

PERSONAL EXPLANATION

Mr. HASTINGS of Florida. Mr. Speaker, on the vote on H.R. 3283, I was in the Intelligence Committee when the vote was cast. Had I been present, I would have voted "no."

PROVIDING FOR CONSIDERATION OF H.R. 5, HELP EFFICIENT, ACCESSIBLE, LOW-COST, TIMELY HEALTHCARE (HEALTH) ACT OF 2005

Mr. GINGREY. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 385 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 385

Resolved, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system. The bill shall be considered as read. The previous question shall be considered as ordered on the bill to final passage without intervening motion except: (1) two hours of debate on the bill equally divided and controlled by the Majority Leader and the Minority Leader or their designees; and (2) one motion to recommit.

SEC. 2. During consideration of H.R. 5 pursuant to this resolution, notwithstanding the operation of the previous question, the Chair may postpone further consideration of the bill to a time designated by the Speaker.

The SPEAKER pro tempore. The gentleman from Georgia (Mr. GINGREY) is recognized for 1 hour.

Mr. GINGREY. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Florida (Mr. HASTINGS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Mr. Speaker, House Resolution 385 is a closed rule that provides 2 hours of debate in the House, equally divided and controlled by the majority leader and the minority leader or their designees. It waives all points of order against consideration of the bill, provides that notwithstanding the operation of the previous question, the Chair may postpone further consideration of the bill to a time designated by the Speaker, and it provides one motion to recommit.

Mr. Speaker, I rise today as the proud sponsor of H.R. 5, the Help Efficient, Accessible, Low Cost, Timely Health Care Act of 2005, or the Health Act, and to speak on behalf of both the rule and the underlying bill.

First, I would like to thank both the gentleman from Wisconsin (Mr. SENBRENNER), the chairman of the Judiciary Committee, and the gentleman from Texas (Mr. BARTON), the chairman of the Energy and Commerce Committee, for their work on this issue, as this is not the first time the House of

Representatives has considered this measure.

Mr. Speaker, H.R. 5 is a good bill that has passed this House in the 108th Congress with bipartisan support. Therefore this bill and its substance have been thoroughly debated both on this floor and in committee in the previous two Congresses.

As the sponsor of H.R. 5, I am very excited about the opportunity that we have today to strengthen our health care system for the sake of every household's health and every household's pocketbook.

Mr. Speaker, H.R. 5 is without question one of the best opportunities this Congress has to address the health care crisis we face today. There is no doubt among the American people, and there should be no doubt among Members of this Congress, that we need fundamental reforms to strengthen access to health care and to control the burgeoning cost of health care.

Having practiced for almost 30 years as an OB/GYN physician, I have not forgotten the experiences and the lessons that I learned on the front lines of medicine. I came to this Congress not only with a background in health care, but also with an important charge to do all that I could to make our health care system better.

And, Mr. Speaker, I can tell you in no uncertain terms, we have a problem. We are losing too many good doctors because of the skyrocketing costs of medical liability insurance and the threat of frivolous lawsuits.

These costs have been driven up by frivolous lawsuits and runaway awards that are more about someone's ship coming in, and I do not mean the injured plaintiffs, than the provision of justice for those who are injured.

In fact, the Department of Health and Human Services reports: "The litigation system is threatening health care quality for all Americans as well as raising the cost of health care for all Americans."

While I am no economist, it does not take a financial expert to know that with fewer and fewer practicing doctors and an ever-growing number of patients, the price of health care will inevitably go up and skyrocket out of the reach of the average consumer.

These increasing costs not only create a significant burden on the American people, but also increasingly aggravate the current strain on the Federal budget resulting in bigger and bigger deficits.

Therefore, Mr. Speaker, I, along with the gentleman from Texas (Mr. SMITH), introduced H.R. 5 as a simple, straightforward solution to reform and strengthen our civil justice system as it pertains to medical liability.

Mr. Speaker, I am thankful for the other 55 Members who have joined with us to cosponsor this bill. Mr. Speaker, the HEALTH Act will not, let me repeat, it will not limit economic awards such as medical bills and lost wages.

So if, as an example, a plaintiff has \$10 million in economic damages, they

can still collect \$10 million for their economic damages. Again, there is no limit to the economic awards. H.R. 5 would, however, limit noneconomic awards to \$250,000.

Additionally, punitive damages, if assessed, would be limited to \$250,000 or twice the amount of economic loss suffered, whichever of the two is greater.

And, again, Mr. Speaker, as an example, if the economic damages were \$5 million, and there were cause to impose punitive damages because of someone's deliberate action, deliberately harmed a patient, then the punitive damages could be \$10 million in addition to the \$5 million in economic, while the noneconomic would still be limited to \$250,000.

The HEALTH Act will also make liability more equitable. If one or more parties is a defendant and ordered to pay damages, then each party pays damages proportional to their fault in the case as determined by the trier of fact, the jury.

Mr. Speaker, no one should have to take the blame and pay damages for the negligence of another defendant, as under current law. That is not justice and this bill will make sure that this inequity is eliminated.

Now, I realize that there are some who have tried to cloud the issue here, and they will certainly oppose this bill. And while I am not questioning anybody's motives, I have to insist that each and everyone of us ask ourselves, Where do my loyalties lie? Do they lie with the American people and their best interests, or do they lie with those special interest trial lawyers?

Some, some, seek to game our judicial system for big bucks, of which their clients, the actual victims, see very little.

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For this reason, H.R. 5 includes a provision that will limit the contingency fees of lawyers and health care lawsuits on a sliding-scale basis. This provision will ensure that victims actually receive fair compensation for their damages and they are not bilked and taken advantage by certain greedy trial lawyers.

I cannot stress enough the importance of this bill, Mr. Speaker. Too many of our States are now in a condition of medical liability crisis. My home State of Georgia is one of those States in crisis. And while our legislature, along with Governor Sonny Perdue, has passed meaningful medical liability reform in this past session, there is still much work to be done to undo the damage inflicted on Georgia's health care system. Specifically, according to the Alliance of Specialty Medicine, over the past 3 years, 15 of Georgia's 20 active insurance companies have stopped issuing medical malpractice policies for doctors. This fact flies in the face of the argument from the other side that suggests that greedy insurers are just overcharging doctors for their insurance coverage.