

that while they are recovering from major surgery, their insurance company will look at the bottom line, and no longer pay for hospital stays. This bill will require insurance companies to pay for the stays as long as the doctor thinks is necessary. As I am sure all of my colleagues know, you cannot get an insurance company to do anything without regulation.

This legislation will also remove the doctor's biggest challenge, needing insurer's permission before doing what they believe is medically necessary. There is nothing worse about our healthcare system today than the thought that it's not your doctor making the decisions for your care, but it's the insurance company that pays him or her. It's an unfortunate reality that doctors must choose between caring for their patients and keeping their practice and families afloat. This bill will at least give these doctors back the right to have the option of always putting their patients first.

Last, this bill also provides for secondary consultations by specialists in the appropriate medical fields to confirm or refute a diagnosis of cancer. While the vast majority of cancer diagnoses are correct, with the small numbers that are "false positives" this bill will allow for patients to double check their status before undergoing very expensive and dangerous treatment.

I am reminded of the American political commentator, journalist, and author, Molly Ivins of Texas. Diagnosed with breast cancer when she was 55, she didn't look down on her situation and feel sorry for herself. She instead looked at it as an opportunity saying, "One of the things I said was that I had been in great hopes I would become a better person as a result of confronting my own mortality, but it actually never happened. I didn't become a better person." After two mastectomies, Molly toured around the country speaking out about breast cancer awareness, tragically she later died of the disease.

Almost everyone has had, or knows someone who has breast cancer, it's our mothers and daughters, sisters and friends who face this disease, and it's time we honor them, by protecting those who come after them. I also pay tribute to the work of Sister's Network in supporting this bill.

Mr. Speaker, we need to make sure that doctors are making the right diagnosis, that they are making the choices in care and not the insurance companies and that the health and care of these patients are in the right hands. I urge passage of this bill.

Mr. LARSON of Connecticut. Mr. Speaker, I rise today in strong support of H.R. 758: the "Breast Care Patient Protection Act of 2008." I would like to commend my colleague, Congresswoman ROSA DELAURO who has fought passionately for issues like these since she entered the Congress.

Put simply, this bill protects the health of women and ensures they have the time they need to recover from difficult medical procedures. With passage of this legislation no longer will women have to feel pushed out the door following breast cancer treatment. There are too many stories of women across the country who have suffered from not being given the proper time to recover from breast cancer surgery for Congress to stand idle.

According to the Connecticut Department of Health, in 2004, 29 percent of all new diagnosed cases of cancer in Connecticut were breast cancer. This was more than any other

type of cancer diagnosed in women in the State.

While we need to continue to be vigilant in the fight against the causes of breast cancer we must also ensure that those seeking treatment are given the protections to allow for them to properly recover. I again commend my colleague Ms. DELAURO and repeat my firm support of this legislation.

Ms. SLAUGHTER. Mr. Speaker, today I rise in support of the Breast Cancer Patient Protection Act and urge its passage.

Breast cancer is so pervasive it touches every American family. One in eight women can expect to be diagnosed with breast cancer during her lifetime, and it remains the number one cause of death in women between the ages of 30 and 54. In my congressional district there are almost 1,500 incidences of breast cancer and nearly 300 women die from this disease every year.

Breast cancer surgery is not easy, physically or emotionally—but all too often women find themselves forced by their insurance companies to leave the hospital before they are ready—sometimes just hours after surgery.

One woman from New York said: "I was one of those women that was forced out of the hospital after having a double bilateral mastectomy with four drainage tubes still attached. It was the most barbaric thing ever done to me."

Rushing a woman through a hospital stay and pressuring her to return to her normal life almost immediately, hampers her recovery at the least and may put her in grave danger. That is why it is imperative that we pass the Breast Cancer Patient Protection Act.

This bill would help ensure that patients have adequate support after breast cancer surgery by: Guaranteeing a minimum hospital stay of 48 hours for a woman having a mastectomy or lumpectomy, and 24 hours for a woman undergoing a lymph node removal; requiring health plans to include notice of these benefits in their monthly mailing and yearly information packet sent to plan participants; and requiring plans to cover a second opinion should the patient seek one.

We must also support research into better breast cancer detection methods. Mammographies miss too many women and cannot suffice as our gold standard.

Women diagnosed with breast cancer across this country deserve the best care possible—their lives depend on it.

Mr. VANHOLLEN. Mr. Speaker, I rise in strong support of the Breast Cancer Patient Protection Act of 2008.

Over two million women living in this country have been treated for breast cancer. This common sense legislation would allow a woman and her doctor to decide—rather than the insurance company—whether she needs to have adequate time of at least 48 hours to recuperate in the hospital from a mastectomy or lumpectomy, or whether she has enough support to get quality care at home. As someone who has lost their mother to breast cancer, the last thing women undergoing these invasive procedures should have to deal with is fight with their insurance company.

Mr. Speaker, I urge my colleagues to support this compassionate bill. It will ensure that women suffering from this terrible disease have access to appropriate health care.

Mr. PALLONE. Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by

the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 758, as amended.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. PALLONE. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX and the Chair's prior announcement, further proceedings on this motion will be postponed.

HEALTH INSURANCE RESTRICTIONS AND LIMITATIONS CLARIFICATION ACT OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6908) to require that limitations and restrictions on coverage under group health plans be timely disclosed to group health plan sponsors and timely communicated to participants and beneficiaries under such plans in a form that is easily understandable, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6908

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Insurance Restrictions and Limitations Clarification Act of 2008".

SEC. 2. DISCLOSURE REQUIREMENTS.

(a) ERISA.—Section 702(a)(2)(B) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1182(a)(2)(B)) is amended by inserting before the period at the end the following: "so long as—

"(i) such limitations and restrictions are explicit and clear;

"(ii) in the case of such limitations and restrictions in health insurance coverage offered in connection with the group health plan, such limitations and restrictions have been disclosed in writing to the plan sponsor in advance of the point of sale to the plan;

"(iii) the plan sponsor of the health insurance coverage provide, to participants and beneficiaries in the plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

"(iv) the plan sponsor and the issuer of the coverage provide such description to participants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided".

(b) PHSA.—Section 2702(a)(2)(B) of the Public Health Service Act (42 U.S.C. 300gg-1(a)(2)(B)) is amended by inserting before the period at the end the following: "so long as—

"(i) such limitations and restrictions are explicit and clear;

"(ii) in the case of such limitations and restrictions in health insurance coverage offered in connection with the group health plan, such limitations and restrictions have been disclosed in writing to the plan sponsor in advance of the point of sale to the plan;

"(iii) the plan sponsor and the issuer of the group health insurance coverage make available, to participants and beneficiaries in the

plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

“(iv) the plan sponsor and the issuer of the coverage provides such description to participants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided”.

(c) INTERNAL REVENUE CODE.—Section 9802(a)(2)(B) of the Internal Revenue Code of 1986 is amended by inserting before the period at the end the following: “so long as—

“(i) such limitations and restrictions are explicit and clear;

“(ii) the group health plan makes available, to participants and beneficiaries in the plan in advance of the point of their enrollment under the plan, a description of such limitations and restrictions in a form that is easily understandable by such participants and beneficiaries; and

“(iii) the plan provides such description to participants and beneficiaries upon their enrollment under the plan at the earliest opportunity that other materials are provided”.

(d) EFFECTIVE DATE.—The amendments made by this Act shall apply with respect to plan years beginning after 1 year after the date of the enactment of this Act.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in strong support of H.R. 6908, the Health Insurance Source of Injury Clarification Act of 2008. This bill would prohibit health insurers from restricting or denying benefits to plan participants if they are injured while engaging in legal recreational activities like riding a motorcycle, skiing, snowmobiling or horseback riding unless such restrictions were made explicitly clear by the plan to the person before he or she enrolled.

Mr. Speaker, this change is necessary because of a 2001 rule that was issued in accordance with the Health Insurance Portability and Accountability Act of 1996.

□ 1945

While that 1996 rule prohibits employer health plans and insurers from denying coverage to individuals who engage in legal recreational activities, the rule ironically allows the denial of health care benefits for injuries sustained while participating in such recreational activities. If I could explain that again, you can't deny coverage,

but you can deny benefits, which obviously makes no sense.

Accordingly, the rule in its current form will allow insurance companies to treat health care benefits coverage arbitrarily and capriciously. Under the current rule, a plan could for example deny coverage for someone who has broken an arm through skiing or riding a motorcycle but would cover someone who sustained a similar injury from drinking and driving. What is worse is that a person might not even know that their health care coverage was even subject to such limitations until after they were actually injured.

So, Mr. Speaker, this is an important consumer protection for millions of Americans who participate in recreational activities every day by providing greater transparency for plan participants. When we enacted the rule in 1996, we did not intend that people would be allowed to purchase health insurance only to find out after the fact that they had no coverage for an injury resulting from a common recreational activity. This bill simply clarifies that point.

I want to thank Mr. STUPAK and Dr. BURGESS who have worked very hard on this legislation. I urge my colleagues on both sides of the aisle to support its adoption.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I thank the chairman of the subcommittee for bringing the bill to the floor tonight.

This is an important bill, an important bill to me and an important bill to Mr. STUPAK of Michigan. We've worked on this for a number of years through a number of sessions of Congress. In January 2001, the Department of Labor, the Internal Revenue Service and the Health Care Financing Administration, as it was then known, issued a rule in accordance to the Health Insurance Portability and Accountability Act of 1996 that was designed to guard against discrimination in coverage in the group health market. While addressing the issue of discrimination based upon participation in certain activities, these rules allowed continued health plan nonpayment based upon the source of an injury. This resulted in a situation where some people who have paid the premiums and believed they would be covered by their plans were actually responsible for paying for their own medical treatment because the exclusions were either unclear or very, very broad.

The lack of clarity underlying these exclusions has created a confusing situation for individuals that may ride a motorcycle, might ride on horseback, might operate a snowmobile or participate in other activities that could result in an injury. Millions of Americans enjoy these activities safely every year within the framework of State laws and utilizing proper safety precautions. Earlier last year Congressman STUPAK and I introduced H.R. 1076 to restore fairness and equity to the situation.

In response to concerns raised during discussions on this bill, the House Energy and Commerce staff, my staff and Mr. STUPAK's staff have all worked together in a bipartisan manner to address certain areas of concern. As a result of these conversations in negotiations, we have reintroduced our original legislation to encapsulate the agreed-to principles.

H.R. 6908, the Health Insurance Source of Injury Clarification Act will, number one, require any limitations and restrictions on health plan benefits be spelled out, that they be explicit, that they be clear; number two, require that they be disclosed to the sponsor of the group health plan in advance of the point of sale of the group health plan; and, thirdly, require that the issuer of the health insurance coverage make available to participants and beneficiaries in an easily understandable manner a description of the limitations and restrictions upon their enrollment.

This legislation is supported by a number of groups. The American Motorcyclist Association has been very supportive and very vocal in their support of this legislation, and I certainly appreciate their efforts in advocating for an issue that is very important to them, likewise the Motorcycle Riders Foundation. In addition, the American Council of Snowmobile Association, the American Horse Council, the American Recreational Coalition, American Trails, Americans for Responsible Recreational Access, the Blue Ribbon Coalition, the International Mountain Bicycling Association, the National Ski Areas Association, the Specialty Vehicle Industry Council, the Sporting Goods Manufacturing Association, the Washington Road Riders Association, and many others support this legislation.

Mr. Speaker, again, this is a culmination of many, many months and indeed years of work on the Energy and Commerce Committee. Again I want to congratulate the cosponsor of the bill, Mr. STUPAK of Michigan, and thank the chairman and the ranking member of the subcommittee for allowing this bill to come forward this evening.

Mr. DINGELL. Mr. Speaker, I am pleased to support H.R. 6908, a bill introduced by Representatives BART STUPAK and MICHAEL BURGESS. H.R. 6908 represents a compromise that achieves everyone's goals and is acceptable to all. As a result, the Committee on Energy and Commerce favorably reported the bill last week.

H.R. 6908 requires transparency in healthcare benefits. An insurer is required to explicitly and clearly state any restrictions and limitations on benefits.

You would not buy a car without knowing if it was new or used. Why should you buy health insurance without knowing whether the benefits you may need are included?

This bill does not change what benefits an insurer provides. It merely requires that restrictions be transparent to the consumer. Specifically, this bill requires: (1) that any limitations on benefits be explicit and clear; (2) that they be disclosed to plan sponsors in advance of

the point of sale; and (3) that they be disclosed to participants and beneficiaries in a manner that is easily understandable in advance of enrollment and after enrollment.

This is a commonsense bill, and it is surprising we have not required such transparency before. I urge my fellow colleagues to support passage of H.R. 6908.

Mr. STUPAK. Mr. Speaker, this legislation does one simple thing—it requires health insurance companies to be up front and honest with their policyholders when they place limitations and restrictions on benefits prior to selling them an insurance policy.

Currently, the way insurance regulations are set, many Americans are unaware that their health insurance may not cover injuries resulting from certain recreational activities because their policy is unclear or very broad.

This lack of clarity has created a confusing situation for individuals that may ride motorcycles, horses, snowmobiles, or participate in other recreational activities.

While millions of Americans enjoy these activities safely every year, when an individual is injured, they often find that their insurance will not cover their medical expenses until it is too late.

H.R. 6908 would require that any limitations and restrictions on insurance benefits be explicit and clear. Insurance companies would be required to make available to participants and beneficiaries in an easily understandable manner a description of the limitations and restrictions included in the policy.

By passing this straightforward legislation, we will protect our constituents that ride motorcycles, horses, snowmobiles, or participate in other recreational activities from being caught by surprise when they thought that their policy covered any possible injuries from their accident.

I encourage all of my colleagues to vote in support of this legislation.

I want to thank Congressman BURGESS for his work on this legislation as well as Chairmen DINGELL and BARTON.

I also want to thank Bridgett Taylor, Ryan Long, and Josh Martin with the Committee staff and Erika Orloff of my personal staff for their hard work on this legislation.

Mr. BURGESS. Seeing no other speakers on my side, I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no further requests for time, and I would urge passage of this bill.

I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 6908, as amended.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the bill, as amended, was passed.

A motion to reconsider was laid on the table.

STEPHANIE TUBBS JONES ORGAN TRANSPLANT AUTHORIZATION ACT OF 2008

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 6469) to amend the Public Health

Service Act to authorize increased Federal funding for the Organ Procurement and Transplantation Network, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 6469

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Stephanie Tubbs Jones Organ Transplant Authorization Act of 2008”.

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) The National Organ Transplant Act of 1984 amended the Public Health Service Act to require the Secretary of Health and Human Services to provide for, by contract with a private nonprofit entity, the establishment and operation of an Organ Procurement and Transplantation Network.

(2) The Organ Procurement and Transplantation Network represents a unique public-private organization that requires each party to contribute a certain amount of funding to the network’s operation.

(3) The National Organ Transplant Act of 1984 provided a statutory annual authorization of \$2,000,000 for such purpose with remaining costs to be paid by the private sector contractor.

(4) In 1984, the annual total operating cost of the Organ Procurement and Transplantation Network was \$5,000,000, but in 2007 such annual cost exceeded \$27,000,000.

(5) The original authorization amount for the Organ Procurement and Transplantation Network has never been increased since the enactment of the National Organ Transplant Act of 1984, resulting in a greatly increased cost burden on the private sector contractor.

(6) Much of the increased costs of operation of the Organ Procurement and Transplantation Network have resulted from additional duties and responsibilities assigned to the private sector contractor by Federal regulations and Secretarial directives.

SEC. 3. INCREASED FUNDING FOR THE ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK.

Section 372(a) of the Public Health Service Act (42 U.S.C. 274(a)) is amended by striking “\$2,000,000” and inserting “\$7,000,000”.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Texas (Mr. BURGESS) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include extraneous material on the bill under consideration.

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

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

I rise in support of H.R. 6469, the Stephanie Tubbs Jones Organ Transplant Authorization Act of 2008. This legislation would provide important new funding for the Organ Procurement and Transplantation Network.

Nearly 100,000 people are on the U.S. organ transplant waiting list, and 19

people in the U.S. die every day because a lifesaving organ does not become available to them.

The Organ Procurement and Transplantation Network, OPTN, performs the critical functions of maintaining the Nation’s organ transplant waiting list and facilitating the matching of deceased donor organs with individuals in need of a transplant. It also develops policies and procedures for organ recovery, distribution and transportation, collects data about organ donation and transplantation and provides professional and public education about organ donation and transplantation.

Since its creation in 1984, authorization levels for the OPTN have stagnated at no more than \$2 million annually. Today the projected cost of operating the OPTN is approximately \$27 million. Over the years, both the demand for transplantation and the responsibilities of the OPTN have increased, yet funding levels have obviously not followed suit. This legislation provides a much-needed increase in the authorization of appropriations for OPTN from \$2 million to \$7 million annually.

The bill is aptly named in honor of Representative Stephanie Tubbs Jones, our Democrat of Ohio who died on August 20, 2008, from a brain aneurysm. Representative Tubbs Jones was a strong and vocal advocate for organ donation during her life and donated her organs upon her passing. It is estimated that as many as 58 people will benefit from her donation. When enacted, Mr. Speaker, this legislation will provide critical funding to ensure the OPTN has resources it needs to continue to perform its valuable services to our Nation.

I would particularly like to thank Representative DIANA DEGETTE for all her hard work on ensuring passage of this legislation. I urge my colleagues to support this important piece of legislation.

I reserve the balance of my time.

Mr. BURGESS. Mr. Speaker, I will reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the sponsor of the legislation, the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, I want to thank the subcommittee chairman for working with us on this bill. And I especially want to thank Mr. COSTA and Mr. CAMP for all of their hard work and advocacy in helping us bring such an important bill to the House floor.

I stand here in strong support of H.R. 6469, which has been named the Stephanie Tubbs Jones Organ Transplant Act of 2008. We named this bill in honor of our dear departed colleague because Stephanie Tubbs Jones was a committed advocate of organ transplantation and was an organ and tissue donor herself. Upon her passing she was able to continue serving her constituents and the Nation by donating her tissue and organs.