

to call me. I thank you for your consideration.

Sincerely,

GEORGE MILLER,  
*Chairman.*

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON ENERGY AND COMMERCE,  
Washington, DC, March 26, 2009.

Hon. GEORGE MILLER,  
*Chairman, House Committee on Education and Labor, Washington, DC.*

DEAR CHAIRMAN MILLER: Thank you for your letter regarding H.R. 1253, the "Health Insurance Restrictions and Limitations Clarification Act of 2009." The letter noted that certain provisions of the bill are within the jurisdiction of the Committee on Education and Labor under rule X of the Rules of the House.

The Committee on Energy and Commerce recognizes the jurisdictional interest of the Committee on Education and Labor in these provisions. We appreciate your agreement to forgo action on the bill, and I concur that the agreement does not in any way prejudice the Committee on Education and Labor with respect to the appointment of conferees or its jurisdictional prerogatives on this bill or similar legislation in the future.

I will include our letters in the Congressional Record during consideration of the bill on the House floor. Again I appreciate your cooperation regarding this important legislation.

Sincerely,

HENRY A. WAXMAN,  
*Chairman.*

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

Mr. Speaker, I rise in support of H.R. 1253, the Health Insurance Restrictions and Limitations Clarification Act.

This bill amends the Employee Retirement Income Security Act, the Public Health Services Act, and the Internal Revenue Code to require that limitations on benefits in group health plans are explicit and disclosed to the plan's sponsor, and that that plan's sponsor disclose those limitations to the plan participants and beneficiaries in a timely manner.

This legislation would ensure that plan beneficiaries who engage in activities such as riding motorcycles, horses, or snowmobiles, or any other legal activity that may result in injury, understand if their health plan won't cover those injuries. I would like to thank my colleagues, both Dr. BURGESS as well Mr. STUPAK, for their work on this issue. I ask my colleagues to support the bill.

I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise in support of H.R. 1253, the Health Insurance Restrictions and Limitations Clarification Act of 2009.

This bill will allow purchasers of health insurance to better understand what they are buying. At its core, this bill is about transparency for the consumer. And that is a good thing.

This bill does not in any way alter current insurance requirements or limitations. This bill merely says that if an insurer wants to restrict or limit benefits, it must inform their enrollee prior to enrollment that it may so restrict or limit benefits.

I wish to commend Congressmen BURGESS and STUPAK for their work on

this bill. Mr. Speaker, I urge Members to support this legislation.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I have no speakers, but I believe that my colleague from Louisiana does.

Mr. SCALISE. Mr. Speaker, I yield such time as he may consume to Mr. BURGESS of Texas.

Mr. BURGESS. I thank the gentleman for yielding.

Mr. Speaker, in January 2001, the Department of Labor, the Internal Revenue Service, and the Health Care Finance Administration issued a rule in accordance with the Health Insurance Portability and Accountability Act, better known as HIPAA, 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 discrimination in the form of nonpayment based upon the source of the injury.

So, in other words, you could have an employer-sponsored health insurance, which many of us do, have your premiums deducted from your paycheck, and yet be responsible for paying your own medical treatment if you were harmed. Trip and fall at home, no problem. Trip and fall while skiing on vacation with the family, and you get the bill. This is simply unfair.

People are led to believe that care for a broken arm, for example, is the same regardless of how the injury happened, but in fact that is not the case.

The lack of clarity underlying these exclusions has created a confusing situation for individuals that may ride motorcycles, horses, snowmobiles, 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. The bill we are voting on today will take away the ambiguity and make certain that people are aware of any such restrictions in their coverage.

Again, this is not a bill that would require anything new to be done other than people be told up front and in plain language if there are limitations on their health care policy.

We are going to stand up and shine the light on these exclusions so that Americans will not be caught off guard by exclusions buried deep within an insurance plan.

H.R. 1253, the Health Insurance Source of Injury Clarification Act, is identical to legislation passed by the House last session and will, first, require any limitations and restrictions on health plan benefits be explicit and clear; second, require that they be disclosed to the sponsor of the group health plan in advance of the sale; and, thirdly, require that the issuer in an easy-to-understand way provide participants and beneficiaries a description of the limitations and restrictions as soon as they enroll.

For those who are concerned about the potential cost of the bill, I do have a score from the Congressional Budget Office. Their cost estimate is that H.R. 1253 would have no significant impact upon the Federal budget. Further, they go on to say that making the information more easily understood would generate only negligible cost. H.R. 1253 contains no intergovernmental mandates as defined.

Mr. Speaker, I again want to thank Representative BART STUPAK from Michigan for his steadfast help in this bill. It has been a long process to get this passed. I certainly want to thank Chairman WAXMAN for his participation, and a special recognition to former Chairman JOHN DINGELL who helped us get this bill passed in the last Congress. We passed it late in the last Congress; the Senate did not get the work finished. We are passing it early in this Congress to allow the other body ample time to see this bill become law.

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

Mr. PALLONE. I yield back the balance of my time and urge passage.

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. 1253.

The question was taken.

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

Mr. BROUN of Georgia. 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.

□ 1600

#### SUPPORTING COLORECTAL CANCER AWARENESS

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and agree to the concurrent resolution (H. Con. Res. 60) supporting the observance of Colorectal Cancer Awareness Month, and for other purposes.

The Clerk read the title of the concurrent resolution.

The text of the concurrent resolution is as follows:

H. CON. RES. 60

Whereas this year marks the 10th anniversary of the first designation of March as Colorectal Cancer Awareness Month;

Whereas colorectal cancer is the second most common cause of cancer deaths for men and women in the United States;

Whereas colorectal cancer affects men and women equally;

Whereas more than 148,810 people in the United States will be diagnosed with colon cancer this year;

Whereas over 49,960 people in the United States will die from colon cancer this year;

Whereas every 3.5 minutes, someone is diagnosed with colorectal cancer and every 10 minutes someone dies from colorectal cancer;

Whereas every 5 seconds someone who should be screened for colorectal cancer is not;

Whereas the vast majority of colon cancer deaths can be prevented through proper screening and early detection;

Whereas the survival rate of individuals who have colorectal cancer is 90 percent when detected in the early stages versus only a 10 percent survival rate when colorectal cancer is diagnosed after it has spread to distant organs;

Whereas only 39 percent of colorectal cancer patients have their cancers detected at an early stage;

Whereas uninsured Americans are more likely to be diagnosed with late stage colon cancer than patients with private insurance;

Whereas only 14.9 percent of those without health coverage in the United States have currently been properly screened for colorectal cancer;

Whereas if the majority of Americans age 50 or older were screened regularly for colorectal cancer, the death rate from this disease could plummet by up to 80 percent;

Whereas regular colorectal cancer screening has been ranked as one of the most cost effective screening interventions available, with the potential to save 40,000 lives a year;

Whereas treatment costs for colorectal cancer are extremely high, estimated at \$8,400,000,000 for 2004;

Whereas colorectal cancer is preventable, treatable, and beatable in most cases;

Whereas increasing the number of people between the ages of 50 years and 64 years of age who are regularly screened in the United States, would provide significant savings in tens of billions of dollars to the Medicare program from cancer prevention and treatment costs;

Whereas the Prevent Cancer Foundation launched the National Colorectal Cancer Awareness Month partnership in 1999 to raise awareness about colorectal cancer and how to prevent the disease through screening;

Whereas along with their national Super Colon and Buddy Bracelet campaign, Prevent Cancer Foundation has worked alongside their partners to improve awareness and reduce incidence and mortality from colorectal cancer;

Whereas the Blue Star, developed by the Members of the National Colorectal Cancer Roundtable, the American Cancer Society, the Colon Cancer Alliance, and C3: Colorectal Cancer Coalition represents the collective fight against colon cancer, the eternal memory of the people whose lives have already been lost to the disease, and the shining hope for a future free of colon cancer;

Whereas C3 created the Cover Your Butt campaign to build support at the grassroots level and help shape policy decisions so the most effective colorectal cancer prevention and treatment are available to all Americans;

Whereas Coaches vs. Cancer (a partnership between the American Cancer Society and the National Association of Basketball Coaches), the Colon Cancer Alliance, and Ethicon Endo-Surgery have created "Earn a Blue Star Day" as a means for individuals and corporations to raise awareness of the importance of screening for colon cancer;

Whereas greater awareness of this cancer and the means to prevent it could save the lives of tens of thousands of Americans each year; and

Whereas observing a Colorectal Cancer Awareness Month during the month of March would provide a special opportunity to offer education on the importance of early detection and screening: Now, therefore, be it

*Resolved by the House of Representatives (the Senate concurring), That the Congress—*

(1) supports the observance of Colorectal Cancer Awareness Month in order to provide a special opportunity to offer education on the importance of early detection and screening;

(2) recognizes and applauds the national and community organizations for their work in promoting awareness about colorectal cancer, providing information on the importance of prevention and early detection through regular screening, and facilitating access to treatment for its sufferers; and

(3) urges organizations and health practitioners to "earn a Blue Star" by using this opportunity to promote awareness about colorectal cancer and to support early identification and removal of pre-cancerous polyps, detectable only through colorectal cancer screenings.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Louisiana (Mr. SCALISE) 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 in which to revise and extend their remarks.

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 support of H. Con. Res. 60, "Supporting the Observance of Colorectal Cancer Awareness Month". This year marks the 10th anniversary of the designation of March as Colorectal Cancer Awareness Month. Colorectal cancer is the second most common cause of cancer death in the United States and affects men and women equally. This deadly disease, however, can be prevented through early identification. When found at its early stage, colorectal cancer has a 90 percent survival rate. When detected late, that survival rate drops to only 10 percent. Unfortunately, less than 40 percent of colorectal cancers are detected at an early stage, and because of this, there is a higher mortality rate for this disease than there should be.

The resolution before us today supports education about this disease and recognizes national and community organizations for their work in promoting awareness about colorectal cancer. Hopefully, we can build on the good work currently being done to promote awareness and encourage screening to improve early detection of this disease.

I would like to thank my colleague, Representative GRANGER, for her work in raising this important issue. I know this issue is close to her heart, and I want to express my gratitude to her.

And I urge us to pass this resolution. I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, I rise in proud support of H. Con. Res. 60, sponsored by Representative GRANGER from the State of Texas. March is National

Colorectal Cancer Awareness Month, and we need to do more and move in a direction that ends societal taboos that are associated with the screening process of a disease that is a threat to many Americans, and especially to those over the age of 50.

This is the second-to-last day for the month of March, but the need for colorectal cancer awareness and education should continue throughout the entire year. Awareness is a leading cause in the annual decline in deaths from colorectal cancer. The survival rate of individuals who have colorectal cancer is 90 percent when detected in the early stages versus only a 10 percent survival rate when colorectal cancer is diagnosed after it has spread to other organs. It is because of successful programs such as National Colorectal Cancer Awareness Month that encourage early diagnosis so Americans can lead full and active lives. By supporting the observance of March as Colorectal Cancer Awareness Month, we have the opportunity to encourage men and women to educate themselves about the disease and the screening methods that are used.

Mr. Speaker, I urge Members to support this resolution.

I reserve the balance of my time.

Mr. PALLONE. I have no speakers. I don't know if the gentleman does.

I reserve the balance of my time.

Mr. SCALISE. Mr. Speaker, at this time, I would like to recognize Ms. GRANGER of Texas for as much time as she may consume.

Ms. GRANGER. Mr. Speaker, I rise today in support of the resolution recognizing the 10th anniversary of the first designation of March as Colorectal Cancer Awareness Month. House Concurrent Resolution 60 also recognizes the importance of celebrating March as Colorectal Cancer Awareness Month. I would like to thank my colleague, PATRICK KENNEDY of Rhode Island, for his support of this resolution and for his efforts in the fight against colorectal cancer.

Ten years ago, colorectal cancer was a disease that not many people talked about. In November 1999, a resolution passed the Senate designating March as Colorectal Cancer Awareness Month. The House passed a supporting resolution in March, 2000. In the years since, advocacy groups have increased awareness about colorectal cancer, and thousands of Americans have been screened. This year an estimated 149,000 new cases of colorectal cancer will be diagnosed, and an estimated 50,000 deaths will be caused by colorectal cancer. The real tragedy is that many of these cancer cases and deaths occurred needlessly because the vast majority of colorectal cancer deaths can be prevented through proper screening and early detection.

Colorectal cancer is the third most commonly diagnosed cancer and the second most common cause of cancer deaths in the United States. Every 3½ minutes, someone is diagnosed with

colorectal cancer. Every 9 minutes, someone dies from colorectal cancer. This is a disease that affects men and women equally. The more we talk about this disease and the more we encourage our family, our friends and our neighbors to get screened, the more lives we save. It is that simple.

Unfortunately, less than half of those who should be screened for colon cancer are screened. Not only do we need to increase awareness about colorectal cancer but we also need to increase Federal funding for early detection and screening. Along with my colleague from Rhode Island, PATRICK KENNEDY, I have introduced a bill that would authorize funding for early detection screenings and make preventive care a priority. Specifically, the Colorectal Cancer Detection, Early Detection, and Treatment Act, H.R. 1189, would establish a national screening program for colorectal cancer for individuals over 50 years of age or who are at high risk. It also authorizes State funding for those screenings and creates a public awareness and education campaign on colorectal cancer.

Despite scientific evidence supporting the benefits of screening, screenings for this disease in the U.S. remain low. Every 5 seconds, someone who should be screened for cancer is not. When it is diagnosed late, the survival rate for colorectal cancer is only 10 percent, but when it is diagnosed early, before it spreads to the lymph nodes and other organs, the survival rate is 90 percent.

Early detection and screening saves lives. If everyone over 50 years of age were screened regularly for colorectal cancer, the death rate for this disease could plummet by 80 percent. In addition to saving lives, early detection and screening saves money. Treatment costs for colorectal cancer are extremely high and could be greatly reduced if mass screenings occurred. Colorectal treatment costs totaled roughly \$8.4 billion for new cases in 2004. The cost of two-thirds of these colorectal cancer cases are borne by the Medicare program.

The Lewin Group recently conducted a comprehensive study of the potential cost savings to Medicare and found that every 10 years, a colorectal screening program will result in savings of about 1.5 years worth of Medicare expenditures. If screenings were increased among people 50 years of age and older in the United States, it would save billions of dollars in Medicare expenditures, and it would also save thousands of lives.

The Colorectal Cancer Screening Prevention, Early Detection, and Treatment Act ensures that people who are screened will get the full continuum of cancer care, including the appropriate follow-up for abnormal tests, diagnostic and therapeutic services, and treatment for detected cancers.

If you have not already, I urge you to cosponsor the Colorectal Cancer Prevention, Early Detection, and Treat-

ment Act, and join me in observing Colorectal Cancer Awareness Month. Observing Colorectal Cancer Awareness Month provides us with the opportunity to discuss the importance of early detection screenings. And it also gives recognition to all the groups who have helped in this, groups like the American Cancer Society, the Prevent Cancer Foundation, the Colon Cancer Alliance and C3: Colorectal Cancer Coalition. These groups have created "Earn a Blue Star Day" as a way for individuals and corporations to raise awareness of the importance of screening.

Mr. SCALISE. I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 3 minutes to the gentleman from Rhode Island, who has also been a champion on this issue, Mr. KENNEDY.

Mr. KENNEDY. Mr. Speaker, I would like to congratulate Representative GRANGER for her leadership on this issue and thank her very much for her outgoing efforts to bring this issue to the floor.

This is simply a matter of public awareness. And like so many issues, it is a matter of getting the word out. Screening is what it is about. Obviously, with respect to colorectal cancer, it is the stigma. No one wants to talk about it. So as a result, no one gets screened. And when people finally get screened, it is too late and they die. That is the reason it is the second leading cause of cancer death in this country.

And while the rates of death may be about the same for men and women, there is an enormous, an enormous disparity in the rates of death between minorities and whites in this country. The reason for that is that there are huge disparities in the access to health care between minority populations and the rest of the general population. And that shows among the greatest disparities in health disparity outcomes in this country.

So for the African American community, this is an enormous issue, this is an enormous issue because it is affecting the death and mortality rates for the African American community and the Hispanic community over and above the general population by an enormous amount. So colorectal cancer is something that everybody needs to pay attention to and wake up to.

Now, why is it so important that we have the screening and we pay for the screening? Because there is no health insurance out there. That's why we need health insurance reform. And that is why KAY GRANGER is such a champion, because she stepped up to the plate and signed on to legislation saying, it is good to talk about it, but unless we start talking about paying for it, it's not going to do us a lot of good. That is what we need. We need to pay for screening. And as she pointed out, the evidence backs us up. If we screen, we save Medicare money, because you can imagine trying to take care of

someone with cancer is a very costly, costly thing.

Now, first of all, we should do it because we don't want to see someone suffer. That should be good enough for all of us in Congress to want to pass this screening effort. But if it is not good enough for everybody to want to save a family the suffering of having to go through cancer treatment, then maybe we should want to do it because it saves dollars. And the Lewin group and others have said this saves dollars because when you detect it early, you don't have to spend all that money treating people for chemotherapy, radiation and all that expensive acute care treatment.

We have a sick care system, not a health care system. And we can do better in this country by taking care of people before they get sick if we screen them. And that is what we should do with colorectal cancer, screen people.

Sign on to H.R. 1189.

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

Mr. PALLONE. I yield back the balance of my time, Mr. Speaker, and urge passage of the bill.

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 agree to the concurrent resolution, H. Con. Res. 60.

The question was taken; and (two-thirds being in the affirmative) the rules were suspended and the concurrent resolution was agreed to.

A motion to reconsider was laid on the table.

#### VISION CARE FOR KIDS ACT OF 2009

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (H.R. 577) to establish a grant program to provide vision care to children, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 577

*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 "Vision Care for Kids Act of 2009".*

#### **SEC. 2. GRANTS REGARDING VISION CARE FOR CHILDREN.**

*Part Q of title III of the Public Health Service Act (42 U.S.C. 280h et seq.) is amended by adding at the end the following:*

#### **"SEC. 399Z-1. GRANTS REGARDING VISION CARE FOR CHILDREN.**

*"(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control and Prevention, may award grants to States on the basis of an established review process for the purpose of complementing existing State efforts for—*

*"(1) providing comprehensive eye examinations (as defined in subsection (i)) by a licensed optometrist or ophthalmologist for eligible children (as defined in subsection (b)) who have been previously identified through a vision screening or eye examination by a licensed health care provider or vision screener as needing such services, with priority given to children who are under the age of 9 years;*