moment of observance. They will be submitting remarks for the RECORD later on.

I will simply close today with the words of a fellow Mississippian, William R. Ferris, Chairman of the National Endowment of the Humanities, who said this afternoon, ''Eudora Welty's mastery of language was unparalleled, and her unswerving commitment to her craft as a writer will inspire future generations. We mourn the loss of a truly great writer and friend whose love and compassion enriched us all.''

PUTTING PATIENTS BEFORE PROFITS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Illinois (Mr. DAVIS) is recognized for 5 minutes.

Mr. DAVIS of Illinois. Mr. Speaker, on Sunday evenings I usually do a radio show called ''Talking to the People'' with a co-host, Garfield Major; and on last evening, we were supposed to have a guest, a young lady who was going to be with us. But then, of course, during the week she passed away, and we decided that we would dedicate the show in her memory. Her funeral is going to take place on Thursday of this week, and I simply want to say to the family of Evelyn Spivery and all of the people who worked with her that we share with them in their grief and sorrow at her early and untimely death.

Mr. Speaker, I rise today to lend my support to and talk about an issue that is important to all of America, and that is the issue of a patients' bill of rights. Not just any patients' bill of rights, but I support the patients' bill of rights sponsored by my colleagues Mr. MCCAIN, Mr. KENNEDY, and Mr. EDWARDS in the Senate, and the companion legislation sponsored by the gentleman from Iowa (Mr. GANSKE) and the gentleman from Michigan (Mr. DINGELL) here in the House. I support the patients' bill of rights that puts patients before profits, and values human life over the bottom line.

The idea of a patients' bill of rights is nothing new to this Congress. We have all listened to the rhetoric, and we have all been involved in the debate. As a matter of fact, as a Member of Congress since 1996, I must say that it is interesting to see where this debate has gone.

I find it worth commenting that the question we are now faced with is not so much whether we should pass a patients' bill of rights, but which version we shall pass. In other words, we are all pretty much in agreement that patients need to be afforded an increased level of protection from the predatory tendencies of some components of our health care delivery system. But rather than immediately delving into the particulars of why we should prefer one version over another, I believe it is instructive to take a step back for a moment and look at the concept of a patients' bill of rights in the first place.

The very idea that we need a patients' bill of rights, an idea, I remind you, we are all in support of, implies the presence of an injurious element within our health care system. The simple fact that we are debating this idea means that each one of us at some level acknowledges the basic reality that the interests of some parts of our health care delivery system seem to be adversarial to the interests of patients.

I believe that the debate over which patients' bill of rights to accept can be resolved simply by looking more closely at what I will call the nature of the beast. Too often I believe that we talk about solutions without fully understanding the problem. I believe that with a careful examination of the means and motives by which some components of our health care system make money off the pain and suffering of patients, the answer to the question of which patients' bill of rights is the real patients' bill of rights becomes self-evident.

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Now, what is it about those components of our health care system that is so inherently evil? Well, let me read a quote from Milton Friedman, a well-known advocate of free market economics. Mr. Friedman says that ''few trends could so thoroughly undermine the very foundations of our free society as the acceptance by corporate officials of a social responsibility other than to make as much money for their stockholders as possible.'' In other words, if we go by the dictates that managed care organizations live by, not only is it undesirable to take a patient's well-being into account, it is simply unethical to do so. Any motive other than the profit motive is extraneous and inappropriate. This narrow-minded approach has placed our great Nation in a completely unique situation. We are the only Nation in the entire world with a health care system whose fundamental organizing principle is to avoid as many sick people as possible.

Let me say that again. I believe this gets to the crux of the matter. Many managed care corporations are predicated upon avoiding the needs of patients.

Now, given the fact that some managed care corporations are opposed to the needs of patients, given the fact that some managed care guidelines, as they are currently written, do not allow patients to stay overnight for a mastectomy or see a neurologist for new onset seizures, and given the fact that some corporations spend 25 cents of every dollar on administrative expense while Medicare is administered at a rate of over 12 times less, and given the fact that many of these same corporations feel that patients' rights that would allow the patient to go into a court of law to seek redress for injury, I think it is clear, Mr. Speaker, that the only real Patients' Bill of Rights is the one that puts people over profits, and the motive is to protect the patient.

STAND UP FOR THE NATIONAL GUARD

The SPEAKER pro tempore (Mr. OTTER). Under a previous order of the House, the gentleman from Kansas (Mr. TIAHRT) is recognized for 5 minutes.

Mr. TIAHRT. Mr. Speaker, I rise today to speak on behalf of our National Guard. For 225 years our young men in the National Guard and our young women in the National Guard have stood in the gap when our Nation was called. From Concord to Kosovo, they have put their lives on hold, left their families, their jobs and responded to our Nation's needs. Today, they are continuing that great tradition.

If it was the will of the President to send our young men and women into harm's way tonight, they would drop everything and they would go. As we speak, the 184th Bomber Wing at McConnell Air Force Base, an Air National Guard unit in Wichita, Kansas, is on call. If the assignment came to send our B–1 bombers to a foreign target, it would be the volunteers of the 184th Air National Guard Bomber Wing that would fuel the planes, load the bombs, fly the mission and, once again, stand in the gap for us and for our children.

I tell my colleagues this with great pride because I know many of these young men and women in the 184th. Some of them grew up in Wichita, Kansas, the air capital of the world, home of Boeing, Beech, Cessna and Lear Jet. Some of them are second and third generation aircraft workers. It is almost genetic for them. It is a passion for them.

That may explain why the 184th B–1 Wing has the highest mission-capable rate of any of the B–1 bases, including the three active duty B–1 bases, the highest mission-capable rate. Of course, the average length of experience on the flight line at the McConnell Air Force Base for the Air Force workers is 15 years, 15 years of experience. However, at the active duty bases, it is only 3 years. On top of that, the cost per flight hour is lower at the Air National Guard unit at McConnell Air Force Base. It is a little over $6,000 per hour to fly the B–1, compared to over $10,000 per hour at the active duty base, considerably more. Lower cost, more experience, higher mission-capable rate: That is an attractive alternative to the active duty, and it tells us how important Air National Guard is to our Nation.

Mr. Speaker, when we compare how the Air National Guard has handled their mission with the B–1 to the active duty, one would think there would be no question whether we should keep the B–1 mission in the National Guard. But, Mr. Speaker, the Guard is under attack. According to the Secretary of the Air Force and released program

budget directives, the Active Duty Air Force intends to pull the teeth of the Air National Guard by removing the B–1 mission from the Guard. Today it is the B–1 mission. What will it be tomorrow? No more F–15s in the Guard? No more F–16s? We do not know, but one thing is clear: The Active Duty intends to pull the teeth of the Air National Guard.

Now, this is very upsetting to the young men and women of the Guard. Consider their success with the B–1 mission: lower cost, more experience, a higher mission-capable rate; and now consider the reward for being the top B–1 wing: loss of their mission. It does not make sense economically or logically. In a time of tight budgets when we have a shortage of 1,200 pilots, when retention of personnel is paramount, this is exactly the wrong message and exactly the wrong decision.

Mr. Speaker, I hope that each of my colleagues will consider this assault on our National Guard and oppose it. For 225 years, the Guard has stood in the gap for us. I hope we will choose to stand up for them.

PATIENTS' BILL OF RIGHTS: EMPOWERING PHYSICIANS AND THEIR PATIENTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentlewoman from Connecticut (Mrs. JOHNSON of Connecticut) is recognized for 60 minutes as the designee of the majority leader.

Mrs. JOHNSON of Connecticut. Mr. Speaker, I rise in strong support of the Fletcher-Peterson-Johnson bill, and I appreciate the opportunity to talk to people about the strength of our approach to providing people with the right to sue if they have been harmed by a plan or a decision that their plan made. It is absolutely wrong for an HMO to have the power to deny needed medical care to a participant in that plan. That is something that, frankly, we all agree on.

What we do not agree on exactly is the process by which we achieve that goal. I want to make sure that at the same time we provide patients with a right to sue their HMO, we do it in a way that returns power and control over our health care system back to physicians. I do not want a solution to patients' rights that empowers lawyers over doctors, or puts in place such a complex system that resources hemorrhage out of our health care system into our legal system, diminishing not only the rights of patients but the possibilities of those who participate in plans for medical care.

Mr. Speaker, I think through this discussion tonight we can make clear that our goal is to empower physicians, to return control of our health care system to physicians and patients, to doctors and the people they care for, where it ought to be; and to make sure that in the process of reform, we create new rights of access, we guarantee a new and objective external appeal process, but we do not transfer power that plans now have and should not have to lawyers for them to have, when they should not have it. So this is all about patients' rights and doctor power, and that is what we want to talk about tonight.

Mr. Speaker, I yield to the gentleman from Kentucky (Mr. FLETCHER), who is the lead sponsor of this legislation.

Mr. FLETCHER. Mr. Speaker, I thank the gentlewoman. I certainly appreciate all the work that we have done together and the gentlewoman's help in making sure that we have a piece of legislation that truly is focused on patients and focused on getting patients the health care that they need.

Mr. Speaker, all of us have heard the tragedies of HMOs, and there are many out there, and I think we can all relate to that. As a practicing family physician, I remember many episodes where I had a conflict with the HMO, trying to get the treatment that the patient needed. So I think all of us agree that there are tragedies out there where patients did not get the treatment they needed, or where they were misdirected to a distant ER and something happened. We want to make sure that we correct those problems and that we get patients the care that they need.

That is why when the gentlewoman from Connecticut (Mrs. JOHNSON) and the gentleman from Minnesota (Mr. PETERSON) worked on this bill, and a number of others who have worked very hard on it, we focused primarily first on patients and getting the care. We wanted to make sure that we no longer saw a system where insurance bureaucrats made medical decisions but rather physicians made medical decisions.

We also did not want to go to the extreme of other folks saying, let us let lawyers and judges make the medical decisions. That is not right either. First off, the ability to get that treatment is impaired. It may take years to get a settlement, well after the medical treatment is needed. Secondly, judges and lawyers are not trained to make those medical decisions. So we established a bill that focused on getting the care patients need.

Now, let me compare, because I have a chart here that compares the basic elements of the patient protections in the two bills. Our bill, which is the Johnson-Fletcher-Peterson bill versus the Ganske bill, or the Kennedy-McCain bill. First, emergency access. We both ensure that the patient can get the emergency room care that they need.

We also ensure something called point of service. What that means is that one has an option of going to any physician. If one wants to get that plan, one can go to any physician out there. They may not be a physician that is part of even that network of the HMO, and a company will offer a plan that you can purchase that will allow you to see a physician that you trust that may not be a member of that network. You can see your OB-GYN doctor directly. You can take your children, and I know that this is very important for families, to ensure that their children have access to that pediatrician that has been trained especially to take care of the problems of children. We provide direct access to pediatricians.

Specialty care. To make sure that there is an adequate coverage of specialists out there to bring the latest, the state-of-the-art of medicine, to the patient's bedside. We want to make sure that there is continuity of care, that if, all of a sudden, the contract is removed from the physician, that there is a solution.

For instance, if you are a young lady and you are being covered by a physician or he or she is your attending physician and you are about to deliver a child, we make sure that you can continue that continuity of care, that you can continue to see that physician, and that you get the care that you need throughout, even though they are no longer working with that HMO, that they can do that until the delivery is completed and postpartum care is completed as well.

We do not allow any gag clauses. We do not allow HMOs to tell physicians, you cannot tell your patients what medical treatment they need. So we stop all of that, just like the other bill.

Clinical trials. We make sure that if there is a clinical trial that is out there that may give someone a hope of a cure for a disease that we make that available.

We make sure that you get plan information, just like the other bill.

We make sure that there is an appeals process; that if an HMO says, we do not think that is covered, that you can get an internal and external appeal. What does that mean? That means that you can appeal it to a panel of experts. We have set quality number one in this bill. We have established a criteria for this external review, the highest standards in the country, a consensus of experts of national opinions and what we call the referee journals, those medical journals that drive the state of the art of medicine. So we establish the highest quality of any bill. Actually, our quality of care standards are higher than any other bill here.

We make sure that the prescription drugs that you need are there, that if it is not on the formulary and you cannot tolerate the drug that that is on the formulary, that there is access to a drug that may not be on the formulary, but because you cannot take the medication that is on the formulary, you get another medication.

We make sure that there is the liability, that there is the redress so that one can hold HMOs accountable.

Now, one way we hold them accountable is we make sure that if an insurance company does not comply with