INTRODUCING THE QUALITY HEALTH CARE COALITION ACT

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. PAUL. Mr. Speaker, I am pleased to introduce the Quality Health Care Coalition Act, which takes a first step towards restoring a true free market in health care by restoring the rights of freedom of contract and association to health care professionals. Over the past few years, we have had much debate in Congress about the difficulties medical professionals and patients are having with Health Maintenance Organizations (HMOs). HMOs are devices used by insurance industries to ration health care. While it is politically popular for members of Congress to bash the HMOs and the insurance industry, the growth of the HMOs are rooted in past government interventions in the health care market though the tax code, the Employment Retirement Security Act (ERSIA), and the federal anti-trust laws. These interventions took control of the health care dollar away from individual patients and providers, thus making it inevitable that something like the HMOs would emerge as a means to control costs.

Many of my well-meaning colleagues would deal with the problems created by the HMOs by expanding the federal government's control over the health care market. These interventions will inevitably drive up the cost of health care and further erode the ability of patents and providers to determine the best health treatments free of government and third-party interference. In contrast, the Quality Health Care Coalition Act addresses the problems associated with HMOs by restoring medical professionals' freedom to form voluntary organizations for the purpose of negotiating contracts with an HMO or an insurance company.

As an OB–GYN with over 30 years in practice, I am well aware of how young physicians coming out of medical school feel compelled to sign contracts with HMOs that may contain clauses that compromise their professional integrity. For example, many physicians are contractually forbidden from discussing all available treatment options with their patients because the HMO gatekeeper has deemed certain treatment options too expensive. In my own practice, I have tried hard not to sign contracts with any health insurance company that infringed on my ability to practice medicine in the best interests of my patients and I have always counseled my professional colleagues to do the same. Unfortunately, because of the dominance of the HMO in today's health care market, many health care professionals cannot sustain a medical practice unless they agree to conform their practice to the dictates of some HMO.

One way health care professionals could counter the power of the HMOs would be to form a voluntary association for the purpose of negotiating with an HMO or an insurance company. However, health care professionals who attempt to form such a group run the risk of persecution under federal anti-trust laws. This not only reduces the ability of health care professionals to negotiate with HMOs on a level playing field, but also constitutes an unconstitutional violation of medical professionals' freedom of contract and association.

Under the United States Constitution, the Federal government has no authority to interfere with the private contracts of American citizens. Furthermore, the prohibitions on contracting contained in the Sherman antitrust laws are based on a flawed economic theory which holds that Federal regulators can improve upon market outcomes by restricting the rights of certain market participants deemed too powerful by the government. In fact, antitrust laws harm consumers by preventing the operation of the free-market, causing prices to rise, quality to suffer, and, as is certainly the case with the relationship between the HMOs and medical professionals, favoring certain industries over others.

By restoring the freedom of medical professionals to voluntarily come together to negotiate as a group with HMOs and insurance companies, this bill removes a government-imposed barrier to a true free market in health care. Of course, this bill does not infringe on the rights of health care professionals by forcing them to join a bargaining organization against their will. While Congress should protect the rights of all Americans to join organizations for the purpose of bargaining collectively, Congress also has a moral responsibility to ensure that no worker is forced by law to join or financially support such an organization.

Mr. Speaker, it is my hope that Congress will not only remove the restraints on medical professionals' freedom of contract, but will also empower patients to control their health care by passing my Comprehensive Health Care Reform Act. The Comprehensive Health Care Reform Act puts individuals back in charge of their own health care by providing Americans with large tax credits and tax deductions for their health care expenses, including a deduction for premiums for a high-deductible insurance policy purchased in combination with a Health Savings Account. Putting individuals back in charge of their own health care decisions will enable patients to work with providers to ensure they receive the best possible health care at the lowest possible price. If providers and patients have the ability to form the contractual arrangements that they find most beneficial to them, the HMO monster will wither on the vine without the imposition of new Federal regulations on the insurance industry.

In conclusion, Mr. Chairman, I urge my colleagues to support the Quality Health Care Coalition Act and restore the freedom of contract and association to America's health care professionals. I also urge my colleagues to join me in working to promote a true free market in health care by putting patients back in charge of the health care dollar by supporting my Comprehensive Health Care Reform Act.

IN OPPOSITION TO THE ONGOING WAR IN IRAQ

HON. HILDA L. SOLIS

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Ms. SOLIS. Mr. Speaker, I rise tonight in opposition to the ongoing war in Iraq.

The Bush Administration has no plan to secure peace in Iraq and has refused to develop a comprehensive exit strategy which ensures the safe return of our troops. When our troops return home, this Administration also has refused to provide the care and services that our veterans need and deserve.

Since President Bush stood on an aircraft carrier to declare the end of ''combat,'' more than 13,000 troops have been injured—nearly half have sustained such severe injuries that prevent them from returning to combat. More than 1,730 servicemembers have died. These servicemen and women are more than just casualty statistics. They have families; they are mothers and fathers, sisters and brothers, daughters and sons. They have families, they are mothers and fathers, sisters and brothers, daughters and sons. And they all have Members of Congress who are supposed to represent their best interests.

I represent 10 brave servicemen who did not return to their families, nor the life they knew before the war. They are Marine Corporal Jorge A. Gonzalez, Army Sergeant Atanasio I Haromarin, Army Private First Class Jose Casanova, Marine Private First Class Francisco A. Martinez Flores, Army Specialist Leroy Harris-Kelly III, Marine Corporal Rudy Salas, Lance Corporal Benjamin M. Gonzalez, Lance Corporal Manuel A. Ceniceros, Specialist Private First Class Marcos O. Nolasco, and Corporal Stephen P. Johnson. These men, our fallen soldiers, are heroes.

I have many constituents serving our Nation in Iraq and around the world. Many of them do not even have their U.S. citizenship, yet they put their lives on the line in defense of our Nation. In fact, more than 50,000 green card soldiers are proudly serving this Nation as part of the U.S. military.

Our troops continue to do their commitment and duty to our country. However, this Administration and the military's leadership have failed in their responsibility to our troops. To date, there is no strategy to ensure that our troops return home. There is a $1 billion shortfall for veterans care. When these troops return home they are returning to a system that cannot care for them or provide the benefits they so greatly sacrificed for and deserve.

Ultimately, a successful Iraq is an Iraq run by Iraqis, not the U.S. military. We owe Iraqis a peaceful nation. And, we owe our troops a secure return home to a grateful Nation and a secure future. This mission will not be complete until each one of our servicemen and women are home, something I strongly believe needs to happen soon. Tonight I am proud to stand alongside my colleagues in honoring our fallen heroes. We owe it to them, their families and active service members at home and abroad to have a strategy to bring the troops home.

PERSONAL EXPLANATION

HON. WALTER B. JONES

OF NORTH CAROLINA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. JONES of North Carolina. Mr. Speaker, on Friday, June 24, 2005, I missed several rollcall votes due to a family engagement in North Carolina. I ask that my absence be excused and the CONGRESSIONAL RECORD show that had I been present:

For rollcall No. 310—an amendment to H.R. 3010, I would have voted ''nay;'' for rollcall No.

312—an amendment to H.R. 3010, I would have voted "yea;" for rollcall No. 313—an amendment to H.R. 3010, I would have voted "yea;" for rollcall No. 317—an amendment to H.R. 3010, I would have voted "yea;" for rollcall No. 321—final passage of H.R. 3010, I would have voted "nay."

HONORING THE UNITED STATES APPRENTICESHIP ASSOCIATION HALL OF FAME RECIPIENTS

HON. PETER A. DeFAZIO

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. DEFAZIO. Mr. Speaker, on the 16th day of August, 1937, Franklin D. Roosevelt signed into law the Fitzgerald Act, now known as the National Apprenticeship Act. In the CONGRESSIONAL RECORD of August 7, 1937, Representative Fitzgerald (CT) said, "this bill sets up standards by Federal cooperation with the States and through the formation of voluntary committees in the states, throwing a cloak of protection around boys and girls and setting up standards and protecting them and guaranteeing that when their time of service in a trade has expired, they will come out full-fledged mechanics".

In 1992 the United States Apprenticeship Association initiated the U.S.A.A. Donald Grabowski Hall of Fame, honoring individuals who have served at least 25 years helping the growth and development of apprenticeship and must be at least 65 years of age.

The following names represent well over 900 years of participation in various apprenticeship trades, ranging from Bricklaying, Carpentry, Sheet Metal, Electrical, Plumbers, Ironworkers, Operating Engineers, Painters, Auto Mechanic to Machinists. The inductees are: 1992—Richard Zorabedian, Rhode Island; John Hinkson, Missouri; William Denevi, California; and Howard Kerr, New York. 1993—Louise Albrecht, Wisconsin; Charles Nye, Wisconsin; Joseph D'Aires, New Jersey; Daniel Faddis, Oregon; and John Hunt, Pennsylvania. 1994—James Garde, New York; John O'Neil, Maine; and Thomas Crosby, Oregon. 1995—Lois Gray, New York; Gerald Olejniczack, Virginia; and Jack Reihl, Wisconsin. 1996—Lawrence Carr, Jr., Maine; John Hansen, Minnesota; and Peter Marzec, New York. 1997—Robert Baumgarden, Virginia; Richard Swain, Illinois; Kenneth Pittman, Florida; and Marion Winters, Washington, DC. 1998—Joseph Calci, Massachusetts. 1999—Albert Rowbottom, Maine; and Carl Horstrup, Oregon. 2000—Edward Marks, Massachusetts; Duane Meyer, Wisconsin; and Thomas Stanek, Wisconsin. 2001—Stephen P. Yorich, Michigan; and Kenneth "Skip" Hardt, Maine. 2002—Richard Karas, Michigan. 2003—Robert Roberts, Washington. 2004—William "Bill" Fura, Montana; Neil Heisey, Montana; and Keith Ricketts, Montana. 2005—Jim Reardon, Massachusetts; and James Kubinski, Massachusetts.

GENE BICKNELL FOR THE FINAL GENE BICKNELL GOLF CLASSIC

HON. JIM RYUN

OF KANSAS

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. RYUN of Kansas. Mr. Speaker, I rise today to recognize Gene Bicknell of Pittsburg, Kansas for his dedication to giving back to his community.

Gene has remained an active contributor to the Pittsburg community, and has greatly impacted his neighbors through his generous efforts at Pittsburg State University and the city as a whole. Gene's devotion to charitable causes is recognized by many as truly inspirational.

The weekend of July 8, 2005 marks the fifteenth and final Gene Bicknell Charity Golf Classic, which benefits Pittsburg's Mt. Carmel Regional Medical Center and Pittsburg State University, Gene's alma mater. The tournament has raised over $1.2 million since its first year, and supporters hope to raise an additional $100,000 this summer.

I congratulate Gene on the great success of this annual function and celebrate his humanitarian passion that has touched so many lives.

RECOGNIZING THE OUTSTANDING WORK OF DIANA JORGENSON UPON HER RETIREMENT

HON. GEORGE MILLER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. GEORGE MILLER of California. Mr. Speaker, I rise to pay tribute to Ms. Diana Jorgenson, a friend, constant supporter and advocate for the Contra Costa community, as she retires. Diana has a long history dedicated to improving the lives of families in my district and we are all beneficiaries of her service.

Diana's long career in mental health and disability services began after she received her Masters of Social Work from the University of California at Berkeley in 1968. From there, she went on to work in the Mental Health Agency in San Francisco and was liaison to Sonoma Development Center. She continued her work at the agency until 1971, when she moved to the Golden Gate Regional Center.

From 1973–1975 while her husband was in graduate school, Diana put her skills to work at the Family Service Agency in Honolulu, Hawaii, later returning to the Golden Gate Regional Center and serving as head of the Concord Office. It was in this role she played a major part in establishing the Regional Center of the East Bay, sharing the dream of integrating persons with developmental disabilities into the community.

By 1978, Diana had taken on the role of Manager and Acting Director of Client Services. From there she moved to the San Francisco School and facilitated services for the Visually Handicapped Program. Diana also provided services for the County Office of Education in both the Special Education Division and George Miller Center West.

The Developmental Disability Council welcomed her as a member in 1982 and for five years Diana worked simultaneously for Richmond Unified School District's as a mental health specialist and in the DD Council.

For the past ten years Diana has worked tirelessly as staff to the Development Disability Council of Contra Costa as well as the Director of the Medically Vulnerable Infant Program for Contra Costa County. Her role has been vital in the Home Visiting Strategy for First Five and the Consultation and Response Team for home visitors.

Diana has served on the Board of the Infant Development Association for twenty-five years and was at one time the State Chair. For four years she also provided training on working with young children exposed to drugs.

Mr. Speaker, Diana has made monumental contributions in the world of social work world and I am pleased to recognize her many accomplishments.

Today, I am proud to commend her for her service to the community, her dedication to those in need and her commitment to the people of Contra Costa County. In recognizing Diana's great contributions, I would also like to wish her a happy and healthy retirement.

PERSONAL EXPLANATION

HON. DEVIN NUNES

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. NUNES. Mr. Speaker, on the legislative day of Friday, June 24, 2005, I was unavoidably detained with family matters and was unable to cast a vote on rollcall vote Nos. 313–321.

INTRODUCING THE CANCER AND TERMINAL ILLNESS PATIENT HEALTH CARE ACT

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Monday, June 27, 2005

Mr. PAUL. Mr. Speaker, I rise to help working Americans stricken with cancer or other terminal illnesses, and their families, by introducing the Cancer and Terminal Illness Patient Health Care Act. This act exempts people with terminal illnesses from the employee portion of payroll taxes while they are suffering from such illnesses or are incurring significant medical costs associated with their conditions. The Cancer and Terminal Illness Patient Health Care Act also provides a payroll deduction to any worker who is the primary caregiver for a spouse, parent, or child with a terminal illness.

When stricken with cancer or another terminal disease, many Americans struggle to pay for the treatment necessary to save, or extend, their lives. Even employees with health insurance incur costs such as for transportation to and from care centers, prescription drugs not covered by their insurance, or for child care while they are receiving treatment. Yet, the federal government continues to force these employees to pay for retirement benefits they may never live to see!

Many Americans struggle to pay the costs of treating children, a spouse, or a parent with a terminal illness. My bill also provides much