that I had to spend $1 million plus $100,000 a year in expenses, and my competitor only had to spend $50,000 a year.

I heard talk earlier about the difficulty of competing with China and imports. Well, I compete with on a regular basis with Taiwan, Korea and Mexico, and I would be willing to bet that none of these countries have even the slightest idea about trying to stop pollution. Yet in our country we have forced people to spend that kind of money.

I do wish the government would stop and think of what they are doing. They do not know what they are doing, and they ought to forget it.

RIGHT TO GO HOME ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 19, 1999, the gentleman from Ohio (Mr. BROWN) is recognized during morning hour debates for 5 minutes.

Mr. BROWN of Ohio. Madam Speaker, last year I introduced modest legislation that would allow seniors in managed care plans to return after a hospitalization to the retirement community they know, instead of a network HMO nursing home somewhere else. I offered the Right to Go Home Act on behalf of seniors who had been needlessly separated because of HMO rules from their loved ones and from their usual source of care.

It is difficult to believe a health plan would treat a hospitalized senior this way, until you speak to Medicare+Choice enrollees, privatized Medicare, if you will, who experienced it firsthand.

Take, for example, a couple in New Hampshire, separated after the husband's hospitalization because the HMO required him to be discharged to a nursing home in Maine, a 40 minute drive from the community where he and his wife had lived. Or a couple in Florida separated when their HMO required the wife to recuperate from a hospital stay in a nursing home 20 miles away from the retirement community. The husband had difficulty visiting her, and she died later at the HMO member facility.

A retirement community, a nursing facility, is more than just a health care provider; it is a home. Forced relocation means moving vulnerable patients, taking them away from providers experienced in these individual's chronic care needs. It places them in new, strange surroundings during that fragile period of recovery. It separates them from emotionally supportive family and friends.

Under our legislation, HMOs would not be required to pay a dime more for care provided at the beneficiary's retirement facility than in a network facility. What my bill would do is what HMOs should not need our prompting to do; that is, it allows hospitalized nursing home patients to recuperate near their loved ones.

Yet the HMO industry opposes this legislation. They lobbied for changes in the bill that effectively would exclude all but a small subset of seniors. Fortunately, the Committee on Ways and Means did not buckle under the pressure of the HMO industry. They included their legislation in their Balanced Budget Act Restoration proposal.

If the HMO lobby does not kill it, this legislation may make it into law. But the fact that Congress has to take action to ensure the well-being of hospitalized seniors in Plus Choice plans and the fact that the HMO industry would lobby against this bill should tell us something.

Those are facts Congress and the public should keep in mind as George W. Bush promotes commercial health insurance, as he promotes commercial health maintenance organizations, as a replacement, as a replacement, for Medicare.

George W. Bush believes Medicare should be turned over to private insurers. That is not conjecture, that is fact. Visit his web site. His plan is to establish a 4 year commission to restructure Medicare so that it is no longer a ''one-size-fits-all big government plan.''

Translate that into English. It means simply turning Medicare over to the private insurance industry. HMO's do some things well, but putting Medicare beneficiaries first is not one of them. How many times do we have to intervene with a managed care plan or other insurer on behalf of our constituents before the industry's loyalties become clear to us? Their loyalty is to their stockholders. No surprise there. It is verified every time managed care plans make decisions that fly in the face of good medicine.

Unshakeable loyalty to the bottom line results in decisions often not in the best interests of Medicare enrollees. Unconditional loyalty to the bottom line is what creates the need for a Patients' Bill of Rights. Unwavering loyalty to the bottom line explains why health insurers market to the healthiest individuals, the most profitable, and do everything in their power to avoid the rest; let government do that.

It explains how private managed care plans contracting with Medicare can enroll seniors one year, make money from them, and then cavalierly drop them the next when they are not quite as profitable. They promise supplemental benefits they cannot deliver; they blame the government then for problems that they, the insurance company-HMOs, create.

It explains how the managed care industry has the nerve, the outright arrogance, to lobby against legislation that costs them nothing and means the world to seniors in nursing homes. It is a disgrace.

The traditional Medicare program is different. It is universal, it is reliable, it is accountable to the public. Medicare's loyalty is to beneficiaries and to taxpayers. It is an undiluted commitment. Medicare offers choices in ways that actually make a difference in terms of health care quality in patient satisfaction.

Medicare does not tell beneficiaries which providers they can see; HMOs do. Medicare does not dictate which hospitals and nursing homes are permissible; HMOs do. Medicare does not discriminate between beneficiaries based on their health status; HMOs do. Medicare offers reliable coverage that does not come and go with the stock market.

So before voting for George W. Bush, I urge every American to think carefully about the wholesale changes he has in mind for Medicare.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until 2 p.m. today.

Accordingly (at 1 o'clock and 4 minutes p.m.), the House stood in recess until 2 p.m. today.

1400

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mrs. BIGGERT) at 2 p.m.

PRAYER

The Chaplain, the Reverend Daniel P. Coughlin, offered the following prayer:

Lord God,

The seasons change. Across this Nation the days grow shorter. Time passes quickly, and when death strikes any house, all human flesh seems vulnerable. Grant eternal peace to the Honorable BRUCE VENTO. Be now strength for his family, his staff and all who suffer at this moment.

Help all Your people to use the gift of time prudently, for You alone are the judge of the living and the dead.

During the time given to us on this Earth, may we choose to live as You would have us live, so that in the end we may have accomplished Your holy will and come to live in Your presence now and forever. Amen.

THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House her approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentlewoman from Florida (Mrs. MEEK) come forward and lead the House in the Pledge of Allegiance.

Mrs. MEEK of Florida led the Pledge of Allegiance as follows: