

have ruled 15 times since 1995 that HMOs can be held liable. ERISA does not shield HMOs from medical malpractice liability; it only preempts State laws on coverage of administration of benefits decisions.

Unlimited lawsuits will not improve patient care in America. A recent Harvard University study found that "almost 60 percent of costs to the malpractice system would wind up in bank accounts of lawyers, court administrators and insurance systems."

The goal of patients' rights legislation should be about reducing the ranks of the uninsured and increasing access to health care coverage.

Mr. Speaker, I urge support of the Fletcher bill.

VOTE FOR THE REAL PATIENTS' BILL OF RIGHTS

(Mr. SCHIFF asked and was given permission to address the House for 1 minute.)

Mr. SCHIFF. Mr. Speaker, I rise in support of the Norwood-Dingell-Ganske Patients' Bill of Rights.

For 5 years now, advocates of better health care have advocated for the real Patients' Bill of Rights, only to see that legislation shot down in this House. This year, the fight goes on, and this year, as in the fight with campaign finance reform, opponents of a real Patients' Bill of Rights have offered a phoney. They cannot defeat it directly, so they try to defeat it indirectly with a watered-down, industry-supported version.

Mr. Speaker, we must reject this. To use the parlance of the industry itself, we ought to tell the industry, we need strong medicine to restore the relationship between patients and their physicians, and that bill, that alternative, is simply not on the formulary. That bill exceeds the scope of coverage. That bill simply cannot get in the door without referrals to specialists.

We need a real Patients' Bill of Rights. I worked on a real Patients' Bill of Rights in California and, like my colleague, we passed that bill, as in 30 other States, and now the alternative here, the Fletcher bill, would undermine the work of so many States around the country that have worked to foster the relationship between patient and physician. This cannot be allowed to happen.

NATIONAL MISSILE DEFENSE

(Mr. PITTS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PITTS. Mr. Speaker, one of the marks of a good leader is the ability to make those he leads feel secure from harm.

It has now been 2 decades since President Reagan pointed out that we have no defense from a missile attack. The American people want to be safe from any missile attack, but we still have not deployed a defense system.

President Bush brought implementation of a national missile defense system one giant step closer this week. He met with Russian President Putin to talk about it. President Putin is now more open-minded about that issue, and both leaders will be working hard to reduce the number of nuclear missiles in our national arsenals.

Mr. Speaker, this is a major step forward for our national security. America and the world are a little safer today than we were yesterday. And when Bush and Putin have come to a final agreement on missile arsenals and when we finally have a national missile defense system, every American will sleep more soundly each night with the knowledge that their President is doing everything possible to keep them safe.

SUPPORT GANSKE-DINGELL PATIENTS' PROTECTION ACT

(Ms. WOOLSEY asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WOOLSEY. Mr. Speaker, after fighting for 5 years, we finally have an opportunity to pass real managed care reform in the House of Representatives. The American people are demanding health care, and it is time for us to stand up and deliver.

By passing the Ganske-Dingell Patients' Protection Act, patients will have access to emergency care, women will be able to see their OB-GYN without health plan interference, and children will have timely access to pediatric specialists.

Mr. Speaker, make no mistake: the Ganske bill is comprehensive, quality health care; a positive step toward improving Americans' health care, putting health care ahead of profits.

When it is time to vote for managed care, I urge my colleagues to vote for the reform that has an option that puts patients and doctors back in charge of their health care.

A TRIBUTE TO FATHER JIM WILLIG

(Mr. CHABOT asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. CHABOT. Mr. Speaker, this morning I would like to pay a special tribute to a recently departed friend, Father Jim Willig, a dedicated and dynamic Catholic priest who was called by our Lord last month after a 2-year battle with cancer.

Even while suffering from a debilitating illness, Father Willig continued to give to our community, sharing his memories and his message and inspirational book: *Lessons From the School of Suffering: A Young Priest With Cancer Teaches Us How to Live*.

The Cincinnati Enquirer noted that even while he faced impending death, "his faith remained strong and was an

inspiration to others, like a lighthouse on a dark and storm-tossed sea." The Cincinnati Post accurately stated that "few touched as many lives as Father Jim Willig."

Father Willig will be sorely missed in the Cincinnati community, not only by his parents and 10 brothers and sisters and nieces and nephews, but by the countless people he has touched in his ministry.

Father Jim, your flock deeply misses you, but we know you are with our Lord.

GANSKE-DINGELL-NORWOOD BEST CHOICE FOR AMERICA

(Ms. SOLIS asked and was given permission to address the House for 1 minute.)

Ms. SOLIS. Mr. Speaker, my constituents want a strong and enforceable Patients' Bill of Rights. They are tired of HMOs who deny them the health care that they need. They are tired of insurance company bureaucrats who overrule doctors' decisions. They want a bill like Ganske-Dingell-Norwood and others to protect the patients that they are supposedly required to protect because only this bill gives every American the right to choose their own doctor, the right to see health care specialists, the right to have direct access to an OB-GYN or a pediatrician, and the right to get prescription drugs that their physicians prescribe.

Only this bill holds health care plans accountable when they make a decision that harms or kills someone. Only this bill ensures that external reviews of medical decisions are conducted by independent and qualified experts.

We should take a chapter out of what happened in California. Our Governor there passed major reforms in HMOs, and I think that this House should take a look at what has happened there. They have done a fantastic job in actually being able to negotiate before they actually have to go to the court house.

Mr. Speaker, I ask for the support of my colleagues on this legislation.

V-CHIP TECHNOLOGY UNDERUTILIZED BY AMERICANS

(Mr. STEARNS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. STEARNS. Mr. Speaker, I rise to highlight a study released yesterday by the Kaiser Family Foundation indicating that few parents use the V-chip to block their children from viewing sex and violence on television.

Mr. Speaker, Congress included a provision in the Telecom Act of 1996 that television sets 13 inches or larger sold after January 1, 2000, must be equipped with a V-chip to screen out objectionable programming.

Well, yesterday's study finds that 40 percent of American parents now own a TV equipped with a V-chip. However,