rate for charities, churches, educational advocacy, and other nonprofit organizations. These are enumerated in the Postal Reorganization Act of 1970.

One of Congress's objectives was to make it more affordable for nonprofits to collect donations to fund their activities. For a mail piece to be eligible for the lower rate, Congress prescribed two requirements: First, the organization or mailer must be qualified to mail at the nonprofit rate; and second, the qualified organization must own the mail piece.

Over the last several years, Mr. Speaker, the United States Postal Service, which has made great strides under Postmasters Runyon and Henderson, has increasingly applied the statutory standard of ''ownership'' in a way that may have a chilling effect on the use of nonprofit mail rates to obtain donations for charity, education, and advocacy.

The purpose of the bill that the gentleman from Indiana (Chairman BURTON) and I are sponsoring is to clarify ambiguities existing in both law and postal service regulations with respect to fund-raising.

The bill clarifies the law so the postal service does not read the statutory ''ownership'' test so literally as to disqualify fund-raising mail sent by otherwise eligible nonprofit organizations that negotiate a risk-sharing agreement with respect to their fund-raising mail.

In my view, Mr. Speaker, it is imperative that otherwise qualified nonprofit organizations be able to secure donations at the lowest possible cost. When nonprofits conduct activities that further purposes enumerated in the statute, for example, to provide safety net social services, they ease the burden on taxpayers and deliver high quality services to all Americans.

This Congress is asking nonprofits to provide services the government has traditionally been ineffective and inefficient in providing. Given this purpose, it would be irrational for Congress to limit use of the nonprofit bill rate only to fund-raising campaigns that raise donations sufficient to pay mailing costs.

It is important to point out that our bill is not a back door to allow unauthorized parties to mail at the nonprofit rate. Current law restricts an otherwise qualified organization from utilizing the nonprofit rate to sell goods or services. Seeking a donation, however, is different from promoting the sale of a product or service.

Furthermore, Mr. Speaker, Congress has instituted reforms limiting a nonprofit's use of the special mail rate to sell products and services. This bill does not affect the reforms Alaska Senator Ted Stevens set in motion in the 1980s in that regard.

This bill also recognizes the subsequent reform Congress enacted to require sales promoted at the nonprofit rate to be substantially related to the purpose for which the nonprofit qualified for the nonprofit rate.

More importantly, Mr. Speaker, this bill does not limit the postal service's authority to enforce any other section of the Federal postal statutes. Accordingly, the postal service retains all of its tools to discover and prosecute fraud, a mission I strongly support.

The problem addressed by this bill is the postal service's present interpretation of the statutory ''ownership'' standard, which is causing litigation and inconsistent application in nonprofit fund-raising cases.

Respectfully, I ask my colleagues to join me in supporting this important legislative measure.

□ 1630

MANAGED CARE REFORM, PATIENT ACCESS TO SPECIALTY CARE

The SPEAKER pro tempore (Mr. GRAVES). Under a previous order of the House, the gentleman from Texas (Mr. GREEN) is recognized for 5 minutes.

Mr. GREEN of Texas. Mr. Speaker, I rise today to continue what is a series of speeches or Special Orders on the need to reform our Nation's managed care industry. In the past I have discussed external and internal appeals processes, medical necessity, and the need for accountability. Today I would like to discuss patient access to specialty care.

Specialists fill an invaluable role in our Nation's health care system. And many of us have sought the services of a specialist because of high blood pressure, a broken arm, or migraine headaches. But oftentimes, HMOs refuse patients access to specialists because they do not have such specialists in their network or they are across town or literally unavailable.

Such is the case of Sarah Peterson from San Mateo, California. She was born with a brain tumor that required her to see a physician who specialized in brain tumors. But her HMO, which was obtained through her father's employer, told her mother that she would not be able to see a pediatric specialist. She was told, what difference does it make, cancer is cancer.

Well, it does make a difference if you are the parent of a child with a potentially deadly tumor. While Sarah was fighting for her life, her parents were fighting an HMO to get her the quality health care they were paying for. This situation could have had dire consequences; but fortunately for Sarah, her parents changed plans during the middle of this medical crisis. Sarah is now 8 years old and is doing well. But she still has a tumor and will still need to see a specialist. Hopefully, her health insurance will let her continue to see that specialist.

The prognosis is not as promising for young Kyle of Bakersfield, California. Kyle began having ear problems when he was 6 months old. After months of corrective measures, antibiotics, infections, and finally a ruptured eardrum, Kyle's HMO referred him to an ENT. The ENT performed surgery to put tubes in Kyle's ears which would allow for the drainage of the infected fluids, but that surgery was too little too late. After 10 days, Kyle's ears began to bleed. Had the HMO followed the advice of the ENT, they would have given Kyle a CAT scan to provide evidence of cholosteatoma, a severe infection that destroys the bone in the inner ear. But again, the HMO denied this vital test, and Kyle's ear problems continued along, undiagnosed.

Finally, after losing all patience with the HMO, his parents changed plans and were advised that their son needed this exploratory surgery. It was then that they learned of the severe nature of the cholosteatoma and that Kyle would need another surgery. After all of the waiting, surgeons had to remove all of the bones in Kyle's middle ear. Because of the delay in specialty care, combined with the HMO's denial of a simple test, Kyle's doctors anticipate he will suffer significant hearing loss as he reaches his adolescence.

A denial of specialty care was deadly for Glenn Neally, who lost his life because an HMO denied him direct access to specialty care. When Glenn's employer changed plans in March 1992, he made sure that the managed care plan would continue to cover treatment of his cardiac condition, unstable angina. His cardiologist had prescribed a strict regime of nitrates, calcium blockers, and beta blockers. He was assured that he would be able to see his cardiologist. But his HMO required him to obtain a referral for follow-up treatment by his cardiologist. Bureaucratic paperwork problems gave Glenn the run-around for 2 months, while he tried to get the proper ID cards, referrals and pharmacy cards. Even after obtaining all of this paperwork, his HMO formally denied his request that he receive follow-up visits with his previous cardiologist and instead was forced to see their participating cardiologist in May of that year.

That turned out to be one day too late for Glenn. He died of a massive heart attack on May 18, leaving behind his wife and two sons.

Mr. Speaker, I stand here today and tell story after story of the damage that occurs when people are denied access to specialty care. But what this really tells us, we need managed care reform on a national basis like the Bipartisan Patient Protection Act, H.R. 526.

This legislation ensures that patients who need specialty care can reach that specialist. It would ensure that children like Kyle and Sarah have direct access to their pediatrician.

This plan could have helped Glenn Neally because it would have ensured that plans cover specialists even outside the network. It ensures that patient care is continuous, and if provider networks change, a patient is not forced to change doctors in midstream.

These provisions are not abstract, legal, or political. These are real protections that make a real difference in saving people's lives. I hope my colleagues will consider how vital specialist care is for those who do not have access and join me in supporting H.R. 526, the Bipartisan Patient Protection Act.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 1187

Mr. SANDERS. Mr. Speaker, I ask unanimous consent to have my name withdrawn as a cosponsor of H.R. 1187.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Vermont?

There was no objection.

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

(Mr. WOLF 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 Pennsylvania (Mr. PETERSON) is recognized for 5 minutes.

(Mr. PETERSON of Pennsylvania 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 California (Mr. SCHIFF) is recognized for 5 minutes.

(Mr. SCHIFF addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

DETENTION OF 24 CREW MEMBERS IN CHINA

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

Mrs. WILSON. Mr. Speaker, 24 Americans are currently being detained in China under circumstances that are unacceptable. Today, the Chinese ambassador has said that the crew members are in China because the investigation is going on, and China's foreign minister has asked for an apology. The Chinese news agency, Xinhua, reports that the American ambassador was admonished and told that the U.S. has displayed an arrogant air, used lame arguments, confused right and wrong, and made groundless acquisitions against China.

America has nothing to apologize for. Our aircraft was operating in international air space when Chinese interceptors came close to investigate it. They came too close and caused a mid-air collision.

Mr. Speaker, we all know that sometimes in international politics, statements are made for internal consumption rather than for the ears of other powers. But the Chinese government needs to understand that here in Congress we are listening and watching. Their action or failure to act has consequences. This is an unusual situation in which an American military aircraft had to make an emergency landing on Chinese soil. I am supportive of the President's desire to keep this accident from becoming an international incident, but every hour that goes by without the return of our crew makes the likelihood of continued good relations between our two nations less achievable.

I have supported free trade with China and engagement with China's people. That and more is at risk, and not all of it is under the control of the President and his administration. In the coming months this House may consider China's access to the WTO, arms sales to Taiwan, military to military, cultural and scientific exchanges, as well as an array of other issues important to China.

We have allowed the Chinese government time to do the right thing. We know the difference between right and wrong. Now it is time for our servicemen and women to be returned home.

CRITICAL ISSUES FACING AMERICA'S NURSES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Rhode Island (Mr. LANGEVIN) is recognized for 5 minutes.

Mr. LANGEVIN. Mr. Speaker, today I would like to address critical issues facing America's nurses, which have a tremendous impact on the quality of this Nation's health care system.

As many of my colleagues know, we face an unprecedented, dangerous shortage in the number of nurses in our hospitals, extended care facilities, community health centers, nursing education, and ambulatory care settings. This shortage is due in large part to the aging nursing population, which is not being replaced by younger entrants into this field.

Moreover, data on the nursing workforce shows that staffing shortages are already occurring and recruiting new registered nurses is becoming a looming obstacle which we will not be able to overcome without swift congressional action. The current shortage will soon be compounded by the lack of young people entering the nursing profession, the rapid aging of the nursing workforce, and the impending health needs of the baby boom generation.

That is why I am proud to be an original cosponsor of legislation to improve access to nursing education, to create partnerships between health care providers and educational institutions, to support nurses as they seek more training, and to improve the collection and analysis of data about the nursing workforce.

I congratulate my colleagues in both Chambers for their hard work in crafting this comprehensive legislation, and I urge both Chambers to bring this legislation to the floor as expeditiously as possible.

An equally vexing issue concerning our hard-working nurses is mandatory overtime. Last week I joined the gentleman from California (Mr. LANTOS), the gentleman from Massachusetts (Mr. MCGOVERN), and the gentlewoman from California (Ms. SOLIS) in introducing legislation to prohibit mandatory overtime for all licensed health care employees beyond 8 hours in a single workday or 80 hours in any 14 day work period except in cases of natural disaster or declaration of an emergency by Federal, State, or local government officials, or when it is voluntary.

The practice of mandatory overtime tears at the fiber of many hard-working families. Instead of punching out at the end of an already lengthy shift and traveling home to their families, many nurses are forced to remain at work. But more than a family or labor issue, this is a fundamental public health problem with far-reaching consequences. Exhausted health care workers can inadvertently or unintentionally put patient safety at risk. A report by the Institute of Medicine on medication errors found that safe staffing and limits on mandatory overtime are essential components to preventing medication errors. An investigative report by the Chicago Tribune also found that patient safety was sacrificed when reductions in hospital staff resulted in registered nurses working long overtime hours and being more likely to make serious medical errors.

Mr. Speaker, these studies confirm the grim stories I hear from my constituents on a regular basis. In fact, last October 1,900 people participated in a 1-day strike at Rhode Island Hospital which illustrated the magnitude of this problem facing Rhode Island nurses, hospitals and patients.

I understand that hospitals need an ample supply of nurses to safely administer patient needs, and they are not to blame for our Nation's nursing shortages. But with nurses within the Lifespan Hospital network in my State working 180,000 hours of overtime, the equivalent of 22,500 extra 8-hour shifts last year, I cannot understand why Congress does not act now to stop this injustice which risks the lives of thousands of Americans each and every day.

Mr. Speaker, what happened in Rhode Island is happening across America. That is why I urge my colleagues to join the gentlewoman from California (Mrs. CAPPS), the gentleman from California (Mr. LANTOS), and me in ensuring expedient passage of both of these bills to help our hard-working nurses and to improve the kind of quality of health care that Americans expect and deserve.

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