

In addition to being the senior class vice president, he was selected to the All-State football team, named the Outstanding Player of the Central California Conference and was named Most Valuable Player of the Stainslaus County All District football team. The Sportsmen of Stainslaus named him their Outstanding Athlete.

It is pleasure to represent this fine young man and his parents Steven and Barbara Thiessen. I ask my colleagues to rise and join me in honoring Mike Thiessen.

PRICE CONTROL PROGRAMS GOVERNING MEDICINE IN MEXICO AND CANADA

**HON. JOHN J. DUNCAN, JR.**

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 2, 2001*

Mr. DUNCAN. Mr. Speaker, today I have introduced a bill that calls for the United States Trade Representative to investigate whether any price control program governing medication in Mexico or Canada violates, or is inconsistent with, any trade agreement, denies benefits to the United States, or discriminates against or restricts United States commerce.

As I travel around the Second Congressional District of Tennessee, one concern I hear about over and over again is the high cost of medications. Many seniors, in particular, often face a choice between things like medicine, food and heat. However, this problem is not isolated only to the elderly. All Americans face these steep prices. For example, single mothers and poor working families also have to buy medications. As a father, I cannot imagine anything worse than not being able to afford medicine for a sick child.

As has been discussed many times, there are a lot of complex reasons that prices are so high, and it goes far beyond greedy manufacturers as some have suggested. Some new drugs can cost more than a billion dollars to bring to market. In exchange, these drugs have a profound impact on the health of Americans and hundreds of millions of people worldwide. Fundamentally, we need to find ways to reduce these development costs, as it is these costs that are passed on to consumers.

Another great inequity in the pricing of these medications is that many countries, such as Canada and Mexico, have outrageous cost control laws. While these reduced costs may be sufficient to pay the price to physically produce a pill or medicine, they rarely take into account the phenomenal expenses that went into the development of the drug. These development costs are then shifted elsewhere to other consumers who end up paying outrageously high prices for the same medications. If manufacturers and researchers were ever completely stripped of the ability to recover these costs, the flow of new drugs would slow dramatically, if not end completely.

Nevertheless, it is wrong that Americans are so often asked to pay the price for drugs that benefit all mankind. It is particularly frustrating to consumers when they see our neighbors to the North and South paying much lower prices for exactly the same drug.

I believe that this situation needs to be examined and addressed and this bill helps

begin the necessary steps. The United States can no longer afford to be burdened with research and development costs of drugs that are going into other countries.

I urge my colleagues to support this bill and improve healthcare for all American consumers.

IN HONOR OF GENERAL IGNACIO ZARAGOZA SEGUIN, THE HERO OF PUEBLA, AND THE GOLIAD ZARAGOZA SOCIETY

**HON. RUBÉN HINOJOSA**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 2, 2001*

Mr. HINOJOSA. Mr. Speaker, I rise today to honor a true hero who gave his life to free his country from foreign oppression. Ignacio Zaragoza Seguin was born in 1829 at Bahia Del Espiritu Santo, Mexico near what is now Goliad, Texas in my Congressional District. He was the son of a soldier, but was educated as a priest. When the United States invaded Mexico, he tried to enlist but was rejected because of his youth. He was a businessman for a short time, but his passionate support of Mexico's struggle to create a fledgling democracy, made him a soldier. During the years of the War of the Reform in 1857 to 1860, he joined with Benito Juárez and fought in numerous battles including the battle of Calpulalpan, which ended the war.

In April 1861, General Zaragoza was appointed Minister of War and the Navy. When Mexican President Juárez was forced to declare a moratorium on Mexico's European debt in order to salvage the bankrupt economy, Spain sent a fleet and forced the surrender of Veracruz. France and England joined Spain in the invasion of Mexico. General Zaragoza resigned from the ministry to lead the Army of the East. Although the English and Spanish reached an agreement with President Juárez and withdrew, the French landed troops and marched toward Mexico City. They met the Mexican forces at the City of Puebla in a battle that lasted the entire day of May 5, 1862. Under General Zaragoza's leadership that vastly outnumbered Mexican army and Puebla townspeople forced the withdrawal of Napoleon III's Army, the premier army in the world. Napoleon's army suffered heavy losses, but Mexican casualties were few. Although the French ultimately captured Mexico City the next year and put Napoleon's nephew on the throne, the costly delay in Puebla and the subsequent guerrilla war waged by Benito Juárez shortened the French intervention. It also helped preserve the American Union, as it kept the French too occupied to directly aid the Confederacy with troops in the U.S. Civil War, which was being waged at the time.

General Zaragoza received a hero's welcome in Mexico City. While visiting his sick troops, he contracted typhoid and died on September 8, 1862 at the age of 33. He received a state funeral and on September 11, 1862, President Juárez declared May 5, Cinco de Mayo, a national holiday.

Today Cinco de Mayo is celebrated throughout Mexico and around the world. This weekend I will be joining in the festivities being sponsored by the Goliad Zaragoza Society at the birthplace of this great man.

The Goliad Zaragoza Society was founded in 1944 by a group of Mexican Americans to pay tribute to the legacy of General Zaragoza by showing respect and pride for their culture. Today the Society's primary mission is providing scholarships to help students pursue their education.

THE INTRODUCTION OF THE ACCESS TO EMERGENCY MEDICAL SERVICES ACT OF 2001

**HON. BENJAMIN L. CARDIN**

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 2, 2001*

Mr. CARDIN. Mr. Speaker, I rise today to introduce legislation guaranteeing one of the most fundamental of patients' rights—the right of access to needed emergency medical care.

In the 104th, 105th, and 106th Congresses, I introduced the Access to Emergency Medical Services Act. This bill would establish the "prudent layperson" definition of emergency as the standard for insurance coverage for emergency services under group health plans, health insurers, and the Medicare and Medicaid programs. Health plans would be required to cover and pay for emergency care based upon the patient's symptoms rather than the final diagnosis. This coverage is tied to the federal law called EMTALA, which requires hospitals to provide screening and any stabilization services that are necessary. In addition, the legislation would prohibit health plans from requiring that patients obtain prior authorization before seeking emergency care. The bill would also help promote quality, cost-effective care by requiring that health plans and emergency physicians work together to coordinate any necessary follow-up care.

The prudent layperson definition requires a health plan to pay for treatment rendered when a patient experiences:

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in placing the health of the individual in serious jeopardy, serious impairment to bodily functions, or serious dysfunction of any bodily organ or part.

In the Balanced Budget Act of 1997, Congress did indeed guarantee this right to Medicare and Medicaid patients enrolled in managed care plans. Then in February 1998, the President's Executive Order extended this right to all persons in federal health programs, including FEHBP, veterans and military enrollees. So as subscribers in FEHBP plans, all Members of Congress have been guaranteed this important patient protection. Thirty-two states and the District of Columbia have also passed laws establishing this standard. But to protect residents of the eighteen states that have not passed a prudent layperson standard, and for the approximately 50 million persons who are enrolled in ERISA self-insured plans, Congress must act.

But I want to caution my colleagues—simply inserting the words "prudent layperson" into a bill does not ensure access to appropriate emergency care. During the House debate on The Patient Protection Act (H.R. 4250) in the

105th Congress, some Members insisted that it contained the same emergency care standard that was provided for in the Balanced Budget Act. In October 1998, thirty Members who had voted for H.R. 4250 recognized that the language was not the same and wrote the Speaker asking that the true prudent layperson standard—reflecting the BBA provisions and consistent with EMTALA—be included in any patients' rights legislation that moved forward.

Regrettably, the 105th Congress adjourned without additional action on HMO reform. Millions of Americans enrolled in managed care plans were frustrated by our inability to send a bill to the President's desk, but remained hopeful that Congress would produce effective patients rights legislation when it convened this year.

In the 106th Congress, this body passed by an overwhelming margin comprehensive managed care reform legislation that got the emergency services language right. But the other body's bill did not. And in the conference that failed to produce a compromise bill, some conferees fought against the language approved by the House, language that is consistent with Medicare and Medicaid law, language that is strongly supported by doctors, hospitals, consumer groups, and one of the oldest and largest health maintenance organizations in the United States, Kaiser Health Plans.

And so, joined by my colleague from New Jersey, Mrs. ROUKEMA, today I am reintroducing the Access to Emergency Medical Services Act in the 107th Congress. I encourage all members of Congress to study this issue carefully, listen to their constituents, and support passage of this fundamental legislation. The American consumers deserve to be protected by an authentic prudent layperson standard that ensures them access to the full range of services their acute emergency conditions require, and Congress should give them this right without further delay.

#### AMTRAK'S THIRTIETH BIRTHDAY

### HON. BOB CLEMENT

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 2, 2001*

Mr. CLEMENT. Mr. Speaker, Congress created Amtrak thirty years ago because we realized that along with cars and planes, passenger rail was a vital part of America's transportation future. Today, as we celebrate Amtrak's 30th birthday, the need for passenger rail is greater than ever. All across this great land, travelers are growing sick and tired of spending so many hours stuck in traffic, or hanging around airport terminals. They want an alternative.

In my home state of Tennessee, there is strong support for passenger rail service. And in my role as Ranking Member of the Railroads Subcommittee, I am working to restore Amtrak service to Tennessee, because passenger rail service will continue to grow in popularity and importance.

Fortunately, there is an alternative to congestion on our highways and in our airways. It's called High-Speed Passenger Rail, and it's a way of traveling that's pleasant and easy, and allows travelers to make the most of their valuable time.

So far, high-speed rail exists only in the Northeast. But Amtrak's vision is to build a national passenger railroad system consisting of many regional high-speed corridors linked by long-distance service.

That's why I strongly support the High Speed Rail Investment Act of 2001. It will provide Amtrak with what our highways and airports already have: A source of long-term capital with which to build the high-speed rail corridors of the future.

With high-speed rail, we can unclog America's transportation arteries, give travelers the choices they deserve, and fix our broken transportation system. Passage of the High Speed Rail Act of 2001 isn't just in Amtrak's interest; it's in America's interest.

So as we congratulate Amtrak on thirty years of service to America, let us resolve to pass the High Speed Rail Investment Act of 2001—and finally get America moving again!

#### TRIBUTE TO THE FRIENDS OF LAKEWOOD PROGRAM

### HON. PETE SESSIONS

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 2, 2001*

Mr. SESSIONS. Mr. Speaker, I would like to recognize an outstanding example of parental and community involvement in education in my district. The Friends of Lakewood program is a community effort dedicated to enhancing the learning experience of students at Lakewood Elementary School in Dallas. One of their most successful initiatives has been the "Math Maniacs" program. With more than one-third of students participating, the fruits of this program are evident in the school's continued success at the Dallas ISD Math Olympiad.

As we all know, the participation of parents and the community is crucial to educational success. When children see that parents care about education, it motivates them to aim higher and become better students.

The Friends of Lakewood program is a model for community leadership and involvement in education—I comment the parents, students, and community of Lakewood for their success.

#### ACCESS TO EMERGENCY MEDICAL SERVICES ACT

### HON. MARGE ROUKEMA

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 2, 2001*

Mrs. ROUKEMA. Mr. Speaker, today I am introducing the Access to Emergency Medical Services Act with my colleague, Mr. CARDIN of Maryland. I would first like to thank Mr. CARDIN for taking the initiative on this issue and continually bringing this bill to Congress's attention.

This important legislation is an effort to allow medical professionals to make decisions in the emergency room, not the insurance company bureaucrats.

Insurance companies reportedly have refused to pay emergency room bills when patients did not obtain prior authorization for

emergency treatment. It is inappropriate and dangerous for insurance companies to require pre-authorization for emergency services. Indeed, emergency conditions are by definition problems that require immediate medical attention without delay.

Patients are also being financially punished for taking precautionary action and admitting themselves to the emergency room for a critical situation. We should not attach a high personal risk to seeking out emergency care. I have heard many stories of individuals who go to the emergency room with symptoms that indicate a serious illness, perhaps a heart attack. They undergo a battery of tests and find out that the heart attack was something else, perhaps a bad case of heartburn. That should be good news. However, weeks later they find out that those tests cost hundreds, maybe thousands of dollars, and their insurance companies refuse to pay.

This legislation will put an end to bottom-line medicine and keep insurance companies out of the emergency room. Decisions on the medical treatment of the ill and injured should be placed back in the hands trained to save lives, not dollars. The Access to Emergency Medical Services Act of 2001 would require insurers to pay for emergency room visits based on a "prudent layperson" definition of an emergency and a patient's symptoms, rather than the final diagnosis. An individual seeking medical attention for what they "prudently" determine to be a medical emergency should not be penalized for that decision. This bill would also prohibit insurance companies' pre-authorization requirements for emergency care. Finally, the bill requires that health care plans and emergency physicians work jointly to coordinate follow-up care.

This bill does not replace the need for comprehensive health insurance reform. The initiatives proposed by Congressmen GANSKE and DINGELL are essential for a broad reform of our health insurance system. That being said, this is a necessary bill to pass to protect citizens from physical injury caused by paperwork delays from their insurance carriers.

I strongly urge my colleagues to support this important legislation which ensures that an insurance company's response will not make the difference between life and death in emergency room.

#### IN RECOGNITION OF MR. ED WILLIS AND HIS SERVICE TO R.B. WRIGHT ELEMENTARY SCHOOL

### HON. SAXBY CHAMBLISS

OF GEORGIA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 2, 2001*

Mr. CHAMBLISS. Mr. Speaker, I want to pay tribute to Mr. Ed Willis who is retiring as principal of R.B. Wright Elementary School.

The warm and caring manner in which Ed led the school let every student know that they were special and loved. Ed is the consummate educator because he lets his teachers teach and supports them in their efforts. His students always achieve the maximum of their ability.

Ed is the epitome of the caring, professional administrator. His goal has always been to develop the total child: academically, socially, physically, and culturally. He commands excellence from himself and his staff, and his rewards come in seeing his students succeed.