

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