearly a year. John Stone, the Jefferson County Colorado sheriff had it right. He said, "They wanted to do as much damage as they possibly could and then go out in flames."

Case studies of rampage killers have shown that they typically leave warnings of suicide and violence long before they shoot to kill. But they do not get the help they need. If we are going to address the growing incidents of rampage shootings, we must devote time and resources, both public and private, including personnel, including taking some responsibility ourselves back in our communities with individuals to identify and treat the mental health conditions that lead to that destructive murderous behavior.

It is also true that these isolated dependent people have more lethal

means at their finger tips than ever before. In the largest survey on gun storage ever taken, the American Journal of Public Health recently reported that more than 22 million children in the United States live in homes with firearms. In 43 percent of those homes, the guns are not locked up with trigger locks. And this statistic is mind boggling because some 1.7 million children live in homes today where guns are kept unlocked and loaded.

In 1997, 4,207 children and teenagers were killed by guns. Guns are the medicine of choice for suicidal use. More than two-thirds of boys and more than one-half, more than 50 percent of girls who kill themselves use a gun. The rate of suicide deaths from guns for those 14 and under in the United States is nearly 11 times that of the next largest 25 industrialized countries combined.

Many, including Members of Congress, are trying to find solutions to this problem. Just this past month, I and 357 other Members of this House voted to spend \$100 million in block grants to States that choose mandatory jail sentences for gun crimes.

Mr. Speaker, I expect Congress to increase appropriations to the Federal agencies that prosecute felons who buy guns. But this is what I really hope for: I hope that we increase funding to treat the mentally ill.

Mr. Speaker, it is noteworthy that the woman who helped the Columbine high school shooters obtain some of their guns had said it was too easy. She has urged closure of the loophole that allowed her to buy the guns at a gun show without a background check.

Congress should listen to the public this year. A recent poll shows that 88 percent of the public supports a change in the law to require a person attempting to purchase a handgun at a gun show to wait 3 business days. And this is the important proviso: if the instant background check on that person shows an arrest record. Let me repeat that. If an instant background check on a person who wants to buy a handgun shows an arrest record, 88 percent of the public supports a change in the law to require that person to wait 3 business days until they are fully checked out, to make sure that one is not selling a gun to a criminal who should not get it.

Mr. Speaker, more than two-thirds of the public think that a trigger lock should be attached to all stored guns.

Tragically, we are going to see more rampage shootings unless we reach out and help those mentally disturbed youths and adults, and unless we also address the easy availability of the guns they use to kill themselves and kill others.

Mr. Speaker, let us talk for a minute about the number one public health issue facing Americans today, the use of tobacco.

Mr. Speaker, each day 3,000 kids start smoking in this country. One thousand of those kids, those under the age of 18,

1,000 of that 3,000 that started smoking today will die of a disease related to smoking tobacco. Each year in this country, over 400,000 people die of smoking-related disease.

Prior to coming to Congress as a surgeon, I took care of many of these people. I have held in my hands lungs filled with lung cancer from somebody who smoked. As a reconstructive surgeon, I have had to remove portions of people's tongue and lips and jaws and neck because they either smoked or chewed tobacco. Then I have had to try to put them back together.

Heart attacks. Smoking is the leading preventable cause of heart attacks or strokes in this country. The list goes on and on. There are like 20 different types of cancers that are caused by smoking.

Peripheral vascular disease. I am also board certified in general surgery. In my training I have taken care of many people who no longer have any circulation left in their legs because of atherosclerosis caused by smoking.

In Des Moines, we are starting to see now billboards that are like these. Here is one, the Marlboro Man. At the top, this one is on Fleur Drive on the way in from the Des Moines Airport. It says, "Bob, I have got emphysema."

This billboard is on I-235 coming into Des Moines from the east side. Two cowboys riding along there, and one says, "I miss my lung, Bob."

Here we have got the Marlboro Man, who by the way, did my colleagues know that the Marlboro Man died of lung cancer. Before he died of lung cancer, he came out and made commercials against smoking tobacco. This one says, the cowboy is talking to his horse, "Chemotherapy scares me, Scout."

Well, I introduced a bill about 2 weeks ago that would give the FDA authority to regulate tobacco and nicotine. The gentleman from Michigan (Mr. DINGELL) is my Democratic cosponsor on that bill. It is not a tax bill. It would not increase the price of a pack of cigarettes. It is not a liability bill. It does not deal with the right to sue. It does not have anything to do with the State settlements. It is a real simple bill.

It would give the FDA the authority to regulate nicotine, which, according to the tobacco companies' own documents, show that it is an addicting substance with nicotine being as addictive, if not more addictive, than morphine and cocaine.

I mean, why is it so hard for people, especially when they start smoking young, to quit smoking? It is because nicotine is really addicting. Just this week, I rented a movie. It is a movie with Al Pacino in it; it is called *The Insider*. I would highly recommend that everyone watch this movie. It is about how Jeffrey Wigand, who was the chief tobacco scientific investigator for Brown & Williamson, decided to give his story to 60 Minutes. It is a riveting story. It will tell my colleagues just

how the tobacco companies play to keep. I would highly recommend it to all my colleagues.

Well, what did those internal tobacco documents show? It showed that they knew that the earlier one can get somebody hooked on tobacco, the harder it is for them to quit. That is why they targeted kids. They wanted to get those 11-, 12-, 13-, 14-years-olds hooked on tobacco, so they came up with Joe Camel. They came up with things like, remember all those inducements to products that one could get with Marlboro on it, or Joe Camel on it.

Well, here is a chart that maybe has a little different spin on the type of product that maybe a tobacco company should really be offering. It says the more one smokes, the more cool gear one will earn. Then it has an all-expense paid trip to the cancer clinic of one's choice. It has got here a deluxe carrying case, which is a coffin. I really like this one. A sport defibrillator for one's smoking. Or how about when one goes on one's hikes, with all those points from purchasing those cigarettes, one can get a portable respirator.

We need to talk about the truth. There are over 1 million high school boys who are chewing tobacco today. What did those tobacco companies do? Well, first of all, they reduce the nicotine because they do not want to make those boys sick and green from too much nicotine. So they reduce it. They flavor it in just the flavors the research that they do that makes it taste great to get those kids hooked. Once they get them hooked, they increase the nicotine to really get them hooked.

Well, here is a chart. As I said, what happens when one chews tobacco? We have not had spittoons around here for a long time. Well, one keeps that wad right there next to one's gum, and pretty soon one is going to have mucosal lesions, and those mucosal ulcers and sores turn into cancer, and then one loses one's lip and one loses one's jaw.

So this is how to ask for some chew after the doctors remove one's tongue. If one chews tobacco, one can get oral cancer, one can lose one's lip, one's tongue, one's cheek, one's throat. So for somebody who wants to keep smoking and chewing, they better learn sign language. This shows us how to ask for chewing tobacco. It says, "chewing tobacco, please."

□ 1915

And if that is not enough to bother my colleagues on both sides of the aisle, remember I mentioned how tobacco causes atherosclerosis? This is a photo of a billboard that is in California. Why am I not surprised it is California? It probably is especially effective in California because what it says is, and here we have a gentleman with a droopy cigarette, it says "recent medical studies indicate cigarettes are one of the leading causes of impotence." I can hardly wait. Maybe the

tobacco companies are going to combine Viagra now with nicotine.

Mr. Speaker, I now have about 65 bipartisan cosponsors to the FDA Tobacco Authorities Act. I encourage all my colleagues to join on to that. This is a bill that, as I said before, is not a tax increase, it is not a litigation bill, it is a real simple bill. It would allow the Food and Drug Administration to implement those 1996 regulations which were directed specifically to preventing tobacco companies from marketing and targeting children to get them smoking. That is what it is about. Let us pass this. Let us do not get bogged down like they did a couple of years ago.

The Supreme Court just ruled 5 to 4 that Congress needs to give the FDA explicitly that authority. But if we read Sandra Day O'Connor's final paragraphs in her opinion, she practically begs Congress to give the FDA that authority. We should do that.

Mr. Speaker, I want to finally speak for just a few minutes about HMO reform. Mr. Speaker, it has been 6 months since this House passed, 275 to 151, in a bipartisan vote, a bipartisan managed care consensus, the Managed Care Reform Act, the Norwood-Dingell-Ganske bill. Six months. The Senate had already passed their bill and they have been in conference. And where are they going? Nowhere. That is why today President Clinton invited the conferees down to the White House to see if they could get something moving on this very important issue.

Why is this issue important? This issue is important because, for instance, the HMOs are able to, under Federal law, deny repair of this baby with a cleft lip and palate as medically unnecessary. More than 50 percent of the reconstructive surgeons in this country within the last 2 years have had cases like this or related to this birth defect denied by HMOs. These are real people that are affected.

We are all familiar with the young lady who about 70 miles west of here fell off a 40-foot cliff, broke her skull, broke her arm, fractured her pelvis, had to be air flighted in to the emergency room and then her company refused to pay because she had not phoned ahead for prior authorization. I mean, like she was supposed to know ahead of time she was going to fall? Or maybe when she was on a morphine drip in the ICU she was supposed to make the phone call? Come on.

At least that young lady got better. This woman did not. This woman had care inappropriately denied by her HMO and she died. Her children and her husband are now without their mother and wife. This story was profiled on the front page of Time magazine, if my colleagues want details. Talk about HMO abuse.

Now let us talk about this little boy. This little boy, 6 months old, tugging at his sister's arm, was sick one night, a temperature of about 104, 105 at about three in the morning. His mother

phoned the HMO's 1-800 number saying I have to take Jimmy to the emergency room. Fine, they said, but we will only authorize one hospital, and that was 70 miles away. And little Jimmy had an arrest in the car before he got there. Somehow they managed to save his life, but they did not save all of him. And because that HMO made a medical decision, because they did not say just take him to the nearest emergency room but said they would only authorize her to go to their emergency room, which was a long, long ways away, they contributed to his cardiac arrest by that decision. That was a medical decision. And it resulted in this little boy losing both hands and both feet.

We have been working on patient protection legislation now, my colleagues, for 5 years. It is time that we come together and get something to the President's desk that he will sign. Now, in light of the fact that very little progress is being made in the conference, and I should point out that of the Republican conferees that were appointed to this conference from the House, 13 or 14, only 1 actually voted for the bill that passed the House. And the two Republican authors, the gentleman from Georgia (Mr. NORWOOD) and myself, the authors of the bill, were not even named as conferees. We are not on the conference. We wrote the bill which passed the House 275 to 151, but we were not named to the conference.

Well, I would refer my colleagues to a timely new investigative report that documents how campaign cash, particularly unlimited soft money contributions, has cemented an alliance between pro managed care interests and Senate leaders that has thwarted strong new patient rights protection that is supported by the majority of Americans. This is in a report on the Internet, so I will give the address: <http://www.citizen.org/congress/reform/hmo-senate.htm>.

My colleagues need to read this report. Drawing on interviews, according to this report, with key lobbyists, Capitol Hill staff and written sources, the report details the intimate working relationships between two top managed care trade associations that are major contributors to the majority party in the Senate.

We are talking about the Blue Cross/Blue Shield association and the National Federation of Independent Businesses. Now, I want to hasten to say that my voting record with the NFIB has always been good and we share many goals. But on this issue the NFIB lobbyists here in Washington are wrong and, in my opinion, are not representing the desires of their own NFIB members back home.

I have met with NFIB members back in my State, and overwhelmingly they tell me they support our patient protection legislation. And that is borne out by this: According to a Kaiser Family Foundation and Health Re-

search and Educational Trust study done last year, there is overwhelming employer support for patient protections. We are talking about payment for emergency department visits. Eighty-five percent of small firms think that Congress ought to pass a law that does that. Large firms, 69 percent; the general public, 76 percent. So employers support that even higher than the general public.

How about on the issue of a denial of care, where an individual goes to an independent appeals process? Small firms, according to this Kaiser Family Foundation study, supported that provision for Federal law to the tune of 94 percent; large firms, 79 percent; the general public, 83 percent.

Now, on the issue of enforcement, on the right to sue, small firms, the employers who own these small firms, 61 percent support that provision. Why? Because they have got the same policy as their employees and they have seen their employees abused by HMOs and then have no recourse. They do not think that is right. That is almost two-thirds. That is almost two out of three employers of small businesses. And the general public feels even stronger about that; 70 percent on that.

That is why I think that some of the Washington lobbyists are not even representing the wishes of their own constituents back home.

This report reveals the extraordinary range of pressures that Senate leadership has deployed to keep reluctant Republican Senators in line. And based on this new analysis of political contributions that is in this report, the report lays bare the financial ties that bind the iron triangle of pro managed care contributors, their lobbyists, and Senate leadership that has worked in concert against strong patient rights legislation. Senate leadership represents the last bastion of HMO resistance to public regulation of HMOs, which most Americans blame for decreasing the quality of health care.

In 1998, Senate leadership prevented the Senate from even considering the Patient's Bill of Rights. In 1999, they steered a weak patient rights bill through the Senate by a narrow margin. Only 2 months later, the House of Representatives, as I have said, passed a strong bill. But, today, one of those Senate leaders chairs the House-Senate conference, and he often makes pessimistic statements on the outlook. He recently told Congressional Quarterly magazine, "It's not a high probability to even have a successful conference." While his pro managed care allies fight to kill any legislation.

Here are some of the report's highlights. Let me repeat this again. This report is in <http://www.citizen.org/congress/reform/hmo-senate.htm>. Here are some of the highlights of this report:

Members of the pro managed care, this is the HMO organization, the health benefits coalition, have given more than \$14 million in campaign contributions to the majority party and

its candidates since 1995. That is about 80 percent of their total, according to new data analyzed by this report. Nearly 40 percent consisted of soft money donations to the majority party. Senate leaders have established an intimate iron triangle working relationship with two leading health benefits coalition donor lobbyists, Blue Cross/Blue Shield and, as I said, NFIB.

The Blues, which comprise the Nation's largest provider of managed care services have dispatched lobbyist Brenda Becker, their national PAC coordinator and key lobbyist, to serve as one of a small number of co-chairs for the majority party fund-raising. She has responsibility for soliciting millions of dollars from the health care industry and other businesses. She has co-chaired the annual GOP House-Senate fund-raising dinner for the last several years. She cochaired the majority fund in 1997 and again this year. She has personally orchestrated leadership PAC fund-raisers for Senate leaders, as well as golf tourney fund-raisers, including the upcoming Senate leader sponsored event in July.

There is an appendix to this report that my colleagues can look up on the Internet that details this. NFIB, sadly, chairs the health benefits coalition. As I said, I think they have worked on a daily basis with the Senate leadership and the Senate leadership staff to develop legislative strategy to kill strong patient protections.

According to interviews with congressional staff and lobbyists, Senate leaders have employed a variety of strong pressures, including social ostracism on majority Senators to create near unanimous Republican support on the Senate for a weak patient rights bill. Those Senate leaders pressured four independent-minded Senators.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. RYAN of Wisconsin). The Chair must remind all Members that under the rules and precedents of the House it is not in order to cast reflections on the Senate or its members individually or collectively.

□ 1930

Mr. GANSKE. Mr. Speaker, I appreciate the advice.

Let me talk about a parable. There is a book down in the lobby. It is called House Mouse, Senate Mouse. It is a little book that I take to grade schools, usually about third-graders, and I read this story about the House mouse and the Senate mouse in the Congress. They have, for instance, the oldest mouse in the Senate is Senator Thurmouse.

Well, let us just talk about this mouse Senate. It seems to me that this report is very similar to what may be going on in the mouse Senate, where senior mouse senators from Rhode Island who tried to work in an independent manner, bipartisan fashion, were ostracized by those other mouse majority senators.

Or how about the senior mouse senator from Arizona who tried to work with the junior mouse senator from Illinois.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. RYAN of Wisconsin). The gentleman will suspend. The Chair kindly reminds the gentleman from Iowa (Mr. GANSKE) that, under the rules and the precedents of the House, it is not in order to cast reflections on the Senate or its members, even by innuendo.

Mr. GANSKE. Mr. Speaker, I would ask a question.

Do you think that when I am referring to a mouse Senate that I am actually referring to the actual Senate?

The SPEAKER pro tempore. Would the gentleman just kindly refrain from casting reflections upon the Senate or Members of the Senate individually or collectively. The gentleman may proceed in order.

Mr. GANSKE. Well, I appreciate the discretion of the Speaker.

Mr. Speaker, and even though we are talking about some diminutive legislative activities, just what I think I will do is I will simply recommend again to my colleagues that they look up this report. It details connections between lobbyists and legislation related to patient protection legislation that is going on here in Washington, and I think it does establish an unsavory connection between campaign contributions and public policy. I highly recommend it.

Let me once again point out that on the Internet this is under <http://www.citizen.org/Congress/reform/HMO-Senate.htm>.

That report concludes that there is a strong body of evidence linking pro-managed care industry campaign contributions with, in my opinion, what is going on in the conference.

We need to break that iron triangle. That is one of the reasons why the House passed the Shays-Meehan campaign finance bill. It needs to be dealt with, both campaign finance reform, and also getting real pro-consumer Patients' Bill of Rights in order to address the tragedies that occur due to HMOs making medical decisions that harm patients and a Federal law that prevents those HMOs from being responsible for those decisions and a lack of a Federal law that would set up a mechanism to prevent those tragedies from happening before they occur.

That is what we passed on the floor of the House, a strong bipartisan patient protection bill, the bipartisan consensus Managed Care Reform Act, the Norwood-Dingell-Ganske bill.

I would beg the conferees not to give up, to bring forward from the conference committee a real patients' protection bill so that we do not have to continue to deal with these tragedies.

Mr. Speaker, I appreciate your indulgence.

FEDERAL RAILROAD ADMINISTRATION PROPOSED RULE ON USE OF LOCOMOTIVE HORNS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Illinois (Mr. LIPINSKI) is recognized for 60 minutes.

Mr. LIPINSKI. Mr. Speaker, first of all, I want to congratulate the previous speaker in his special order. I thought he did a magnificent job in numerous areas. I am proud to have had the opportunity of sitting here and listening to him, and I certainly plan on supporting many of the pieces of legislation that he spoke about.

Now, Mr. Speaker, I rise tonight to highlight a serious problem that all of America will soon experience. As early as next January, thousands of cities, towns, villages and hamlets will be deafened by the wail of a train whistle.

That is right. If the Federal Railroad Administration's proposed rule on the sounding of locomotive horns at every highway rail crossing goes into effect, the ear-splitting sounds of train whistles will wake people at night and generally disrupt people's lives.

Unfortunately, few Members of Congress know about the problem that confronts us. As mandated by the Swift Rail Act of 1994, the FRA came up with rules on train horns; and in January, the FRA came out with their proposed rule.

While I understand that the rule is intended to save people's lives, the way in which the rule was written will severely impact millions of people in a very negative way.

At this point, I would like to suspend my remarks and yield to one of my colleagues, the gentlewoman from Illinois (Ms. SCHAKOWSKY), and then I will resume my comments in regards to this matter.

Ms. SCHAKOWSKY. Mr. Speaker, I want to thank the gentleman from Illinois (Mr. LIPINSKI) for the opportunity today to speak on this very important subject and raise my concerns about the Federal Railroad Administration's proposed rule on the use of locomotive horns.

All of us, the Federal Railroad Administration and the gentleman from Illinois (Mr. LIPINSKI) and I, are very concerned about safety at railroad crossings. No one wants to see any more accidents involving trains and school buses full of children. However, the rule as written will cause undue harm in Northeastern Illinois and may even undermine safety.

I had the opportunity to raise these concerns when the Federal Railroad Administration came to the Chicago land area to conduct four hearings, and I would like to reiterate some of the concerns that I raised and to point out that I think that there are other far less disruptive means to improve safety here.

We have a long history of dealing with rail crossing safety issues. Over the past 12 years, injuries and fatalities