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No. 111

House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. FOSSELLA).

DESIGNATION OF THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
August 2, 2001.

I hereby appoint the Honorable VITO FOSSELLA to act as Speaker pro tempore on this day.

J. DENNIS HASTERT,
Speaker of the House of Representatives.

PRAYER

The Reverend George G. McDearmon, Ballston Lake Baptist Church, Ballston Lake, New York, offered the following prayer:

O Lord God, the solitary, living God of creation, providence and redemption, Thou art great in wisdom, power and grace. Who would not fear Thee, O King of the nations? Indeed it is Thy due, our Judge, Lawgiver and King.

We thank You for making and preserving us a Nation and for our heritage of liberty in law. By the person and work of our Lord and Saviour Jesus Christ, forgive us of our sins whereby we have failed our heritage, violated Your Law and forgotten You.

Knowing that You establish all authority, may we prove faithful stewards of our solemn trust. May we be God-fearing men and women of moral courage and integrity. May we serve with a selfless, principled commitment to our Constitution and to the public good. May we wisely govern ourselves and the Nation.

O triune God, we petition for Your guardian presence for all who serve in the Armed Forces of the United States. Crown their endeavors with success. God of all comfort, strengthen those

grieving over the loss of loved ones who served aboard USS *Cole*. May the "Determined Warrior" again ply the oceans in their memory and our defense.

We pray in the meritorious name of Jesus Christ, the Captain of salvation. Amen.

THE JOURNAL

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

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

Mr. McNULTY. Mr. Speaker, pursuant to clause 1, rule I, I demand a vote on agreeing to the Speaker's approval of the Journal.

The SPEAKER pro tempore. The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. McNULTY. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, further proceedings on this question will be postponed.

The point of no quorum is considered withdrawn.

PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from Florida (Mr. FOLEY) come forward and lead the House in the Pledge of Allegiance.

Mr. FOLEY led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

MESSAGE FROM THE SENATE

A message from the Senate by Mr. Monahan, one of its clerks, announced that the Senate has passed a bill of the following title in which the concurrence of the House is requested:

S. 494. An act to provide for a transition to democracy and to promote economic recovery in Zimbabwe.

The message also announced that pursuant to Public Law 106-286, the Chair, on behalf of the President of the Senate, and after consultation with the Democratic Leader, appoints the Senator from Indiana (Mr. BAYH) to serve on the Congressional-Executive Commission on the People's Republic of China, vice the Senator from Oregon (Mr. SMITH), and appoints the Senator from Montana (Mr. BAUCUS) as Chairman of the Commission.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The Chair will entertain one 1-minute at this point.

THE REVEREND GEORGE G. MCDEARMON

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

Mr. SWEENEY. Mr. Speaker, it is a pleasure and honor to welcome Pastor George McDearmon from the Ballston Lake Baptist Church in Ballston Lake, New York in my 22nd Congressional District.

He and his wife, Deborah, are the proud parents of two children. Their daughter, Hanna, is a senior at Liberty University; and their son, Gregory, is the navigator of the USS *Ross*.

Pastor McDearmon and I grew close during the events that unfolded on October 12, 2000. It was on this day the

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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H5179

Navy family suffered a tremendous loss when the USS *Cole* fell victim to terrorism while attempting to refuel at the Port of Aden in Yemen.

Fortunately, I was able to deliver good news to Pastor McDearmon. His son, LTJG Gregory McDearmon, was safe. I commend their service to their communities and our country.

I note that today is a milestone day for both the Pastor and his son, Gregory, since Gregory is navigating the ship, the USS *Ross*, into port in Puerto Rico for the first time today.

Pastor McDearmon was first assigned to the Ballston Lake Baptist Church almost 25 years ago, and his dedication to his congregation, local community and family has kept him there ever since. I would also like to note, he is a member of the board of directors for the Southern Military Institute.

Mr. Speaker, I am pleased to have him here and welcome his participation today.

THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, the pending business is the question of the Chair's approval of the Journal of the last day's proceedings.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. McNULTY. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 331, nays 76, answered "present" 1, not voting 25, as follows:

[Roll No. 321]
YEAS—331

Abercrombie	Brady (TX)	Davis (CA)
Ackerman	Brown (FL)	Davis (FL)
Akin	Brown (SC)	Davis (IL)
Armey	Bryant	Davis, Jo Ann
Baca	Burr	Davis, Tom
Bachus	Burton	Deal
Baker	Buyer	DeGette
Baldwin	Callahan	Delahunt
Ballenger	Calvert	DeLauro
Barcia	Camp	DeLay
Barr	Cannon	DeMint
Bartlett	Cantor	Diaz-Balart
Barton	Capito	Dicks
Bass	Capps	Dooley
Becerra	Cardin	Doolittle
Bentsen	Carson (IN)	Doyle
Bereuter	Carson (OK)	Dreier
Berkley	Castle	Duncan
Berman	Chabot	Dunn
Berry	Chambliss	Edwards
Biggert	Clayton	Ehlers
Bilirakis	Clement	Ehrlich
Bishop	Clyburn	Emerson
Blagojevich	Coble	Engel
Blumenauer	Collins	Etheridge
Blunt	Combest	Evans
Boehler	Conyers	Everett
Boehner	Cox	Farr
Bonilla	Coyne	Ferguson
Bono	Crenshaw	Flake
Boswell	Cubin	Fletcher
Boucher	Culberson	Foley
Boyd	Cunningham	Forbes

Ford	Largent
Frank	Larson (CT)
Frelinghuysen	Latham
Frost	LaTourette
Gallegly	Levin
Ganske	Lewis (CA)
Gekas	Lewis (GA)
Gibbons	Lewis (KY)
Gilman	Lofgren
Gonzalez	Lowe
Goode	Lucas (KY)
Goodlatte	Lucas (OK)
Gordon	Luther
Goss	Maloney (CT)
Graham	Maloney (NY)
Granger	Manzullo
Graves	Mascara
Green (TX)	Matsui
Green (WI)	McCarthy (MO)
Greenwood	McCarthy (NY)
Grucci	McCollum
Gutierrez	McCrery
Hall (OH)	McHugh
Hall (TX)	McInnis
Hansen	McIntyre
Harman	McKeon
Hart	McKinney
Hastings (WA)	Meehan
Hayes	Meek (FL)
Hayworth	Meeks (NY)
Herger	Mica
Hill	Millender-McDonald
Hilleary	Miller (FL)
Hinche	Miller, Gary
Hinojosa	Mink
Hobson	Moran (VA)
Hoefel	Morella
Hoekstra	Murtha
Holt	Myrick
Honda	Nadler
Hooley	Napolitano
Horn	Neal
Hostettler	Nethercutt
Houghton	Ney
Hoyer	Northup
Hunter	Nussle
Hyde	Ortiz
Inslee	Osborne
Isakson	Osborne
Israel	Ose
Issa	Otter
Istook	Owens
Jackson (IL)	Oxley
Jefferson	Pascrell
Jenkins	Pastor
John	Paul
Johnson (IL)	Payne
Johnson, Sam	Pelosi
Jones (NC)	Pence
Kanjorski	Peterson (PA)
Kanjorski	Petri
Keller	Pickering
Kelly	Pitts
Kennedy (RI)	Pombo
Kerns	Pomeroy
Kildee	Portman
Kilpatrick	Price (NC)
King (WI)	Price (OH)
King (NY)	Pryce (OH)
Kingston	Putnam
Kirk	Quinn
Kleczka	Radanovich
Knollenberg	Rahall
Kolbe	Rangel
LaFalce	Regula
LaHood	Rehberg
Lampson	Reyes
Langevin	Reynolds
Lantos	Riley

NAYS—76

Aderholt	Fossella
Allen	Gephardt
Baird	Gillmor
Baldacci	Gutknecht
Barrett	Hastings (FL)
Bonior	Hefley
Borski	Hilliard
Brady (PA)	Hulshof
Brown (OH)	Jackson-Lee (TX)
Capuano	Johnson, E. B.
Condit	Jones (OH)
Costello	Kaptur
Cramer	Kennedy (MN)
Crowley	Kucinich
DeFazio	Larsen (WA)
Deutsch	Lee
Doggett	LoBiondo
English	Matheson
Filner	

Rivers	Slaughter
Rodriguez	Stenholm
Roemer	Strickland
Rogers (KY)	Stupak
Rohrabacher	Sweeney
Ros-Lehtinen	Tanner
Ross	Taylor (MS)
Roukema	
Roybal-Allard	
Royce	
Rush	
Ryan (WI)	
Sanchez	
Sanders	
Sandlin	
Sawyer	
Saxton	
Scarborough	
Schiff	
Schrock	
Sensenbrenner	
Serrano	
Sessions	
Shadegg	
Shaw	
Shays	
Sherman	
Sherwood	
Shimkus	
Shows	
Shuster	
Simmons	
Simpson	
Skeen	
Skelton	
Smith (MI)	
Smith (NJ)	
Smith (TX)	
Smith (WA)	
Snyder	
Solis	
Souder	
Spratt	
Stearns	
Stump	
Sununu	
Tauscher	
Tauzin	
Taylor (NC)	
Terry	
Thomas	
Thornberry	
Thune	
Thurman	
Tiahrt	
Tiberi	
Tierney	
Toomey	
Towns	
Traficant	
Upton	
Vitter	
Walden	
Walsh	
Watkins (OK)	
Watson (CA)	
Watt (NC)	
Watts (OK)	
Waxman	
Weldon (FL)	
Weldon (PA)	
Whitfield	
Wicker	
Wilson	
Wolf	
Woolsey	
Wynn	

McDermott	
McGovern	
McNulty	
Menendez	
Moore	
Moran (KS)	
Oberstar	
Obey	
Pallone	
Peterson (MN)	
Phelps	
Platts	
Ramstad	
Rogers (MI)	
Rothman	
Sabo	
Schaffer	
Schakowsky	
Scott	

Thompson (CA)	Wamp
Thompson (MS)	Waters
Turner	Weiner
Udall (CO)	Weller
Udall (NM)	Wexler
Velazquez	Wu
Visclosky	

ANSWERED "PRESENT"—1

Tancredo

NOT VOTING—25

Andrews	Holden	Norwood
Clay	Hutchinson	Oliver
Cooksey	Johnson (CT)	Ryun (KS)
Crane	Leach	Spence
Cummings	Linder	Stark
Dingell	Lipinski	Young (AK)
Eshoo	Markey	Young (FL)
Fattah	Miller, George	
Gilchrest	Mollohan	

□ 1030

So the Journal was approved. The result of the vote was announced as above recorded.

MOTION TO ADJOURN

Mr. McNULTY. Mr. Speaker, I move that the House do now adjourn.

The SPEAKER pro tempore (Mr. FOSSELLA). The question is on the motion to adjourn offered by the gentleman from New York (Mr. McNULTY).

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mr. McNULTY. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 55, noes 363, not voting 15, as follows:

[Roll No. 322]

YEAS—55

Andrews	Fattah	Miller, George
Baird	Filner	Mink
Berry	Frank	Oberstar
Bishop	Frost	Obey
Bonior	Gephardt	Oliver
Borski	Gonzalez	Owens
Capuano	Hastings (FL)	Sabo
Carson (OK)	Hinche	Sandlin
Clay	Jackson (IL)	Solis
Clement	Jefferson	Tauscher
Conyers	Jones (OH)	Tierney
Coyne	Kaptur	Towns
Davis (IL)	LaFalce	Velazquez
DeFazio	Langevin	Waters
DeLauro	Markey	Watson (CA)
Dicks	McGovern	Waxman
Dingell	McNulty	Weiner
Doggett	Meek (FL)	
Farr	Menendez	

NAYS—363

Abercrombie	Berman	Callahan
Ackerman	Biggert	Calvert
Aderholt	Bilirakis	Camp
Akin	Blagojevich	Cannon
Allen	Blumenauer	Cantor
Armey	Blunt	Capito
Baca	Boehler	Capps
Bachus	Boehner	Cardin
Baker	Bonilla	Carson (IN)
Baldacci	Bono	Castle
Baldwin	Boswell	Chabot
Ballenger	Boucher	Chambliss
Barcia	Boyd	Clayton
Barr	Brady (PA)	Clyburn
Barrett	Brady (TX)	Coble
Bartlett	Brown (FL)	Collins
Barton	Brown (OH)	Combest
Bass	Brown (SC)	Condit
Becerra	Bryant	Cooksey
Bentsen	Burr	Costello
Bereuter	Burton	Cox
Berkley	Buyer	Cramer

Crane Johnson, Sam
Crenshaw Jones (NC)
Crowley Kanjorski
Cubin Keller
Culberson Kelly
Cunningham Kennedy (MN)
Davis (CA) Kennedy (RI)
Davis (FL) Kerns
Davis, Jo Ann Kildee
Davis, Tom Kilpatrick
Deal Kind (WI)
DeGette King (NY)
Delahunt Kingston
DeLay Kirk
DeMint Kleczka
Deutsch Knollenberg
Diaz-Balart Kolbe
Dooley Kucinich
Doolittle LaHood
Doyle Lampton
Dreier Lantos
Duncan Largent
Dunn Larson (CT)
Edwards Latham
Ehlers LaTourette
Ehrlich Leach
Emerson Lee
Engel Levin
English Lewis (CA)
Eshoo Lewis (GA)
Etheridge Lewis (KY)
Evans LoBiondo
Everett Lofgren
Ferguson Lowey
Flake Lucas (KY)
Fletcher Lucas (OK)
Foley Luther
Forbes Maloney (CT)
Ford Maloney (NY)
Fossella Manzullo
Frelinghuysen Mascara
Gallegly Matheson
Ganske Matsui
Gekas McCarthy (MO)
Gibbons McCarthy (NY)
Gillmor McCollum
Gilman McCreery
Goode McDermott
Goodlatte McHugh
Goss McInnis
Graham McIntyre
Granger McKeon
Graves McKinney
Green (TX) Meehan
Green (WI) Meeks (NY)
Greenwood Mica
Grucci Millender-
Gutierrez McDonald
Gutknecht Miller (FL)
Hall (OH) Miller, Gary
Hall (TX) Mollohan
Hansen Moore
Harman Moran (KS)
Hart Moran (VA)
Hastings (WA) Morella
Hayes Murtha
Hayworth Myrick
Hefley Nadler
Herger Napolitano
Hill Neal
Hilleary Nethercutt
Hilliard Ney
Hinojosa Northrup
Hobson Ortiz
Hoeffel Osborne
Hoekstra Ose
Holden Otter
Holt Oxley
Honda Pallone
Hooley Pascrell
Horn Pastor
Hostettler Paul
Houghton Payne
Hoyer Pelosi
Hulshof Pence
Hunter Peterson (MN)
Hyde Peterson (PA)
Inslee Petri
Isakson Phelps
Israel Pickering
Issa Pitts
Istook Platts
Jackson-Lee Pombo
(TX) Pomeroy
Jenkins Portman
John Price (NC)
Johnson (IL) Pryce (OH)
Johnson, E. B. Putnam

Wilson Woolsey Wynn
Wolf Wu Young (FL)

NOT VOTING—15

Cummings Larsen (WA) Radanovich
Gilchrist Linder Spence
Gordon Lipinski Spratt
Hutchinson Norwood Stark
Johnson (CT) Nussle Young (AK)

□ 1051

So the motion to adjourn was re-
jected.

The result of the vote was announced
as above recorded.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr.
FOSSELLA). The Chair will entertain 10
one-minute speeches per side.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 770

Mr. PHELPS. Mr. Speaker, I ask
unanimous consent to remove my
name as a cosponsor from H.R. 770.

The SPEAKER pro tempore. Is there
objection to the request of the gen-
tleman from Illinois?

There was no objection.

PUTTING PATIENTS FIRST

(Mr. GIBBONS asked and was given
permission to address the House for 1
minute and to revise and extend his re-
marks.)

Mr. GIBBONS. Mr. Speaker, through-
out the past several months I have
been listening to my constituents dur-
ing town hall meetings and other lis-
tening sessions to hear just exactly
what it is we need to do and what we
need to change. I believe we do need a
Patients' Bill of Rights, not a lawyers'
right to bill.

I support increasing access to health
care for all Americans and ensuring
that all patients can receive health
care and hold HMOs accountable. The
Patients' Bill of Rights Act of 2001 is
comprehensive, bipartisan legislation
that will increase the quality of health
care for all Americans and small busi-
nesses will be better able to offer
health insurance for employees and
expanded medical savings accounts.

Mr. Speaker, patients need to be pro-
tected and this plan gives patients ac-
cess, access to emergency room and
specialties care, direct access to obstre-
tricians, gynecologists, and pediatri-
cians; access to needed prescription
drugs and approved clinical trials and
access to health plan information. It
also ensures that patients have the
right to choose their doctor with con-
tinuity of care and protection that al-
lows patients to definitely see their
own doctors even when they are termi-
nally ill, pregnant, or awaiting critical
surgery. Let us pass the Patients' Bill
of Rights Act of 2001.

PASS THE REAL PATIENTS' BILL OF RIGHTS

(Mr. TURNER asked and was given
permission to address the House for 1
minute and to revise and extend his re-
marks.)

Mr. TURNER. Mr. Speaker, this is a
sad day for patients and their doctors.
A good bipartisan bill, the Patients'
Bill of Rights, went down to the White
House yesterday and came back as the
insurance companies' bill of rights. It
went down to the White House as the
patient protection act and came back
the insurance company protection act.

The President took a bill that has
passed the Senate, the same bill that
received almost two-thirds of the votes
of this Chamber last year, and he nego-
tiated away the rights of patients to
secure the health care their doctors
prescribe.

The Patients' Bill of Rights was ne-
gotiated away by the President to giv-
ing a special deal to the insurance
company, a deal that has never been
granted to any individual or any busi-
ness in the history of this country. If
we vote for this bill, we will be rolling
back the rights of patients for every
State in the union.

In Texas, we have had a Patients'
Bill of Rights since 1997. It is working.
It has not resulted in a flood of litiga-
tion. It has not resulted in higher
health insurance premiums. We have
had only 17 lawsuits. The President's
proposal will repeal this good law that
is working. I urge my colleagues to
stand up for States' rights, stand up for
patients and their doctors and pass the
real patients' bill of rights.

SOUTH FLORIDA MILITARY MUSEUM AND MEMORIAL

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

Ms. ROS-LEHTINEN. Mr. Speaker, I
want to share the unique history of the
South Florida military museum and
memorial. The town of Surfside, led by
Mayor Paul Novack, as well as Chief
Petty Officer John Smith and Christine
Ruup, rallied together to save the his-
toric Building 25 to its original 1942
condition and establish a museum and
veterans' memorial.

Building 25 is the last original struc-
ture of the former Naval Air Station
Richmond, which was a World War II
Navy blimp base.

During World War II, just off the wa-
ters of South Florida, a battle occurred
between a U.S. Navy blimp and a Nazi
submarine.

Isadore Stessel, a Machinists Mate,
lost his life in the only blimp-sub-
marine battle in history.

Building 25 served as the base head-
quarters to the Naval Air Station and
blimp base, and it has been prominent
in the history of our South Florida
community.

The CIA used this facility as its cen-
ter for anti-Castro operations during

the 1960's and it was home to the Marine Corps Reserve during Operation Desert Storm. Mr. Speaker, let us preserve it.

PATIENTS' BILL OF RIGHTS
FAVORS HMOs

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

Mr. GREEN of Texas. Mr. Speaker, we finally have a debate today on the Patients' Bill of Rights but it is not a good deal. In the dark of night we have an agreement that is masquerading as a Patients' Bill of Rights, but it is a patients' bill of wrongs. For example, one proposal gives rebuttable presumption to HMOs, placing the burden on the patients to get the care they need. This provision stacks the decks against patients and makes it nearly impossible to prove that the HMO, when they are denied care, was negligent.

Additionally, the compromise would change State law. Even in my home State of Texas and we have had a law for 4 years, federal law will change our Texas law. Texas has a meaningful patients' bill of rights on the books since 1997, and it has resulted in strong protections for both patients, doctors, and insurers. But under the Bush-Norwood plan, the Texas patients will have their case heard under federal law but in State court. So we are changing the rules in the State of Texas.

Mr. Speaker, I know the gentleman from Georgia (Mr. NORWOOD) worked long and hard on this issue, but every compromise in this proposal is in favor of the HMO and not the patient. I came here to vote for a strong patients' bill of rights, not an HMO's bill of rights.

IN SUPPORT OF THE PATIENTS'
BILL OF RIGHTS

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

Mr. FOLEY. Mr. Speaker, if we listen to the other side of the aisle, we get a clear theme coming out this morning. If it is not our way, send it down the highway. They say bipartisanship, but all they do is deride the things we have worked so hard for.

I have worked with the gentleman from Georgia (Mr. NORWOOD) since 1995 on a Patients' Bill of Rights and that man's heart is with patients. Their hearts are with trial lawyers. If we want to see how quick it is to file an action in court to get health care relief, our constituents will be waiting 5 years for a court to render a verdict.

Under the Norwood bill and the President's proposal they will get health care now, not 5 years from now. To malign this bill and say it was done in the dead of night does a disservice to every Member who has fought for good patient protection.

Now they are abandoning the very architect of that plan in the name of

politics. They want to win the next election, but they will do it on the back of sick people. I believe people need help today; and if we pass the bill, they will get it today, not 5 years from now when a court may or may not rule in their favor.

REPARATIONS FOR AMERICAN
PRISONERS OF WAR

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

Mr. TRAFICANT. Mr. Speaker, it is bad enough that Japan attacked Pearl Harbor. Reports now confirm that Japanese companies like Mitsubishi and Matsui forced American soldiers into slave labor camps, many even murdered.

If that is not enough to eat your Toyota, our VA Secretary said and I quote, "America demands an apology."

Beam me up. American prisoners of war from World War II do not deserve an apology. They deserve compensation for Japanese war crimes, period. I yield back all those Japanese cars on American streets, painted and tainted with the blood of prisoners of war, American prisoners of war from World War II.

□ 1100

NEW BEGINNING FOR INDONESIA

(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, I rise today to extend my congratulations to Megawati Sukarnoputri, the new President of Indonesia, and I commend the people, the government, and the military for the smooth, nonviolent transition of power.

I also urge President Megawati to use her leadership to address widespread human rights abuses, such as the bloodshed and destruction in the Maluku, the arrests and deaths of innocent civilians in Aceh and Irian Jaya, the shaky court cases established against pastors in Poso, and the intentional manipulation of religious tensions in a number of areas of the country.

The instability and human rights abuses can be involved through the arrest and bringing to justice of the perpetrators, such as Laskar Jihad leader, Mr. Jafar Umar Thalib, and his cohorts.

Mr. Speaker, the people of Indonesia deserve a peaceful and prosperous nation in which the fundamental rights of all people are respected. The President has a real opportunity to shape a new future with her cabinet appointments to shape the new future for the Indonesian people and ensure that democracy and civil society will reign.

VIOLENCE IN THE MIDDLE EAST

(Mr. SNYDER asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. SNYDER. Mr. Speaker, the violence in the Middle East continues. In December, I visited with wounded and with family members of the dead on both sides. Let me share with my colleagues some of the faces of violence.

This lovely young woman, a Jewish family and her in-laws, her husband was executed with a bullet to the head in an Israeli office in Arab East Jerusalem 6 weeks before I arrived.

This young man was shot in the chest, a Palestinian young man, the day before I arrived. This is at a hospital in Ramallah.

And finally, this mother and her son. This man was shot in the upper abdomen about 10 days before I arrived. Several years before she had had another son that was shot in the head in the violence. This is also at a Ramallah hospital in the West Bank.

An end to the violence, a solution, a peace agreement must come, because every traumatized family plants the seeds of more rage and more violence in the Middle East.

REPUBLICANS GIVETH AND
DEMOCRATS TAKETH AWAY

(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, while traveling in Iowa recently, the minority leader said, in reference to the very, very large tax cut in 1993 that raised income taxes, gasoline taxes, and taxes on Social Security benefits, he said, I will do it again. He went on to say that the biggest tax increase in U.S. history was the right thing to do.

My colleagues, the message is clear, Republicans giveth and Democrats taketh away. Americans are just now receiving their tax refund checks, and Democrats are already trying to yank it back so they can spend more here on wasteful programs in Washington, D.C.

It is not terribly surprising that Democrats want to raise taxes, but one would think that they would let the American people get the check first. An enormous tax increase would be the wrong thing, the worst thing for our fragile economy at this time.

Mr. Speaker, now it appears the minority leader is back-peddling from the statement he made earlier. We need to find ways to get money back to the people, not to the Federal Government.

REJECT PATIENTS' BILL OF
RIGHTS

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

Mr. DOGGETT. Mr. Speaker, as the representative here in Washington for the capital city of the Lone Star State of Texas, I take pride in the fact that our State has provided national leadership in protecting patients from their

insurance companies with a model patients' bill of rights.

Now, all America should know that our success in Texas came despite the continual objection of then-Governor Bush, who threw up as many roadblocks as he could to those meaningful guarantees, in fact, almost as many as he now throws up to the bill we consider today on the Federal level for a national patients' bill of rights.

Incredibly, President Bush now seeks to override the effective State guarantees that we got enacted over his objection in Texas. And like the fine print in one of those policies that only pays if you get struck by lightning at leap year on a midnight summer day, this patients' bill of rights is riddled with loopholes for insurance companies to take advantage of sick patients and distressed families.

It should be rejected in favor of a real patients' bill of rights, the kind we got in Texas over President Bush's veto.

DONATING BONE MARROW FOR EMILY KIM

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

Mr. BARTON of Texas. Mr. Speaker, I want to call a time-out on some of our other debate for today and bring to the attention of my colleagues a young girl, 6 years old, named Emily Kim. Emily is very bright, very beautiful, and unfortunately, she is dying of leukemia. This spring doctors gave her and her parents only 6 months for her to live.

There is still hope, though. A bone marrow transfusion could save her life, literally, and doctors are hoping to find a bone marrow donor, a genetic match that is almost like finding a needle in a haystack, 1 in 100,000. It is even tougher because Kim is an Asian American, and not many Asian Americans have signed up with the National Bone Marrow Donor Registry. So I am calling on my colleagues to contact their constituents in the Asian American community and ask them to take a simple test to see if they might be that one-in-a-one hundred thousand donor match for young Emily. You must be 18 to 60 years old and in good health.

I know how important this is, because my brother died of liver cancer last year. We could not find a liver match that would have saved my brother's life, but we might save Emily's life. Take a few minutes, go to www.marow.org, or contact your doctor or local office of the American Cancer Society. Working together, my colleagues, we may yet find that one-in-a-thousand donor match for young Emily Kim.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 2037

Mr. STEARNS. Mr. Speaker, I ask unanimous consent that the name of

the gentleman from Wisconsin (Mr. SENSENBRENNER) be removed as a cosponsor of H.R. 2037.

The SPEAKER pro tempore (Mr. FOSELLA). Is there objection to the request of the gentleman from Florida?

There was no objection.

HMO HORROR STORIES

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I hope Emily does not have membership in an HMO. Because if Emily is covered by an HMO, it does not matter whether or not we find a donor because the HMO will not support it.

Mr. Speaker, we came here to represent people like Emily, but instead we have a bill that has been transformed into representing the HMOs and insurance companies. That is a travesty on the people of this Nation.

It is clear that what is being said about these new proposals for the HMO simply does not have a history of being true. I am a native Texan. We have a patients' bill of rights. We do not want this bill to tear it up. Our premiums are below the national average, more people are insured, and only 17 lawsuits in the last 4 years for 20 some million people. Now, is that extreme?

Let us represent the people.

TRADE PROMOTION AUTHORITY FOR PRESIDENT

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

Mr. KIRK. Mr. Speaker, next month this House will consider granting trade promotion authority to our President. One-third of all American families depend directly or indirectly on trade for their family incomes. America is the number one exporting nation, but unless we act, that leadership may fade.

The European Union has concluded dozens of trade agreements with other nations. We have signed only two. In the center of America's heartland, my State of Illinois is home to our country's first and second top exporters. We are also home to half of all Internet sales on the World Wide Web, which in reality is the American exporting web.

Trade authority will lay the foundation for continued American leadership with the highest paying jobs in the economy. I urge Members, when they return, to master the export opportunities ahead and give the President his authority.

PATIENTS' BILL OF WRONGS

(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, yesterday, late in the evening, one of the authors of the bipartisan patients' bill of rights, a bill that the majority of the House of Representatives supports and the President does not support, the author of that legislation turned the good bill, under the pressure of the White House, into a patients' bill of wrongs.

Today, we will be voting on the President's idea of an insurance bill of rights, a bill that will kill the bill in the first place by putting impossible roadblocks in the way of patients getting effective care in a timely manner. This patients' bill of wrongs would also roll back protections already provided by States right here in this country today.

Do not vote for the patients' bill of wrongs.

COLORADO WING OF CIVIL AIR PATROL

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

Mr. TANCREDO. Mr. Speaker, on Monday, I introduced a resolution, with the support of all five of my colleagues from Colorado, honoring the Colorado Wing of the Civil Air Patrol. The Colorado Wing was stabilized 60 years ago as a volunteer organization to conduct air and ground searches for downed or missing airplanes, hunters, hikers, and other missing persons across the State of Colorado.

Last year, the Colorado Wing was accredited with safely flying 1,216 air search and rescue hours and saving the lives of 15 people. It continues its efforts to aid the people of Colorado through annual camps, training Civil Air Patrol cadets in ground search and rescue, field and emergency skills, in leadership, and in self-discipline.

Having witnessed firsthand the invaluable and exemplary service the Colorado Wing of the Civil Air Patrol provides the people in the State of Colorado, I am extremely proud to introduce this resolution commending their excellent work and devotion to our community, and I urge my colleagues in support of this resolution.

VOTE DOWN BAD PATIENTS' BILL OF RIGHTS

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, it has been 5 long years that many of us have toiled and worked and collaborated and offered legislation that really puts the patient-physician relationship as a top priority.

There is not one of us in America that has not confronted the health system in a David-and-Goliath posture, with the HMOs being Goliath and the patient, David. Sometimes David has won, maybe other times David has failed.

I come from Texas, and I believe that this Congress should not do less for the American people than we did for Texas. Take this example. A loved one lying on a hospital bed, you in a hospital telephone booth confronting your HMO. And out of the bill that will come to the floor today, against the HMO, you will be in the wrong, they will be in the right. The presumption of rightness will be with them, and your loved one lies dying on a hospital bed.

Vote down this bad patients' bill of rights.

SUPPORT PATIENTS' BILL OF RIGHTS

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

Mr. KELLER. Mr. Speaker, I rise today in strong support of the bipartisan patients' bill of rights. This bill has three key components.

First, it provides patient protections. For example, women in my district of Orlando can now go directly to their gynecologist, children can go directly to a pediatrician, and it provides for emergency room coverage.

Second, this bill holds HMOs accountable in a court of law for their decisions. This is critical because it places decisions back in the hands of physicians and patients, not in the hands of HMO bureaucrats.

Third, it protects employers from frivolous lawsuits by using a dedicated decision-maker model. In addition, it requires that patients first exhaust their independent appeals process before filing a lawsuit.

The bill has caps at \$1.5 million on pain-and-suffering damages as a way to hold down insurance premiums. Punitive damages are not available unless a decision-maker fails to follow the recommendation of the independent reviewer. If they do not follow that recommendation, they are subject to punitive damages at \$1.5 million.

It encourages HMOs to do the right thing and it protects patients. I urge my colleagues to vote "yes" on this important, bipartisan patients' bill of rights.

WHITE HOUSE PROTECTS INSURANCE COMPANIES, NOT PATIENTS

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

Mr. SANDLIN. Mr. Speaker, there is an old Charlie Daniels song that goes, "The devil went down to Georgia. He was lookin' for a soul to steal. He was in a bind, he was way behind, and he was willing to make a deal."

Well, Mr. Speaker, it seems that we have a similar situation in the House today. Only this time instead of betting a fiddle of gold, we are betting patients' lives in America.

The administration has been in a bind; they have been way behind. When the House took up the patients' bill of rights 2 years ago, it passed with 275 votes in this House, with 68 of them coming from the Republican side of the aisle. That was a bipartisan patients' bill of rights.

So the administration went down to Georgia and made a deal. In that deal, they sold out the patients. They tried to ensure that insurance company clerks made medical decisions in this country. They tried to ensure that insurance companies do not have responsibility for the decisions they make. They created a new legal standard in court that says, the insurance companies are right, the patient has to prove them wrong, and they increased the burden.

Mr. Speaker, we have had enough of these deals. It is time to enact a real patients' bill of rights, one that gives some protections.

There will be a Democratic caucus meeting at 11 o'clock, 345 Cannon, to discuss the patients' bill of rights.

GRATEFUL TO PRESIDENT FOR PATIENTS' BILL OF RIGHTS AND ENERGY POLICY

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

Mr. HAYES. Mr. Speaker, I rise today to thank President Bush for providing a patients' protection act, and to thank the gentleman from Kentucky (Mr. FLETCHER) and the gentleman from Georgia (Mr. NORWOOD) for protecting patients and standing up against the powerful trial lawyers.

I also rise to thank President Bush for giving us a comprehensive energy plan, which will provide protection for future generations against dependence on foreign oil.

□ 1115

Mr. Speaker, as I talked to some of the folks lobbying against drilling in ANWR yesterday, I asked them if they had ever been there, and they said "no." My family and I lived there for a year. The family we lived with, the Helmericks, perfected the ice pad drilling technique which allows us to drill safely and then remove virtually all evidence that drilling took place.

Mr. Speaker, I thank President Bush for providing leadership for this country.

MOHAMMED ALI, POETRY IN MOTION

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

Ms. CARSON of Indiana. Mr. Speaker, if anyone defined poetry in motion, it was Mohammed Ali. During his 25-year career in the boxing ring from 1960 to 1981, Ali danced, bobbed and rope-a-

doped into most of his opponents with early-round knockouts. It was a beautiful sight to behold. Mohammed Ali sits on anyone's short list of the greatest athletes and most dedicated humanitarians of the 20th century. In fact, Time Magazine listed him as one of the top 20.

Mr. Speaker, I urgently request that my colleagues join me in the bill that I have to award Mohammed Ali a Congressional Gold Medal.

Mrs. CHRISTENSEN. Mr. Speaker, will the gentlewoman yield?

Ms. CARSON of Indiana. I yield to the gentlewoman from the Virgin Islands.

Mrs. CHRISTENSEN. Mr. Speaker, in the time that is remaining, let me say, let us keep the Ganske-Norwood-Dingell-Berry bill intact. The HMOs deserve no special privilege or protection. Let us protect the patients of America. Let us keep a strong, good Patients' Bill of Rights.

RECESS

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

Accordingly (at 11 o'clock and 17 minutes a.m.), the House stood in recess until approximately noon.

□ 1203

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. FOSSELLA) at 12 o'clock and 3 minutes p.m.

MOTION TO ADJOURN

Mr. McNULTY. Mr. Speaker, I move that the House do now adjourn.

The SPEAKER pro tempore (Mr. FOSSELLA). The question is on the motion to adjourn offered by the gentleman from New York (Mr. McNULTY).

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. McNULTY. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 56, nays 355, not voting 22, as follows:

[Roll No. 323]

YEAS—56

Baird	DeFazio	Evans
Berry	DeGette	Farr
Bonior	DeLauro	Filner
Borski	Dicks	Frank
Boyd	Dingell	Frost
Capuano	Doggett	Gephardt
Clay	Eshoo	Hastings (FL)
Conyers	Etheridge	Hilliard

Hinchey Miller, George
 Jefferson Mink
 Johnson, E. B. Nadler
 Kaptur Oberstar
 LaFalce Obey
 Langevin Oliver
 Lantos Pelosi
 Lee Price (NC)
 McCollum Rodriguez
 McGovern Ross
 McNulty Sandlin

NAYS—355

Abercrombie Doyle
 Ackerman Dreier
 Aderholt Duncan
 Akin Edwards
 Allen Ehlers
 Andrews Ehrlich
 Arney Engel
 Baca English
 Bachus Everett
 Baker Fattah
 Baldacci Ferguson
 Baldwin Flake
 Ballenger Fletcher
 Barcia Foley
 Barr Forbes
 Barrett Ford
 Bartlett Fossella
 Barton Frelinghuysen
 Bass Gallegly
 Becerra Ganske
 Bentsen Gekas
 Bereuter Gibbons
 Berkley Gillmor
 Biggert Gilman
 Bilirakis Gonzalez
 Bishop Goode
 Blagojevich Goodlatte
 Blumenauer Gordon
 Blunt Goss
 Boehlert Graham
 Bonilla Granger
 Bono Graves
 Boswell Green (TX)
 Boucher Green (WI)
 Brady (PA) Greenwood
 Brady (TX) Grucci
 Brown (FL) Gutierrez
 Brown (OH) Gutknecht
 Brown (SC) Hall (OH)
 Bryant Hall (TX)
 Burr Hansen
 Burton Harman
 Buyer Hart
 Callahan Hastings (WA)
 Calvert Hayes
 Camp Hayworth
 Cannon Hefley
 Cantor Herger
 Capito Hilleary
 Capps Hinojosa
 Cardin Hobson
 Carson (IN) Hoeffel
 Carson (OK) Hoekstra
 Castle Holden
 Chabot Holt
 Chambliss Honda
 Clayton Hooley
 Clement Horn
 Clyburn Hostettler
 Coble Houghton
 Collins Hoyer
 Combest Hulshof
 Condit Hyde
 Cooksey Inslee
 Costello Isakson
 Coyne Israel
 Cramer Issa
 Crane Jackson (IL)
 Crenshaw Jackson-Lee
 Crowley (TX)
 Cubin Jenkins
 Culberson John
 Cummings Johnson (CT)
 Cunningham Johnson (IL)
 Davis (CA) Johnson, Sam
 Davis (FL) Jones (NC)
 Davis (IL) Jones (OH)
 Davis, Jo Ann Kanjorski
 Davis, Tom Keller
 Deal Kelly
 Delahunt Kennedy (MN)
 DeMint Kennedy (RI)
 Deutsch Kerns
 Diaz-Balart Kildee
 Dooley Kilpatrick
 Doolittle Kind (WI)

Schakowsky
 Shows
 Slaughter
 Spratt
 Stupak
 Tierney
 Velazquez
 Waters
 Watson (CA)
 Waxman

King (NY)
 Kingston
 Kirk
 Knollenberg
 Kolbe
 Kucinich
 LaHood
 Lampson
 Largent
 Larsen (WA)
 Larson (CT)
 Latham
 LaTourette
 Leach
 Levin
 Lewis (CA)
 Lewis (GA)
 Lewis (KY)
 LoBiondo
 Lofgren
 Lowey
 Lucas (KY)
 Lucas (OK)
 Luther
 Maloney (NY)
 Manzullo
 Markey
 Mascara
 Matheson
 Matsui
 McCarthy (MO)
 McCarthy (NY)
 McCreery
 McDermott
 McHugh
 McInnis
 McIntyre
 McKeon
 McKinney
 Meehan
 Meek (FL)
 Meeks (NY)
 Menendez
 Mica
 Millender-
 McDonald
 Miller (FL)
 Miller, Gary
 Mollohan
 Moore
 Moran (KS)
 Moran (VA)
 Morella
 Murtha
 Myrick
 Napolitano
 Neal
 Nethercutt
 Ney
 Northup
 Nussle
 Ortiz
 Osborne
 Ose
 Otter
 Owens
 Oxley
 Pallone
 Pascrell
 Pastor
 Paul
 Payne
 Pence
 Peterson (PA)
 Petri
 Phelps
 Pickering
 Pitts
 Platts
 Pombo
 Pomeroy
 Portman
 Pryce (OH)
 Putnam
 Quinn
 Radanovich

Rahall
 Ramstad
 Range
 Regula
 Rehberg
 Reyes
 Reynolds
 Riley
 Rivers
 Roemer
 Rogers (KY)
 Rogers (MI)
 Rohrabacher
 Ros-Lehtinen
 Rothman
 Roukema
 Roybal-Allard
 Royce
 Rush
 Ryan (WI)
 Ryun (KS)
 Sabo
 Sanchez
 Sawyer
 Saxton
 Scarborough
 Schaffer
 Schiff
 Schrock
 Scott
 Sensenbrenner
 Serrano
 Sessions

Shadegg
 Shaw
 Shays
 Sherman
 Sherwood
 Shimkus
 Shuster
 Simmons
 Simpson
 Skeen
 Skelton
 Smith (MI)
 Smith (NJ)
 Smith (TX)
 Smith (WA)
 Snyder
 Solis
 Souder
 Stearns
 Stenholm
 Strickland
 Stump
 Sununu
 Sweeney
 Tancredo
 Tanner
 Tauscher
 Tauzin
 Taylor (MS)
 Taylor (NC)
 Terry
 Thomas
 Thompson (CA)

Thompson (MS)
 Thornberry
 Thune
 Thurman
 Tiahrt
 Tiberi
 Toomey
 Towns
 Traficant
 Turner
 Udall (CO)
 Udall (NM)
 Upton
 Visclosky
 Vitter
 Walden
 Walsh
 Wamp
 Watkins (OK)
 Watt (NC)
 Watts (OK)
 Weiner
 Weldon (FL)
 Weldon (PA)
 Weller
 Wexler
 Whitfield
 Wicker
 Wilson
 Wolf
 Wu
 Wynn
 Young (FL)

NOT VOTING—22

Berman
 Boehner
 Cox
 DeLay
 Dunn
 Emerson
 Gilchrest
 Hill

Hunter
 Hutchinson
 Istook
 Kleczka
 Linder
 Lipinski
 Maloney (CT)
 Norwood

Peterson (MN)
 Sanders
 Spence
 Stark
 Woolsey
 Young (AK)

□ 1225

Messrs. LEVIN, OXLEY, LEWIS of Kentucky, LAHOOD, SKEEN, Ms. BERKLEY and Ms. KILPATRICK changed their vote from “yea” to “nay.”

Mr. HILLIARD changed his vote from “nay” to “yea.”

So the motion to adjourn was rejected.

The result of the vote was announced as above recorded.

PROVIDING FOR CONSIDERATION OF H.R. 2563, BIPARTISAN PATIENT PROTECTION ACT

Mr. GOSS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 219 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 219

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 2563) to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed two hours equally divided among and controlled by the chairmen and ranking minority members of the Committees on Energy and Commerce, Education and the Workforce, and Ways and Means. After general debate the bill shall be considered for amendment under the five-minute

rule. The bill shall be considered as read. No amendment to the bill shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommend with or without instructions.

The SPEAKER pro tempore (Mr. FOSSELLA). The gentleman from Florida (Mr. GOSS) is recognized for 1 hour.

Mr. GOSS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), 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 on this issue only.

Mr. Speaker, the legislation before us is a structured rule providing for the consideration of H.R. 2563, at last. It provides 2 hours of general debate equally divided and controlled by the chairmen and the ranking minority members of the Committee on Energy and Commerce, the Committee on Education and the Workforce, and the Committee on Ways and Means, the three committees of jurisdiction.

The rule waives all points of order against consideration of the bill and makes in order only the amendments printed in the Committee on Rules report accompanying the resolution. It further provides that the amendments printed in the report may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and opponent, shall not be subject to an amendment and shall not be subject to a demand for division of the question in the House or the Committee of the Whole.

The rule waives all points of order against the amendments printed in the report and provides one motion to recommit with or without instructions.

In fact, it is pretty standard and fair in terms of rules on this type of matter. What is unique is the long, long preparation, the participation of so many Members to bring this legislation to the floor. We believe on the Committee on Rules that we have crafted a good rule to have full debate for the balance of the day and probably into the early evening.

We have three major amendments with time specified of 40 minutes for one, 40 minutes for another and 60 minutes for another. Members having done

their homework will know what those are and we will get into them as we go along. I think this should be comprehensive and give every Member the opportunity to have their say.

□ 1230

Mr. Speaker, this truly is a red letter day, not just for the Congress but for the American people, because today, after 10 years of debate and compromise, we are finally having the opportunity to put forth patient protection legislation that will really change the way our health care system operates for the better.

A true patients' bill of rights must make our health care system more accessible. Health care insurance is no good if someone cannot get it. So accessibility of health care and health care insurance is critical. Obviously, it has to be affordable, more affordable. Affordable is an area we have focused on. And most importantly, more accountable, accountable to the Americans that health care serves.

This fair rule and the underlying legislation represents a reasoned, commonsense approach that allows people that disagree with health care providers an opportunity for just and impartial appeal. This is what Americans have been asking for.

I have worked on health care legislation with so many colleagues ever since coming to Congress, and I can tell my colleagues that this is something that matters a lot back in my district and every other place I go in the country when I talk about it. When I am back in my district, not one town hall meeting goes by without constituents registering concerns about their health care and questioning how things will be fixed, how much it will cost, can I afford it, will I be able to get it, and so forth.

It has always been a very delicate balance to come up with something that will be supported by the House, of course our colleagues in the other body, and the administration; and I commend the hard work of so many, but especially the diligent efforts now on a timely basis of people like the gentleman from Georgia (Mr. NORWOOD) and President Bush, who understood compromise is still better for the American people than nothing at all. Laws are better than unresolved issues.

Frankly, one of the reasons we can be here today is because of the respect our colleague, the gentleman from Georgia, has in this body. In the words of Senate Majority Leader TOM DASCHLE, and I quote him, "If Dr. NORWOOD, who I think knows the issue better than anyone else does, feels that some of these proposals are acceptable, I would certainly entertain them." Well, we are entertaining them today in an amendment that every Member has had a chance to read, and we will have 60 minutes set aside for debate on that.

What is important is that when our constituents ask, will I have access to affordable health care, we can say

forthrightly, look them right in the eye, and say yes. When they ask, can I sue my HMO if there is cause, the answer will again be yes.

With these positive reforms comes great responsibility, of course; and I commend my colleagues for entertaining the compromise that will not overburden the courts with frivolous lawsuits but will still allow justice under the law. We must be sure that the courts are the last resort and not the first. This bill provides for an independent review process that is immediately responsive to patients' needs.

My constituents in southwest Florida are tired of standing in lines, as I suspect Americans are elsewhere. The lines at the doctor's office is bad enough, to say nothing of waiting times. They certainly should not be waiting in additional queues at the courthouse. Instead of driving people to court, a true patients' protection plan will enable Americans to get the care they need and ensure the accountability of medical providers. And I think that is what this legislation does.

Certainly the rule is designed to bring out the debate on these points. Mr. Speaker, I urge my colleagues to continue the careful manner in which this legislation was drafted, and I urge them to support this rule.

Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I thank the gentleman from Florida for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

(Ms. SLAUGHTER asked and was given permission to revise and extend her remarks.)

Ms. SLAUGHTER. Mr. Speaker, I rise in strong opposition to this rule. I am opposed to the process the rule represents and the political cynicism it embodies.

Make no mistake, this rule is designed to kill the bipartisan patients' bill of rights. This is death by a thousand cuts. By slicing away at the bipartisan-based bill, the leadership today once again will bury one of the most important pieces of legislation to face this body in a generation, all in an effort to appease the insurance companies and the HMOs.

Mr. Speaker, there is no new agreement regarding the bipartisan patients' bill of rights. Yesterday's hastily arranged news conference by the administration was pure theater. Only one sponsor of the bipartisan patients' bill of rights, the gentleman from Georgia (Mr. NORWOOD), was included in the discussion with the administration. And even the gentleman from Georgia admitted to the Committee on Rules last night that he did not have a deal. And, indeed, until he saw what was written in the Committee on Rules, he would not have one. And at that moment last night he had no idea what would be written.

And now with ink barely dry, the Republican leadership is demanding a

vote. We wonder how many Members will see this so-called agreement before they have to vote.

A dangerous pattern is developing in the Committee on Rules. Knowing that they do not have the support to kill important measures, like campaign finance reform or a balanced energy program that maintains the environment, the leadership cloaks itself in the darkness of night. When daylight breaks, they emerge with procedural hurdles designed to obfuscate, confuse, and ultimately bury these measures that may mean life and death for many of our constituents.

The leadership knows the Senate will not agree to this version of the patients' bill of rights, and they know by passing the administration's version they can force a conference with the Senate, thereby relegating the patients' bill of rights to the legislative graveyard.

The rule today makes in order only those amendments designed to kill the measure. There are poison pills. Each one weakens and dilutes patients' protections. The amendments block legal remedies in State courts under State laws, they hand over to HMOs the right to choose which court to adjudicate in, and they stack the deck against anyone who tries to enforce the patient protections we have worked for so long to secure.

Moreover, the new Norwood bill fails to pay for any of the revenue losses it causes. In case Members are unaware, the surplus we worked so hard to secure the past 8 years is gone. In fact, the Treasury has had to borrow \$51 billion just to pay for the tax rebate mailed just last week. Now, for the second time in 24 hours, we have blocked amendments by Democrats who want to be responsible and pay for the cost of the legislation we are considering.

The House is now preparing to blow an additional \$25 billion hole in the deficit. Democrats did offer responsible offsets but were voted down unanimously in the Committee on Rules.

Where will this money come from? The only place left after the massive tax cuts enacted by Congress are the Medicare and Social Security Trust Funds.

I want to remind my colleagues this is about real people, about real lives, and as I stated earlier, a matter of life and death for many. H.R. 2563 would make a difference for the man who goes to the emergency room suffering a heart attack and the woman who has to wait to get permission to see her OB-GYN for a gynecological problem and the parent whose child is being shunted from doctor to doctor by an insurer. It would help patients obtain speedy reviews when potentially life-saving treatment is denied or when a financially crippling bill will not be covered by the insurer.

The bipartisan bill would make a difference in the day-to-day lives of the people we represent. And for this body to treat this measure so cavalierly defies conscience and defies belief.

Make no mistake, this agreement is a win for the special interests and especially the HMOs and insurance companies who support with their contributions this new bill.

It is a loss for the American people on one of their biggest issues, and a sad day for America, patients, doctors, and virtually every family around the country.

One of the most egregious things is they have held HMOs to different standards than they are holding doctors and hospitals. The HMOs alone among the health care providers will be shielded from the consequences of their own bad decisions, but the doctors and the hospitals are left hanging out to dry. And I understood the AMA has just opposed this bill.

HMOs will also have an extraordinary care standard, not a medical standard, but what any ordinary insurance company would do. And in fact what is being given to them goes to no other industry in the United States. And by waiving away the State laws, many people in the United States where they have good strong State laws will be worse off than had this bill not passed.

Mr. Speaker, I reserve the balance of my time.

Mr. GOSS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Ohio (Ms. PRYCE), a distinguished member of the committee and a member of our leadership.

Ms. PRYCE of Ohio. I thank my good friend from Florida and colleague on the Committee on Rules for yielding me this time, and I rise in very strong support of this rule.

Mr. Speaker, I came to the House of Representatives nearly 9 years ago, and for the majority of my tenure here, Congress has been struggling with the concept of a bill of rights for patients. There are no policy arguments that have not been made, no statements left unspoken, and no new points to interject.

Mr. Speaker, 95 percent of the patients' bill of rights is agreed to by every one here. We all agree that patients should have access to emergency room and specialty care and direct access to obstetricians, gynecologists, and pediatricians. We agree that doctors should have input in the development of formularies for prescription drugs and that patients should have access to health plan information.

All the players agree that gag clauses that prevent doctors from discussing certain health care options with their patients should be prohibited and that patients should have a right to continuity of care. In fact, I would like to remind my colleagues that the House has previously passed a patients' bill of rights. We have, we have done it here, and yet we still have no Federal protection to offer the 170 million Americans with private health insurance.

Well, help is on the way. We finally have a President committed to making this happen and a Congress which has

worked long and hard to help him. Mr. Speaker, I understand this task has been a daunting and difficult one, and that is why the agreement President Bush forged yesterday is a giant step forward. An agreement that involved so many hardworking, committed Members on both sides of the aisle needs a chance to go forward today.

Mr. Speaker, we need a bill that will not penalize employers for offering health care benefits; we need a bill that will not drive up the cost of premiums; and we need a bill that will offer remedy to patients who have been wronged; and, most of all, we need a bill that can be signed into law.

There are many who would rather not see this happen today. They would rather the American people not have this benefit. They would rather have a political issue. And it is so easy to stand in the way. It is much harder to forge consensus. This time the Committee on Rules, which has met into the wee hours nearly every night this week, has forged a fair and good rule that will do all of this.

We have already spent too much time on solutions that go nowhere. This legislation, with the agreement offered by the gentleman from Georgia (Mr. NORWOOD), has been agreed to by the President. It will offer our best chance to provide real patient protection to those Americans who desperately need it and have needed it for far too long.

I urge my colleagues to support this rule. It is fair, it is very delicate, it is balanced, and it will bring a patients' bill of rights to our President for his signature.

Ms. SLAGHTER. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. MENENDEZ).

Mr. MENENDEZ. My colleagues, make no mistake, this bill is a special deal for special interests. The patients' bill of rights went into the White House emergency room with the gentleman from Georgia (Mr. NORWOOD) and it came out as an "HMO Bill of Rights," an "Insurance Bill of Rights," a special set of rights no other industry in America has.

And speaking of rights, this bill kills State rights in protecting patients. Just this week in New Jersey, a Republican governor signed a bill passed by a Republican legislature which would provide for enforcing our patients' bill of rights. This bill we are debating today destroys New Jersey's patients' protections, and California and Texas and every other State's right to protect patients, by superceding it.

This bill is a huge step backwards in patient protections. This bill will not guarantee the care patients deserve and need but it will guarantee HMOs' abuses.

Let us vote for patients, for people, for our constituents, and against the special interests. Vote against the rule and the bill.

Mr. GOSS. Mr. Speaker, I yield such time as he may consume to the gentleman from Missouri (Mr. BLUNT), the

distinguished member of our leadership, the deputy whip.

Mr. BLUNT. Mr. Speaker, I thank my good friend for yielding me this time, I want to use the last of the voice I have left this week to talk for a few minutes about this bill and the rule that allows it to come to the floor.

What we have a chance to do here today is to end 6 years of gridlock, 6 years of striving for a solution that has been outside of our reach. Today we can achieve that solution.

Lots of Members have worked very hard to try to find that solution on both sides of the aisle. My good friend, the gentleman from Iowa (Mr. GANSKE); the gentleman from Georgia (Mr. NORWOOD); the gentleman from Michigan (Mr. DINGELL); the gentlewoman from Connecticut (Mrs. JOHNSON); and the gentleman from Kentucky (Mr. FLETCHER) have all worked hard to try to find that ground that gets us to a solution that really does create parents' rights.

□ 1245

I think what this bill does, and the amendments that go along with it is, it puts patients first. It puts health care first. It puts the health care decision first, and that is a critical difference in this and some of the other concepts that we have talked about, such as the health care professional review panel that has an immediate answer. In fact, how they respond to that answer depends on the way that patients are dealt with in the future of this process.

If in fact an individual is provided insurance, and responds to what that doctor-driven health care professional panel says needs to be done, they have done the right thing and the law recognizes that.

This law talks about greater access to the system. It talks about liability, but it also talks about some ways to avoid that liability, which continues to encourage employers to provide health care to their workers.

For a generation now, one of the questions that workers first asked when they filled out a job application was, Is health insurance provided? What we do not want to see at the end of our debate here is the answer to be, We used to have health care. We used to offer health care, but now we just give employees money because we do not know what our liability is. It was undefined.

Our bankers, if it is a small business, would not let us continue down that path. Our shareholders, if it is a large business, because of the responsibility we have to them, we decided not to have health care insurance any longer because we did not understand our liability.

That is one reason many of us thought it was so important to understand the limits of that liability. This bill sets a higher limit than many of us would have ever thought we could accept; but employers can work with it, the system can work it.

Most importantly, the results of the hard effort in the last 24 hours, the President's efforts, the efforts of the gentleman from Georgia (Mr. NORWOOD), the gentleman from Arizona (Mr. SHADEGG) stayed up all night to make sure of the language, to come up with a bill that this House can vote on this week that can be signed into law.

Mr. Speaker, 6 years of talking about this is too long. Now is the moment when we can reach a final decision. We can send a bill to the Senate that is a better bill than the Senate's bill. We can put a bill on the President's desk. He wants to sign a bill; we ought to give him the chance to do that.

This bill truly does protect patients' rights.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. DINGELL).

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. Mr. Speaker, the Senate last week spent a whole week in arriving at a decision on this legislation. It was a thoughtful debate, compromises were worked out on a bipartisan basis, and a good bill was sent here.

Let us look at where we are and why. A Member in this Chamber went to the White House in a closed meeting and worked out a deal. That deal was not reduced to writing until this morning. He did not know what was in the deal at the time he appeared before the Committee on Rules. Nobody else knew. I do not know now. None of you know. I seriously doubt that the Member who cut the deal knows what he has done.

I do not think that any Member can understand the ramifications of these curious transactions. In the Senate, the leaders were willing to forgo the Independence Day recess in order to work this legislation up. Here, without the vaguest understanding of what we are doing, we are now rushing to send a bill to the President.

The doctors have a way of describing this thing. They say, First, do no harm. There is a plethora of amendments which have been added to this legislation under the rule. If Members vote for the rule, they are going to vote for a bill that has not been tested and that the author of the amendment cannot satisfactorily explain to himself or to us.

Mr. Speaker, this is a bad process. I would point out that it sets up a whole new Federal standard for torts and for jurisprudence, something which has not been done for 300 years in this country. I ask my colleagues to note whether they can explain this or understand it, or whether they or anyone, or the author of the amendment, can assure us that this amendment does not foster mischief and misunderstanding and the potential for real trouble for the American public.

I would note some other things for the benefit of this Chamber. This is an

HMO bill. It is a step backwards in that it preempts State laws. It puts its finger on the scale of justice. Nay, it puts its whole fist or forearm on the scales of justice because it lays in place presumptions in favor of the HMOs.

The HMOs are smiling today. No one else is. Members who vote for this amendment will not be smiling in a little while because the end result of that is going to be that they are going to have hurt their constituents, and have done the wrong thing.

I will tell Members some additional things. The States are making fine progress in enacting patient protection laws. Those patient protection laws are making real progress. This bill would essentially preempt them and set aside all of that progress. States like Georgia, States like New Jersey, States like Texas, are going to see their laws superseded.

Mr. Speaker, the amendment to this bill is titled the Bipartisan Patient Protection Act. It should be entitled, the Partisan HMO Protection Act.

Mr. Speaker, I urge my colleagues to vote against the amendment.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Maryland (Mr. WYNN).

Mr. WYNN. Mr. Speaker, I rise in strong opposition to the rule and to the underlying bill. The fact of the matter is that without a right to redress, the so-called patients' rights are worthless. Today we will hear the Republicans talk about the rights that they give patients, but if patients cannot get into court in an easy, convenient manner, they cannot redress their rights.

Remember, it is the patient's back, the patient's knee, the patient's neck, the patient's facial scars that have to be corrected. If the HMOs deny a patient relief, they should have the right to go to court, and this bill does not do it. It guarantees every roadblock possible to benefit the HMOs; every presumption possible to benefit the HMOs. It wipes away State laws to benefit the HMOs. The protections are not in this bill, the protections are for the HMOs. That is what is wrong with this bill.

They will say if we let patients go to court, they will not be able to get insurance. Studies have shown that the increase in costs are minimal; people are willing to pay it. In Texas, which has the right to go to court, they have not had a lot of lawsuits.

Reject this bill.

Mr. GOSS. Mr. Speaker, I yield 4 minutes to the gentleman from Iowa (Mr. GANSKE), a major player in this legislation.

Mr. GANSKE. Mr. Speaker, I thank the gentleman for yielding me this time.

Yesterday was an amazing day in the Committee on Rules. I have been to the Committee on Rules three times on the Patients' Bill of Rights; and I must admit when we were talking about the Norwood amendment last night and we did not have any language to talk about, and the gentleman from Georgia

(Mr. NORWOOD), was saying I reserve the right to not agree with my own amendment, it was sort of bizarre. But I must say that I have been treated with respect and kindness by the Committee on Rules.

Mr. Speaker, I wish very much that we had more time to see the language of the Norwood amendment so people could fully understand it. We are going to have a chance to talk about the Norwood amendment, and I will go into it in more detail later. I intend to support the rule. I understand fully how my colleagues on the other side of the aisle very well are upset about this, but I feel it is time to move on with this debate.

Mr. Speaker, I thank my colleagues from both sides of the aisle who throughout the last 5 or 6 years have stood up as protectors of patients and have been very interested in this. I cannot remember the number of times I have given Special Orders late at night.

I have shown patients like this: HMOs Cruel Rules Leave Her Dying for the Doc She Needs; What His Parents Did Not Know About; HMOs May Have Killed This Baby. I have spoken about how, as a plastic surgeon, HMOs using medical necessity, unfair definitions, which have denied children care. I have spoken about this woman who lost her life because an HMO did not provide her with the treatment she needed.

I have spoken about how an HMO would not pay this young woman's emergency care and hospital bill because when she fell off a cliff, she did not phone ahead for prior authorization.

A couple of years ago when we had this debate, this little boy came to the floor. An HMO made a medically negligent decision which cost him both hands and both feet. Under Federal law, if that is an employer plan, the HMO is responsible only for the cost of his amputations.

I think we now have bipartisan support that is not fair or just, and that we need to do something to prevent that from happening, and that is why the underlying Ganske-Dingell bill sets up a strong external appeals program, similar to what they have in Texas, to prevent this from happening, to prevent cases from going to court.

Mr. Speaker, there will not be that much debate on the patient protection part of the Ganske-Dingell bill because there are not any amendments coming up, but they are solid. We are going to have three amendments coming to the floor. One will be on access provisions, one will be on medical malpractice liability, and the third is a very, very important one, and that is, in fact, whether to provide additional protections to HMOs.

We will go into some details, how the Norwood amendment would provide affirmative defenses for HMOs that they do not have now, and how it would actually preclude State law. I will at that time recite the lines in the Norwood

amendment that do that, and provide Members with information on that.

Mr. Speaker, I just urge my colleagues to have a civil debate. Let us get past the point of name-calling. Let us have a debate that is as enlightened as they had in the Senate a couple of weeks ago, move forward and defeat the Norwood amendment, and pass the Ganske-Dingell bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. FROST).

Mr. FROST. Mr. Speaker, let me start with the rule today. In a continuing effort to block Democrats from imposing fiscal responsibility on the House, Republican leaders have prevented us from paying for this bill. That fiscal irresponsibility is why Republicans are about to raid the Medicare and Social Security trust funds, as an internal Republican memo made clear recently, and it is why just 6 months after Republicans inherited the biggest budget surplus in history, the Federal Government is borrowing money again.

Now for the bill itself: For the past 5 years, Mr. Speaker, Democrats and some courageous Republicans have worked hard to pass a real bipartisan Patients' Bill of Rights, one that takes health care decisions out of the hands of insurance companies and puts them back into the hands of doctors and patients.

Mr. Speaker, the Ganske-Dingell bill does that. It protects patients' rights without reducing health care coverage. During those same past 5 years, Mr. Speaker, Republican leaders have fought the bipartisan Patients' Bill of Rights every step of the way. For the past 6 months, the Bush administration has joined them in fighting tooth and nail to protect insurance companies and HMOs.

It should be so no surprise that the Republican plan, proposed by President Bush and the gentleman from Illinois (Mr. HASTERT), that is, the Norwood amendment we will debate later today, protects HMOs and insurance companies at the expense of patients. Make no mistake, Republican leaders are trying to turn the Patients' Bill of Rights into an HMO Bill of Rights.

□ 1300

The Republican plan creates special protection for HMOs and insurance companies, one that no other industry enjoys, and would override State HMO laws, including the patient protections that my constituents in Texas enjoy today and that President Bush bragged about in last year's campaign.

Mr. Speaker, the Republican plan would ensure that HMOs and insurance companies, not doctors and patients, keep making vital medical decisions.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Arkansas (Mr. BERRY).

Mr. BERRY. I want to thank the gentlewoman from New York for yielding time. I also want to thank the gen-

tleman from Iowa (Mr. GANSKE) for his great leadership in this matter and, of course, the gentleman from Michigan (Mr. DINGELL) and all the others that have worked so hard for this.

Mr. Speaker, the only way I can describe this rule and the bill that is going to be offered as amended to this House today is ridiculous. Just to begin with, the Committee on Rules was asked to take up a rule for a bill they had not seen, that nobody had written yet. They had to declare Wednesday was Thursday. If you have got something planned on Thursday you very well may lose it, because we are going to skip Thursday this week. Today is Wednesday. Tomorrow is going to be Friday. That just shows you how ridiculous this whole thing has gotten. We have got an old Southern saying about politics that those that get on early get taken care of, everybody else gets good government. I think we have clearly seen the evidence that the insurance companies got on early in the last campaign. They have clearly been taken care of.

We have been presented with this so-called agreement between the White House and someone on Capitol Hill where we have said that we are just going to trample State law, do whatever you have to do to take the State courts out of it; we are going to take away any rights from the American people to deal with their insurance companies.

This whole bill should be called the HMO Protection Act, because they have got more protection now than they had before this bill was written. I do not think it will ever become law. I think it will die in conference. But it is such a ridiculous idea that we would present this to the American people and try to hoodwink them into thinking that they are going to have a better deal.

Besides that, Mr. Speaker, it is not paid for. We are just going to issue a magic lucky card to pay for it. I am surprised that the lucky card is not described in the language.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. STENHOLM).

(Mr. STENHOLM asked and was given permission to revise and extend his remarks.)

Mr. STENHOLM. Mr. Speaker, I rise in opposition to the rule. It is not a fair and it is not a good rule. I know that my friends on this side of the aisle are getting a little tired of Members on this side standing up and talking about that we are not paying for the legislation that we proposed. I certainly recognize and support the right of the majority to do as you wish regarding legislation, as you are proving day after day. But for the last several years, I have listened to my colleagues on both sides of the aisle speak with passion and conviction about their commitment to putting an end to the practice of raiding the Social Security and Medicare Trust Fund surpluses to

cover deficits in the rest of the budget. I believe that all Members of this body who have voted time and time again to protect those trust funds are sincere in their desire to honor that commitment. Unfortunately, the manner in which we continue to consider legislation is making it impossible to keep that commitment.

The \$1.35 trillion tax cut recently signed into law, whether acknowledged or not, has taken up the available surplus. It is becoming increasingly clear that CBO and OMB when they offer their revised budget forecasts next month will show the facts. No point in debating whether it is or it is not; either it is or it is not. Those of us that believe that it is, those that say it is not, we are going to know.

But let me point out a few facts. Last week, this House voted to break the spending limits on the VA-HUD bill. There is a reasonably good chance that this body is going to break those limits on defense and on education. Last week, it was 8 billion additional dollars for the faith-based initiative. This week it was \$18 billion for the railroad retirement fund. Yesterday it was \$32 billion for the energy bill. Today it is at least 20, probably as much as \$30 billion for this bill.

I heard my colleague from Arkansas say a moment ago, "It's not paid for." I respect the right of the majority to bring legislation to this floor and not pay for it if that is what you wish. But why and how can you continue to come to the floor and say it is a fair rule when you do not allow the minority side the opportunity to pay for the bill in the legislation that we are for? What is it that would let anyone stand on the floor and say it is a fair rule when you deny the opportunity of the other side of the aisle to work their will regarding the legislation as they see it and let you work the will of the body as you see it?

I really think we ought to defeat this rule, and we ought to send it back to committee with at least allowing our side of the aisle the opportunity to pay for that legislation that we propose. And if you wish to raid the Social Security and Medicare Trust Funds, I respect your right to do it.

Mr. GOSS. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from Florida (Mr. FOLEY), a Member of the Committee on Ways and Means and a great contributor to this legislation.

Mr. FOLEY. Mr. Speaker, I appreciate the gentleman from Florida yielding me this time. Listening to the debate this morning is causing me some concern because I have heard phrases like "we are rushing this legislation to the floor." Yet it seemed to me weeks ago the other side of the aisle demanded action on this bill before the summer recess.

Let me just give you some quotes from National Journal's Congress Daily today that appeared in print. The senior Senator from Massachusetts

says about the gentleman from Georgia (Mr. NORWOOD): "He has our complete confidence and he's demonstrated time in and time out his commitment to patients in our country."

The gentleman from Arkansas who just spoke a moment ago: "I don't think anyone at any time has ever questioned CHARLIE NORWOOD's sincerity or dedication to this mission. So the fact that he's out there working doesn't give me any heartburn at all."

That was yesterday, the wonderful gentleman from Georgia, and today they will have you think he has become Dr. Kevorkian. The gentleman from Georgia and I have worked on this bill since 1995. There is one person in this Capitol more concerned with patients than any of us here and that is the honorable gentleman from Georgia. But he recognizes one very important and cogent point of this debate, that if somebody is sick and somebody is ailing and somebody is hurt, they do not need to wait in queue for 5 years to get a court of law to render a verdict on their case, because regrettably if we wait for the court of law, likely the patient will have died.

A good friend of mine, a trial lawyer who is a personal friend and a supporter, called me yesterday. "Please support the Dingell bill. Support the right for patients to sue their HMOs."

So I posed the question: "You're a partner in a law firm. If you provide health insurance, do you feel you should be sued for the negligence of the managed care?"

He paused and said, "Well, no, we merely provide the health care policy."

And I said, "But you may in fact be drawn into liability because you didn't give them an option of several policies, you gave them the firm's policy. And should the firm be engaged in litigation with their provider?"

Mr. Speaker, we can rant and rave about bipartisanship and I have tried on several issues with the other side of the aisle, on several key issues that my leadership gets madder at me by the day, whether it is campaign finance reform or legislation that I think is important for Florida and I get taken to the woodshed for being too bipartisan. But on that side of the aisle, bipartisanship really truly means to me, "It is our way or the highway. And God forbid you interfere with our campaign plans for 2002 so we can deride the Republicans as a do-nothing Congress."

If we look in our hearts and search for the right answer and not try and pillorize anybody who has been participating since 1995, we have several good doctors working on this issue and I think they care desperately about patients. And if we rise from the din of this kind of conversation about simply the right to sue, which is really a nice club over the heads of the insurers and I agree with most of that; but we also recognize, too, that if anybody is being sincere, try filing an action and see how long before your case is heard in court. Try going down to a State or a

local courthouse and find out not only what the fees are involved but how soon they may get to your case. And ask the person with breast cancer or lupus or some other disease that is struggling trying to get recovery and coverage whether the wait was worth it, whether hanging out at a courthouse with a bunch of lawyers waiting 3 years for somebody to maybe render an opinion is better than what is in the Norwood bill which is an expedited appeals process that gets you into the facility that you most need to be in which is a hospital rather than a jury box.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS).

(Mr. ANDREWS asked and was given permission to revise and extend his remarks.)

Mr. ANDREWS. Mr. Speaker, I thank my friend from New York for yielding time.

Mr. Speaker, the House is about to embark on a travesty of procedure if it adopts this rule. The last speaker said that we wanted to hurry up and get the Ganske-Dingell bill to the floor, and he is correct. The Ganske-Dingell bill was filed in February. February. For the last 4 or 5 months we have all had a chance to read it, question it, understand it. The principal alternative to the patients' bill of rights that is going to be offered by the gentleman from Georgia (Mr. NORWOOD) this afternoon, the copy I read indicates it was printed at 7:18 a.m. today for the first time. We were in the Committee on Rules last night, or this morning, excuse me, after midnight, nearly at 12:30 in the morning, I know it went on long after that, I commend the Rules members for their diligence, and they had not started writing the bill yet. So an immaculate conception occurred sometime during the night last night. Sometime between 1 a.m. and 8 a.m., we gave birth to a product here that purports to do in 6 hours what lawyers and scholars and judges have taken 300 years to accomplish, and, that is, to write a complete set of rules about proximate cause, affirmative defenses, contributory negligence, rules of evidence, rules of discovery, all the things that come into the process of adjudicating a legal dispute.

This is a travesty. Most of the Members who will consider this bill today will not know what is in it. We have a few hours to try to find out. Once this process goes forward, the American people will have a few weeks and a few months to find out. And when they do, they will recognize the deception that is about to be perpetrated upon the House this afternoon.

Oppose this rule. Support the Ganske-Dingell bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentlewoman from North Carolina (Mrs. CLAYTON).

Mrs. CLAYTON. I thank the gentlewoman for yielding me this time. I oppose this rule. I oppose this rule both

on process and content. The process indeed should have allowed us to at least know what the amendments were. But even on content, all of us say that we want to have a Patients' Bill of Rights. When there is an amendment to undercut the very rights that you purport to have, I am not sure how you can say that we all are supporting a Patients' Bill of Rights. The right of enforcement of legislation is the integrity of your words when you say you have a Patients' Bill of Rights.

Do we need a Patients' Bill of Rights? Yes. Why do we need it? We need it because there are children who are sick who need to have the opportunity to see a specialist. There are women who need to go to the emergency room or to see their OB-GYN. There are sick older people who need to be rushed for cardiac treatment. All of these are things we know, that we experience from family members. This rule will not allow that to happen. Indeed, this is a fraud. We should make sure that we vote down this rule and allow us to have a more deliberative debate.

Mr. Speaker, this rule limits debate on one of the most important pieces of legislation Congress will consider this year.

The authors of the Ganske-Dingell-Berry-Norwood bill worked hard to craft a bi-Partisan Patient's Bill of Rights bill that would provide meaningful patient protection to consumers. The authors also re-drafted portions of their bill to include enhanced measures provided for in the Senate Bi-Partisan Managed Care legislation by adding additional protections for employers. Rather than moving towards a bi-partisan bill that had a strong possibility of moving out of conference committee quickly, we are on the verge of passing a bill that may be stuck in a conference committee. The more we delay passing a bill that makes HMO's more accountable and that extends access to care, the longer the American people will have to wait before getting a full range of the kind of patient care they deserve.

Although we are now debating this rule, we have not been provided an adequate opportunity to fully examine the compromise legislation that came about as a result of the agreement between the President and Congressman NORWOOD. Legislation that affects so many Americans should not be thrown on the Floor of the House in an effort to win a battle of the words.

A Patient's Bill of Rights now means ready access to emergency services. Health Plans would be required to cover emergency care in any hospital emergency facility, without prior authorization, whether or not the hospital is a participating health care provider in the plan.

A Patient's Bill of Rights now means ready access to services provided by an OB-GYN. Women will have direct access to a physician specializing in obstetrics or gynecology, without having

to obtain prior authorization or referral from their primary physicians.

A Patient's Bill of Rights now means ready access to Pediatric Care. Parents will be able to readily designate a pediatrician as their child's primary care provider.

A Patient's Bill of Rights now means ready access to Specialty care. Specialty care will be included as a benefit to ensure that patients receive timely access to specialists. If no participating specialist is available, the bill requires the plan to provide for coverage by a non-participating specialist at no extra cost to the patient.

These and countless other measures in the Bi-Partisan Patient's bill of Rights will be compromised because of the latest agreement with the White House to limit the accountability of HMOs. The Ganske-Dingell-Norwood-Berry Bi-Partisan Bill of Rights legislation is a meaningful patient's bill of rights that has been open to scrutiny and debate. This legislation should not be compromised because of late agreement that did not include all of the authors of this bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. PALLONE).

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Mr. PALLONE. Mr. Speaker, I deeply resent the suggestions on the other side that somehow what they are doing today is going to help a person who is denied care get the care, get to the hospital, get the operation. Just the opposite is going to happen here.

This rule allows for amendments to be brought up on things totally unrelated to care, malpractice reform, medical savings accounts. These are the kinds of provisions that, if they are included in this bill, when we go to conference with the Senate, will kill the bill, just like it did last time.

And then you have the other amendment that changes the liability and makes it almost impossible for someone who has been denied care to even have an independent review by an outside board. All sorts of roadblocks are put in the way so that a person can never have an actual review. Forget the court. They will never get to the court. They will never have that kind of independent review by an external review board that will let them have their care, let them go to the hospital.

Finally, most insidious of all, you change the State law so progressive States like my own of New Jersey or Texas or others that have put in place a real Patients' Bill of Rights, are now going to be preempted. That person will never get to the hospital. You are making the situation even worse for them than it is now.

Mr. GOSS. Mr. Speaker, I am very pleased to yield 2 minutes to the distinguished gentleman from Kentucky (Mr. FLETCHER), from the Committee on Education and the Workforce, who has also been a major player in this legislation.

Mr. FLETCHER. Mr. Speaker, I thank the gentleman for yielding me time. We appreciate the work the gentleman has done, as well as the Committee on Rules, on putting together a fair rule, and a rule that is very timely.

As a family physician, one of the things that you learn to recognize very early is that some things need to be done in a timely basis and other things can wait. This needs to be done, I think, in a basis that we can get this accomplished, because this has been debated for at least 6 years, even longer. I think the first Patients' Bill of Rights in this body was offered in 1991. Anyone, I say anyone and everyone who has been engaged in this debate, is familiar with all the language in all of these amendments.

I woke up this morning and got over here to read the bill very early, it is 30 pages long, very easy to read, very understandable for those folks who have dealt with this issue for a long time. It is something not uncommon here. Five hours is plenty of time for folks to understand what this bill does.

I commend the gentleman from Georgia (Mr. NORWOOD). He has been willing, and maybe let me say very willing, to finally say let us put patients above politics, let us break away, let us stop the logjam, let us get a bill that the President will sign.

This rule allows the House to really express its will. We have an excellent opportunity to start with the base bill, that the other side prefers, and we allow for some amendments to that bill.

The bill certainly ensures us of quality. We are going to have some access provisions, because I think there has been a flagrant disregard for the uninsured from the other side. We address that.

But I think it is also important to realize that we do modify and reach a compromise on liability, so that HMOs are held accountable, but so that we do not allow frivolous lawsuits that drive up the cost and take money out of patient care and put it into personal injury lawyers' pockets.

I encourage Members to support this rule, and I thank the Committee on Rules for an excellent job.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to gentleman from New York (Mr. RANGEL).

(Mr. RANGEL asked and was given permission to revise and extend her remarks.)

Mr. RANGEL. Mr. Speaker, it is amazing how the leadership here can get hold of one or two Democrats and believe that everything they do is bipartisan. It reminds me of the story that Jim Wright told about this wonderful Texas stew that everyone loved, and they asked what kind of stew it was?

He said it was horse and rabbit stew. They said, it tastes delicious. What is the recipe?

He said, oh, it is one horse and one rabbit.

They said, it tastes delicious, but how do you do it?

He said one-half horse, one-half rabbit is how we make it.

Except it is one whole horse and one small rabbit. And that is how the Republicans have moved forward in trying to get bipartisanship here.

But I tell you, the tax bill, the \$1.3 trillion tax bill, certainly was not bipartisan. This bill is not bipartisan. And the rule which I stand to oppose will not even allow us the opportunity to provide the revenues to pay for this bill, if and when it becomes law.

There is a train wreck that is going to occur, and the train wreck is that we have signed more checks, or promised to sign more checks, than we have made deposits in the bank.

We have this \$500 billion contingency fund over 10 years, but we said we are going to have \$300 billion of it for defense, \$73 billion for agriculture, \$6 billion for veterans, \$50 billion for health insurance, \$82 billion for education, \$122 billion for expiring tax provisions, \$200 billion to \$400 billion to change the alternative minimum tax. And there is just not enough money in our account to pay for these things, without invading the Medicare trust fund or the Social Security trust fund.

Now, we know that there are some people on the other side of the aisle that wish that we did not have these programs, and we also know that they know that these programs are so popular that they cannot be legislated out. But what you can do is to do what the President said in his campaign, and that is get the money out of Washington, because they will spend it.

I think the answer is, if we are spending it for Social Security benefits, if we are spending it for health care and education, if we are spending it for a stronger America, to invest in our young people, then that is what we were sent here to do.

But if we are just getting the money out of Washington so that we can create a deficit, so that we leave to our kids indebtedness, that we do not repair the Social Security system, we do not repair the health system, then I do not think that is what we were sent to Congress to do.

In the middle of the night a deal was cut, after so many good Members on both sides of the aisle tried to present a bill to the President that was good for the men and women of the United States of America. It is not a day to be proud of, but it is a day that we are going to vote down the rule, I hope, and vote down this legislation.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Texas (Mr. PAUL).

(Mr. PAUL asked and was given permission to revise and extend his remarks.)

Mr. PAUL. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, as you know, I am a physician. I practiced medicine for more than 30 years, and I can certainly

vouch for the fact that medicine is a mess, managed care is not working very well; and, hopefully, we do something good to improve it. Unfortunately, I am not all that optimistic.

I support this rule because it is dealing with a very difficult subject and it brings the Democratic base bill to the floor. I do not see why we should not be able to amend that bill, so I do support the rule.

But the IRS code has 17,000 pages of regulation. The regulations that we as physicians have to put up with are 132,000 pages. Most everything I see that is happening today is we are going to increase those pages by many more thousands. So I am not optimistic that is going to do a whole lot of good.

I think we went astray about 30-some years ago in the direction of medical care when the government, the Federal Government, got involved. The first thing is we changed our attitude and our definition of what "rights" are. We call this a Patients' Bill of Rights. It has very little to do with rights, because most of what we do in medicine, we undermine individual rights.

We have a right in society, in a free society, to our life and our liberty, and we have a right to use that liberty to pursue our happiness and provide for our own well-being. We do not have a right to medical care. One has no more right to a service than one has a right to go into someone else's garage and steal an automobile. So the definition of "rights" has been abused for 30 years, but the current understanding is that people have a right to services. So I think that is a serious flaw and it has contributed to our problem today.

The other serious flaw that we have engaged in now for 30 years is the dictation of contract. For 30 years now under ERISA and tax laws, we have forced upon the American people a medical system where we dictate all the rules and regulations on the contracts; and it causes nothing but harm and confusion. Today's effort is trying to clear this up; and, unfortunately, it is not going to do much good.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. BONIOR).

Mr. BONIOR. Mr. Speaker, the gentleman from Texas (Mr. PAUL) really said it well, probably one of the understatement of the day, when he said that the managed care system is not working very well.

In the last 2 weeks, 20,000 Michigan seniors have been told that they will lose their health insurance. They are being dropped by their HMO health insurers who are abandoning their commitments. Our seniors are getting broken promises instead of the care that they expected and the care that they deserve.

Now, on top of that, we get this double whammy that has come before us, yesterday and today. For 6 years the American people have been waiting for a Patients' Bill of Rights. For 6 years insurance companies have done every-

thing they can to block it. Access to the nearest emergency room, insurance companies say no; give doctors the authority to make the medical decisions that are right; insurance companies say no; hold HMOs accountable for denying patients the care they need, the HMOs and insurance companies say no.

The deal cut yesterday, the deal that is being rushed through this House so we do not have to read the fine print, and, boy, if there was ever one area you wanted to read fine print, it is this area, is not a Patients' Bill of Rights, it is an insurance company bill of rights.

It is a radical betrayal of the public trust. Instead of protecting patients, it protects HMOs. Instead of helping patients get the care they need, it puts more roadblocks in that patient's way. Instead of giving injured patients the right to seek justice, it gives HMOs special immunity from the lawsuits and the standards and the laws that every other American business must uphold.

Mr. Speaker, it is time we hold the insurance companies accountable. Pass a true Patients' Bill of Rights. Defeat all these poison pill amendments that this rule would make in order. Pass a good bill. Vote no on the previous question, vote no on this rule.

Mr. GOSS. Mr. Speaker, I am privileged to yield 1 minute to the distinguished gentleman from Indiana (Mr. PENCE).

Mr. PENCE. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, even though I am a new conservative Member of this institution, I came to Congress anxious to support a Patients' Bill of Rights. I became involved in the front end of this debate to preserve our free market health care system and to strengthen patient choice.

For too long, Mr. Speaker, I believe Congress has walked by on the other side of the road, leaving patients, doctors and well-meaning employers to fend for themselves in an increasingly complex health care economy.

What we have before us today is truly a bipartisan Patient Protection Act that will provide protections for all Americans, and trust doctors with the power to make medical decisions, and so it will also encourage employers to provide quality health insurance for their employees.

I urge all of my colleagues, regardless of your stripe or party, let doctors provide timely care, give patients choice, and let this Congress end the decade of walking by on the other side of the road, and speed this timely aid to patients, doctors and well-meaning employers.

Support the bipartisan Patient Protection Act.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. GREEN).

(Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, I looked forward to this day when we could have a Patients' Bill of Rights on the floor, but after seeing what happened, I am so disappointed and so frustrated, and I think that is what is going to happen with the American people.

Instead of a Patients' Bill of Rights, we have a patients' bill of wrongs. We have a Patients' Bill of Rights that is masquerading, but it is really the patients' bill of wrongs.

What it does is it transfers the decision-making from the State courts, where in Texas we have it now, to under Federal rules in State courts; and that is wrong, and nowhere in our jurisprudence history do we have that. So it is going to make it harder.

It gives a presumption for the HMO so they are right and you have to prove them wrong. We are actually going to increase litigation. My colleagues do not want more litigation. When you give that right to the insurance companies, you are going to make people hire an attorney just to go through the appeals process, and that is wrong.

□ 1330

In Texas, we had a Patients' Bill of Rights for 4 years, very few lawsuits, 1,400 appeals, 52 percent in favor of the patient. So more than half the time, the HMO was wrong; and they are wrong today.

Mr. GOSS. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Ohio (Mr. BOEHNER), the chairman of the Committee on Education and the Workforce.

Mr. BOEHNER. Mr. Speaker, I thank the gentleman from Florida for yielding me this time, and I congratulate the Committee on Rules for bringing to the floor the Patients' Bill of Rights.

Let us not make any mistake about what this bill is. It is the same patient protections that we have talked about for years. It is the base bill. There is only one real change in the bill that we are going to bring to the floor today, and that is in the area of how much liability we are going to impose on employers and insurers.

Many of us believe, under the base bill, that we will have unlimited lawsuits that will tremendously increase costs for both employers and their employees, and as a matter of fact, I believe will cause tens of millions of Americans to lose their health insurance because of these increased costs. That is unacceptable when we have 43 million Americans with no health insurance at all.

Under the rule, the gentleman from Georgia (Mr. NORWOOD) will offer a compromise that he struck with the President that does provide for greater remedies and greater access to courts for those who have been injured. But it will not unduly raise the cost of health insurance and it will not force employers out of employer-provided coverage.

I think it strikes the right balance for the American people and we ought

to stand up today and think of the patients, not the trial lawyers and the politicians.

Ms. SLAUGHTER. Mr. Speaker, I would like to inform the gentleman from Florida (Mr. GOSS) that we have one speaker remaining, and I would ask if he has more and does he plan to close.

Mr. GOSS. Mr. Speaker, I thank the gentlewoman for her inquiry. The fact is, we have many speakers remaining, but we are only going to have time for 1 more to be on the floor to close, and that will be the gentleman from California (Mr. DREIER), the distinguished chairman of the Committee on Rules.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Missouri (Mr. GEPHARDT).

(Mr. GEPHARDT asked and was given permission to revise and extend his remarks.)

Mr. GEPHARDT. Mr. Speaker, I urge Members to vote against this rule. I urge Members to vote against the Norwood amendment if the rule is approved.

This is a bad rule, but more importantly, this is a bad bill. This is not a Patients' Bill of Rights, this is an HMO and health insurance company bill of rights. If the Norwood amendment passes, we are giving HMOs and health insurance companies, who make many of the important health care decisions in our lives today, a different standard of accountability than doctors who make other decisions in our lives. We are treating HMOs and health insurance companies in a preferential way, as compared to doctors and nurses and hospitals that are held responsible for their medical decisions.

If the Norwood amendment passes, what started out to be a Patients' Bill of Rights becomes a dream bill for HMOs and health insurance companies. They will have achieved what they often try to achieve in making medical decisions, which is how to save money, how to make more profit, not how to give people quality health care.

Let us look at just three things that Norwood changes in this bill that are dramatic changes in our legal system as it applies to only HMOs and health insurance companies. First, there is a presumption, a presumption that if you lose at the arbitration level, at the board level of appeals, against the patient, there is no presumption against the HMO and the health insurance company; in no other area of our tort law do we have that kind of presumption. Why would we want to give a presumption against the patient, but not the HMO or the health insurance company? It is a stunning abdication to the HMOs and health insurance companies.

Secondly, and perhaps worse, this bill, if Norwood passes, will preempt State tort laws. Our friends on the other side of the aisle are fond of saying we need a Federal system; we need States to have discretion. We have to look to States to put these laws in place, but by the same token, when it

suits them, because it suits the HMOs and health insurance companies, then it is fine to preempt the State laws; and for the first time in the history of this country, we will have a Federal tort law that applies to malpractice and injury caused by HMOs and health insurance companies. So States like Missouri or Texas or California who have passed a good patients' bill of rights will have all of that wiped out, and if a patient gets to court, can get through the maze to get to court, they will be faced with a Federal tort law, not the law of their State.

Thirdly, damages. We have \$1.5 million cap on noneconomic, on punitive, and that sounds like a lot of money. The problem with that is that in many cases, that will be less than what one would get if one was under State law. And even though it sounds like a lot of money, let us stop for a minute and think about some of these cases.

Let me give my colleagues an analogy. There are a lot of cases now about rollovers, Firestone cases. People have been gravely injured. I heard of a woman who has two children; she rolled over and was badly injured. She is now paralyzed; she is what you call a "shut-in." She can only move her eyes. She is on a ventilator.

What if she were a victim of malpractice by an HMO or a health insurance decision? What if she were limited to \$1.5 million with the responsibility at her age to raise two kids? What if she were limited to a new Federal tort law for the first time in our history, rather than being able to use the law of her State to be justly compensated for being injured in this way?

This is a stunning reversal for the patients and the people of this country. This is special-interest legislation. This is doing the bidding of health insurance companies and HMOs over the interests of the people that we represent in our districts. This is a stunning abdication of what we should be fighting to protect for the people that we represent.

I defy any of us to go into a hospital room of someone who has been done in by bad decisions made by HMOs and health insurance companies and look them in the eye and say, I voted today to take away your rights, to preempt your rights, to set up a new Federal tort law that has never existed in this country.

In the name of God and common sense, I hope Members will vote against this rule and vote against the Norwood amendment if it passes. Stand for the people that you represent in this country. You have a solemn obligation to fight for their interests and rights and not the profit and the money for the health insurance companies and HMOs.

I beg you to vote against this rule, vote against the Norwood amendment if it passes; and if the Norwood amendment goes in, vote against this legislation.

Ms. SLAUGHTER. Mr. Speaker, I yield myself the remaining time.

I urge my colleagues to defeat the previous question, and if the previous question is defeated, I will offer an amendment that makes in order the Ganske-Dingell-Berry bipartisan Patient Protection Act substitute amendment. This amendment pays for patient protections and expanded MSA provisions provided in the bill by extending the regular customs taxes and closing tax loopholes for businesses set up solely for the purposes of tax relief.

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

Mr. GOSS. Mr. Speaker, it is my privilege and honor to yield such time as he may consume to the distinguished gentleman from California (Mr. DREIER).

(Mr. DREIER asked and was given permission to revise and extend his remarks.)

Mr. DREIER. Mr. Speaker, I thank the gentleman for yielding time, and I want to congratulate him. He has worked for 12 years.

I would like to thank several other people, including the gentleman from Iowa (Mr. GANSKE) who is here; the gentleman from Georgia (Mr. NORWOOD), the gentleman from Kentucky (Mr. FLETCHER), and the gentleman from Illinois (Mr. HASTERT), the Speaker of the House of Representatives, who has spent a decade working on this issue.

We are here with legislation which is designed to ensure that we have a Patients' Bill of Rights. We want everyone to have recourse. But as I listened to the arguments from the other side of the aisle, we are hearing the same old, tired and failed class warfare, us versus them, the haves and the have-nots. I have not heard much talk about the real reason that we are here beyond ensuring that there is a recourse for those who have been wronged.

There are a couple of important reasons. Frankly, they are going to be addressed in the amendment process that we have here. We want to make sure that we provide both availability, increase the availability of health care and increase the affordability.

Now, we have heard from witnesses before the Committee on Rules, and I would like to thank my colleagues of the Committee on Rules on both sides of the aisle for working until the middle of the night and then just a few hours later being here to report this rule out today. But we heard in testimony before the Committee on Rules that we have a very serious problem with the uninsured in this country. There are some who have predicted that we can see an increase by 9 million in the number of uninsured if we do not take action.

That is one of the reasons that the proposal of the gentleman from Kentucky (Mr. FLETCHER), which I believe is a very important one, along with a number of our other colleagues, including the gentleman from California (Mr.

THOMAS) and others, dealing with medical savings accounts, is a very important provision. Last night the gentleman from California (Mr. THOMAS) told us how the 18- to 29-year-olds are increasingly drawn to the prospect of putting dollars aside to plan for their health care. This is a very important step that we can take to deal with the issue of the uninsured; and, of course, affordability. Affordability is something that we are all very, very troubled about. And how is it that we most effectively deal with it? Well, obviously, we have to have some degree of competition, and I think that we have a chance to do that as we move ahead with this legislation.

We have all worked hard. People keep talking about looking at the fine print. As the gentleman from Illinois (Mr. HASTER) said on Meet the Press last Sunday, 98 percent of this bill was agreed to in a bipartisan way. We focused on a very small part of it that was an area of disagreement, and we have seen the President of the United States step forward with a wonderful array of proposals.

This morning he talked to us in the Republican Conference about the wonderful successes that we have enjoyed over the last 6 months in the area of education, tax relief, his faith-based initiatives, the energy measure which we successfully passed here late last night, and now this issue on a Patients' Bill of Rights. It was a key plan of his platform when he ran for President. He said all along that he did not want to veto legislation.

Mr. Speaker, we have here the chance to, from the House of Representatives, pass legislation which the President of the United States can sign so that we can enhance those issues of affordability and availability that are so important and so badly needed, and so that we can ensure that we have a meaningful and balanced Patients' Bill of Rights.

Mr. Speaker, I urge my colleagues to support the rule, to support the Norwood amendment, and to support the other two very important amendments we have on medical malpractice and on the issue of accessibility with medical savings accounts. Support the rule and support those measures.

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

CALL OF THE HOUSE

Mr. GOSS. Mr. Speaker, I move a call of the House.

A call of the House was ordered.

The call was taken by electronic device, and the following Members responded to their names:

[Roll No. 324]

Abercrombie	Baca	Barcia
Ackerman	Bachus	Barr
Aderholt	Baird	Barrett
Akin	Baker	Bartlett
Allen	Baldacci	Barton
Andrews	Baldwin	Bass
Army	Ballenger	Becerra

Bentsen	Flake	Largent
Bereuter	Fletcher	Larsen (WA)
Berkley	Foley	Larson (CT)
Berman	Forbes	Latham
Berry	Ford	LaTourette
Biggett	Fossella	Leach
Bilirakis	Frelinghuysen	Lee
Bishop	Frost	Levin
Blagojevich	Gallegly	Lewis (CA)
Blumenauer	Ganske	Lewis (GA)
Blunt	Gephardt	Lewis (KY)
Boehlert	Gibbons	Linder
Boehner	Gilchrest	LoBiondo
Bonilla	Gillmor	Lofgren
Bonior	Gilman	Lowey
Bono	Gilman	Lucas (KY)
Borski	Gonzalez	Lucas (OK)
Boswell	Goode	Luther
Boswell	Goodlatte	Maloney (NY)
Boucher	Gordon	McCarthy (MO)
Boyd	Goss	McCarthy (NY)
Brady (PA)	Graham	McCollum
Brady (TX)	Granger	McCrery
Brown (FL)	Graves	McDermott
Brown (OH)	Green (TX)	McGovern
Brown (SC)	Green (WI)	McHugh
Bryant	Greenwood	McInnis
Burr	Grucci	McIntyre
Burton	Gutierrez	McKeon
Buyer	Gutknecht	McNulty
Callahan	Hall (OH)	Meehan
Calvert	Hall (TX)	Meek (FL)
Camp	Hansen	Meeks (NY)
Cannon	Harman	Menendez
Cantor	Hastings (FL)	Mica
Capito	Hastings (WA)	Millender-Hill
Capps	Hayes	McDonald
Capuano	Hayworth	Miller (FL)
Cardin	Hefley	Miller, Gary
Carson (IN)	Herger	Miller, George
Carson (OK)	Hill	Mink
Castle	Hilleary	Mollohan
Chabot	Hilliard	Moore
Chambliss	Hinches	Moran (KS)
Clay	Hinojosa	Moran (VA)
Clayton	Hobson	Morella
Clement	Hoeffel	Murtha
Clyburn	Hoekstra	Myrick
Coble	Holden	Nadler
Collins	Holt	Napolitano
Combest	Honda	Neal
Condit	Hooley	Nethercutt
Conyers	Horn	Ney
Cooksey	Hostettler	Northup
Costello	Houghton	Nussle
Coyne	Hoyer	Oberstar
Cramer	Hulshof	Obey
Crane	Hunter	Olver
Crenshaw	Hutchinson	Ortiz
Crowley	Hyde	Osborne
Cubin	Inslee	Ose
Culberson	Isakson	Otter
Cummings	Israel	Owens
Cunningham	Issa	Oxley
Davis (CA)	Istook	Pallone
Davis (FL)	Jackson (IL)	Pascarell
Davis (IL)	Jackson-Lee	Pastor
Davis, Tom	Deal	Paul
Deal	Jefferson	Payne
DeFazio	Jenkins	Pelosi
DeGette	John	Pence
DeLahunt	Johnson (CT)	Peterson (MN)
DeLauro	Johnson (IL)	Peterson (PA)
DeLay	Johnson, E. B.	Petri
DeMint	Johnson, Sam	Phelps
Deutsch	Jones (NC)	Pickering
Diaz-Balart	Jones (OH)	Pitts
Dicks	Kanjorski	Platts
Dingell	Kaptur	Pombo
Doggett	Keller	Pomeroy
Dooley	Kelly	Portman
Doolittle	Kennedy (MN)	Price (NC)
Doyle	Kennedy (RI)	Pryce (OH)
Dreier	Kerns	Putnam
Duncan	Kildee	Quinn
Dunn	Kilpatrick	Radanovich
Edwards	Kind (WI)	Rahall
Ehlers	King (NY)	Ramstad
Ehrlich	Kingston	Rangel
Emerson	Kirk	Regula
Engel	Kleczka	Rehberg
English	Knollenberg	Reyes
Eshoo	Kolbe	Reynolds
Etheridge	Kucinich	Riley
Evans	LaFalce	Rivers
Everett	LaHood	
Farr	Lampson	
Fattah	Langevin	
Ferguson	Lantos	
Filner		

Rodriguez	Shuster	Tierney
Roemer	Simmons	Toomey
Rogers (KY)	Simpson	Towns
Rogers (MI)	Skeen	Trafficant
Rohrabacher	Skelton	Turner
Ros-Lehtinen	Slaughter	Udall (CO)
Ross	Smith (MI)	Udall (NM)
Rothman	Smith (NJ)	Upton
Roukema	Smith (TX)	Velazquez
Roybal-Allard	Snyder	Visclosky
Rush	Solis	Vitter
Ryan (WI)	Souder	Walden
Ryun (KS)	Spratt	Walsh
Sabo	Stearns	Wamp
Sanchez	Stenholm	Waters
Sanders	Strickland	Watkins (OK)
Sandlin	Stump	Watson (CA)
Sawyer	Stupak	Watt (NC)
Saxton	Sununu	Watts (OK)
Scarborough	Sweeney	Waxman
Schakowsky	Tanner	Weiner
Schiff	Tauscher	Weldon (FL)
Schrock	Tauzin	Weldon (PA)
Scott	Taylor (MS)	Weller
Sensenbrenner	Taylor (NC)	Wexler
Serrano	Terry	Whitfield
Sessions	Thomas	Wicker
Shadegg	Thompson (CA)	Wilson
Shaw	Thompson (MS)	Wolf
Shays	Thornberry	Woolsey
Sherman	Thune	Wu
Sherwood	Thurman	Wynn
Shimkus	Tiahrt	Young (AK)
Shows	Tiberi	Young (FL)

□ 1405

The SPEAKER pro tempore (Mr. FOSSELLA). On this rollcall, 418 Members have recorded their presence by electronic device, a quorum.

Under the rule, further proceedings under the call are dispensed with.

PROVIDING FOR CONSIDERATION OF H.R. 2563, BIPARTISAN PATIENT PROTECTION ACT

Mr. GOSS. Mr. Speaker, I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Ms. SLAUGHTER. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 9 of rule XX, the Chair will reduce to 5 minutes the minimum time for electronic voting, if ordered, on the question of adoption of the resolution.

The vote was taken by electronic device, and there were—ayes 222, noes 205, not voting 6, as follows:

[Roll No. 325]

AYES—222

Aderholt	Brady (TX)	Cooksey
Akin	Brown (SC)	Cox
Armey	Bryant	Crane
Bachus	Burr	Crenshaw
Baker	Burton	Cubin
Ballenger	Buyer	Culberson
Barr	Callahan	Cunningham
Bartlett	Calvert	Davis, Jo Ann
Barton	Camp	Davis, Tom
Bass	Cannon	Deal
Bereuter	Cantor	DeLay
Biggett	Capito	DeMint
Bilirakis	Castle	Diaz-Balart
Blunt	Chabot	Doolittle
Boehlert	Chambliss	Dreier
Boehner	Coble	Duncan
Bonilla	Collins	Dunn
Bono	Combest	Ehlers

Ehrlich
Emerson
English
Everett
Ferguson
Flake
Fletcher
Foley
Forbes
Fossella
Frelinghuysen
Gallegly
Ganske
Gekas
Gibbons
Gilchrest
Gillmor
Gilman
Goode
Goodlatte
Goss
Graham
Granger
Graves
Green (WI)
Greenwood
Grucci
Gutknecht
Hansen
Hart
Hastings (WA)
Hayes
Hayworth
Hefley
Herger
Hilleary
Hobson
Hoekstra
Horn
Hostettler
Houghton
Hulshof
Hunter
Hutchinson
Hyde
Isakson
Issa
Istook
Jenkins
Johnson (CT)
Johnson (IL)
Johnson, Sam
Jones (NC)
Keller
Kelly
Kennedy (MN)

NOES—205

Kerns
King (NY)
Kingston
Kirk
Knollenberg
Kolbe
LaHood
Largent
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
McCrery
McHugh
McInnis
McKeon
Mica
Miller (FL)
Miller, Gary
Moran (KS)
Morella
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle
Osborne
Ose
Otter
Oxley
Paul
Pence
Peterson (MN)
Peterson (PA)
Petri
Pickering
Pitts
Platts
Portman
Pryce (OH)
Putnam
Quinn
Radanovich
Ramstad
Regula
Rehberg
Reynolds
Riley
Rogers (KY)

Rogers (MI)
Rohrabacher
Ros-Lehtinen
Roukema
Ryan (WI)
Ryun (KS)
Saxton
Scarborough
Schaffer
Schrock
Sensenbrenner
Sessions
Shadegg
Shaw
Shays
Sherwood
Shimkus
Shuster
Simmons
Simpson
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Stearns
Stump
Sununu
Sweeney
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Tiberi
Toomey
Traficant
Upton
Vitter
Walden
Walsh
Wamp
Watkins (OK)
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson
Wolf
Young (AK)
Young (FL)

NOT VOTING—6
Clay
Lipinski
McKinney
McDermott
McGovern
McIntyre
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Miller, George
Mink
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal
Oberstar
Obey
Oliver
Ortiz
Owens
Pallone
Pascarell
Pastor
Payne
Pelosi
Phelps

□ 1424

Mr. ABERCROMBIE changed his vote from “aye” to “no.”
So the previous question was ordered.
The result of the vote was announced as above recorded.

The SPEAKER pro tempore (Mr. FOSSELLA). The question is on the resolution.
The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE
Ms. SLAUGHTER. Mr. Speaker, I demand a recorded vote.
A recorded vote was ordered.
The SPEAKER pro tempore. This will be a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 222, noes 205, not voting 6, as follows:

[Roll No. 326]
AYES—222

Aderholt
Akin
Armedy
Bachus
Baker
Ballenger
Barr
Bartlett
Barton
Bass
Bereuter
Biggert
Bilirakis
Blunt
Boehlert
Boehner
Bonilla
Bono
Brady (TX)
Brown (SC)
Bryant
Burr
Burton
Buyer
Callahan
Calvert
Camp
Cannon
Cantor
Capito
Castle
Chabot
Chambliss
Coble

Jenkins
Johnson (CT)
Johnson (IL)
Johnson, Sam
Jones (NC)
Keller
Kelly
Kennedy (MN)
Kerns
King (NY)
Kingston
Kirk
Knollenberg
Kolbe
LaHood
Largent
Latham
LaTourette
Leach
Lewis (CA)
Lewis (KY)
Linder
LoBiondo
Lucas (OK)
Manzullo
McCrery
McHugh
McInnis
McKeon
Mica
Miller (FL)
Miller, Gary
Moran (KS)
Morella
Myrick
Nethercutt
Ney
Northup
Norwood
Nussle

NOES—205

Abercrombie
Ackerman
Allen
Andrews
Baca
Baird
Baldacci
Baldwin
Barcia
Barrett
Becerra
Bentsen
Berkley
Berman
Berry
Bishop
Blagojevich
Blumenauer
Bonior
Borski
Boswell
Boucher
Brady (PA)
Brown (FL)
Brown (OH)
Capps
Capuano
Cardin
Carson (IN)
Carson (OK)
Clayton
Clement
Clyburn
Condit
Conyers
Costello
Coyne
Cramer
Crowley
Cummings
Evans
Farr
Fattah
Filner
Ford
Frank
Frost
Gephardt
Gonzalez
Gordon
Green (TX)
Gutierrez
Hall (OH)
Hall (TX)
Harman
Hastings (FL)
Hill
Hilliard
Hinchev
Hinojosa
Hoeffel
Holden
Holt
Honda
Hooley
Hoyer
Nadler
Napolitano
Neal
Israel
Jackson (IL)
Jackson-Lee
(TX)
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Jefferson
John
Johnson, E. B.
Jones (OH)
Kanjorski
Kaptur
Kennedy (RI)
Kildee
Kilpatrick
Kind (WI)
Kleczka
Kucinich
LaFalce
Lampson
Langevin
Lantos
Larsen (WA)
Larsen (CT)
Lee
Levin
Lewis (GA)
Lofgren
Lucas (KY)
Luther
Maloney (CT)
Maloney (NY)
Markey
Mascara
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum

Shimkus
Shuster
Simmons
Simpson
Skeen
Smith (MI)
Smith (NJ)
Smith (TX)
Souder
Stearns
Stump
Sununu
Sweeney
Tancredo
Tauzin
Taylor (NC)
Terry
Thomas
Thornberry
Thune
Tiahrt
Tiberi
Toomey
Traficant
Upton
Vitter
Walden
Walsh
Wamp
Watkins (OK)
Watts (OK)
Weldon (FL)
Weldon (PA)
Weller
Whitfield
Wicker
Wilson
Wolf
Young (AK)
Young (FL)
Maloney (NY)
Markey
Mascara
Matheson
Matsui
McCarthy (MO)
McCarthy (NY)
McCollum
McDermott
McGovern
McIntyre
McKinney
McNulty
Meehan
Meek (FL)
Meeks (NY)
Menendez
Millender-
McDonald
Miller, George
Mink
Mollohan
Moore
Moran (VA)
Murtha
Nadler
Napolitano
Neal
Oberstar
Obey
Oliver
Ortiz
Owens
Pallone
Pastor
Payne
Pelosi
Phelps
Pomeroy
Price (NC)
Rahall
Rangel
Reyes
Rivers
Rodriguez
Roemer
Ross
Rothman
Roybal-Allard
Rush
Sabo
Sanchez
Sanders
Sandlin
Sawyer
Schakowsky
Schiff

Scott	Strickland	Udall (NM)	Costello	Jenkins	Portman	Wolf	Wu	Young (AK)
Serrano	Stupak	Velazquez	Coyne	John	Price (NC)	Woolsey	Wynn	Young (FL)
Sherman	Tanner	Visclosky	Cramer	Johnson (CT)	Price (OH)			
Shows	Tauscher	Waters	Crane	Johnson (IL)	Putnam			
Skelton	Taylor (MS)	Watson (CA)	Crenshaw	Johnson, E. B.	Quinn	Boehner	Harman	Menendez
Slaughter	Thompson (CA)	Watt (NC)	Crowley	Johnson, Sam	Radanovich	Boucher	Horn	Peterson (MN)
Smith (WA)	Thompson (MS)	Waxman	Cubin	Jones (NC)	Rahall	Cannon	Hunter	Scarborough
Snyder	Thurman	Weiner	Culberson	Jones (OH)	Ramstad	Collins	Hutchinson	Smith (WA)
Solis	Tierney	Wexler	Cummings	Kanjorski	Rangel	Cox	Lipinski	Spence
Spratt	Towns	Woolsey	Cunningham	Keller	Regula	Dooley	Maloney (CT)	Stump
Stark	Turner	Wu	Davis (CA)	Kelly	Rehberg	Gephardt	Matheson	
Stenholm	Udall (CO)	Wynn	Davis (FL)	Kennedy (MN)	Reynolds	Gutierrez	McDermott	

NOT VOTING—6

Boyd	Lipinski	Peterson (MN)
Clay	Pascarell	Spence

□ 1433

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated against:

Mr. BOYD. Mr. Speaker, on rollcall No. 326, H.R. 219, I was unavoidably detained. Had I been present, I would have voted "no".

MOTION TO ADJOURN

Mr. McNULTY. Mr. Speaker, I move that the House do now adjourn.

The SPEAKER pro tempore (Mr. FOSSELLA). The question is on the motion to adjourn offered by the gentleman from New York (Mr. McNULTY).

The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

RECORDED VOTE

Mr. McNULTY. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The vote was taken by electronic device, and there were—ayes 55, noes 356, not voting 22, as follows:

[Roll No. 327]

AYES—55

Allen	Hastings (FL)	Reyes
Baird	Hilliard	Ross
Berry	Hinchee	Sandlin
Bonior	Jefferson	Schakowsky
Borski	Kaptur	Slaughter
Brown (OH)	LaFalce	Solis
Capps	Langevin	Spratt
Capuano	Lantos	Strickland
Clay	Lee	Stupak
Conyers	Lofgren	Taylor (MS)
DeFazio	McGovern	Tierney
DeGette	McNulty	Towns
Delahunt	Miller, George	Udall (CO)
DeLauro	Mink	Velazquez
Dingell	Nadler	Waters
Doggett	Oberstar	Watson (CA)
Farr	Obey	Waxman
Filner	Oliver	
Frank	Owens	

NOES—356

Abercrombie	Bereuter	Burton
Ackerman	Berkley	Buyer
Aderholt	Berman	Callahan
Akin	Biggart	Calvert
Andrews	Bilirakis	Camp
Armey	Bishop	Cantor
Baca	Blagojevich	Capito
Bachus	Blumenauer	Cardin
Baker	Blunt	Carson (IN)
Baldacci	Boehler	Carson (OK)
Baldwin	Bonilla	Castle
Ballenger	Bono	Chabot
Barcia	Boswell	Chambliss
Barr	Boyd	Clayton
Barrett	Brady (PA)	Clement
Bartlett	Brady (TX)	Clyburn
Barton	Brown (FL)	Coble
Bass	Brown (SC)	Combust
Becerra	Bryant	Condit
Bentsen	Burr	Cooksey

Costello	Jenkins	Portman
Coyne	John	Price (NC)
Cramer	Johnson (CT)	Price (OH)
Crane	Johnson (IL)	Putnam
Crenshaw	Johnson, E. B.	Quinn
Crowley	Johnson, Sam	Radanovich
Cubin	Jones (NC)	Rahall
Culberson	Jones (OH)	Ramstad
Cummings	Kanjorski	Rangel
Cunningham	Keller	Regula
Davis (CA)	Kelly	Rehberg
Davis (FL)	Kennedy (MN)	Reynolds
Davis (IL)	Kennedy (RI)	Riley
Davis, Jo Ann	Kerns	Rivers
Davis, Tom	Kildee	Rodriguez
Deal	Kilpatrick	Roemer
DeLay	Kind (WI)	Rogers (KY)
DeMint	King (NY)	Rogers (MI)
Deutsch	Kingston	Rohrabacher
Diaz-Balart	Kirk	Ros-Lehtinen
Dicks	Kleczka	Rothman
Doolittle	Knollenberg	Roukema
Doyle	Kolbe	Roybal-Allard
Dreier	Kucinich	Royce
Duncan	LaHood	Rush
Dunn	Lampson	Ryan (WI)
Edwards	Largent	Ryun (KS)
Ehlers	Larsen (WA)	Sabo
Ehrlich	Larson (CT)	Sanchez
Emerson	Latham	Sanders
Engel	LaTourette	Sawyer
English	Leach	Saxton
Eshoo	Levin	Schaffer
Etheridge	Lewis (CA)	Schiff
Evans	Lewis (GA)	Schrock
Everett	Lewis (KY)	Scott
Fattah	Linder	Sensenbrenner
Ferguson	LoBiondo	Serrano
Flake	Lowey	Sessions
Fletcher	Lucas (KY)	Shadegg
Foley	Lucas (OK)	Shaw
Forbes	Luther	Shays
Ford	Maloney (NY)	Sherman
Fossella	Manzullo	Sherwood
Frelinghuysen	Markey	Shimkus
Frost	Mascara	Shows
Galleghy	Matsui	Shuster
Ganske	McCarthy (MO)	Simmons
Gekas	McCarthy (NY)	Simpson
Gibbons	McCollum	Skeen
Gilchrest	McCrery	Skelton
Gillmor	McHugh	Smith (MI)
Gilman	McInnis	Smith (NJ)
Gonzalez	McIntyre	Smith (TX)
Goode	McKeon	Snyder
Goodlatte	McKinney	Souder
Gordon	Meehan	Stark
Goss	Meek (FL)	Stearns
Graham	Meeks (NY)	Stenholm
Granger	Mica	Sununu
Graves	Millender-	Sweeney
Green (TX)	McDonald	Tancredo
Green (WI)	Miller (FL)	Tanner
Greenwood	Miller, Gary	Tauscher
Grucci	Mollohan	Tauzin
Gutknecht	Moore	Taylor (NC)
Hall (OH)	Moran (KS)	Terry
Hall (TX)	Moran (VA)	Thomas
Hansen	Morella	Thompson (CA)
Hart	Murtha	Thompson (MS)
Hastings (WA)	Myrick	Thornberry
Hayes	Napolitano	Thune
Hayworth	Neal	Thurman
Hefley	Nethercutt	Tiahrt
Herger	Ney	Tiberi
Hill	Northup	Toomey
Hilleary	Norwood	Trafigant
Hinojosa	Nussle	Turner
Hobson	Ortiz	Udall (NM)
Hoefel	Osborne	Ose
Hoekstra	Otter	Upton
Holden	Oxley	Visclosky
Holt	Pallone	Vitter
Honda	Pascarell	Walden
Hooley	Pastor	Walsh
Hostettler	Pastor	Wamp
Houghton	Paul	Watkins (OK)
Hoyer	Payne	Watt (NC)
Hulshof	Pelosi	Watts (OK)
Hyde	Pence	Weiner
Insee	Peterson (PA)	Weldon (FL)
Isakson	Petri	Weldon (PA)
Israel	Phelps	Weller
Issa	Pickering	Wexler
Istook	Pitts	Whitfield
Jackson (IL)	Platts	Wicker
Jackson-Lee	Pombo	Wilson
(TX)	Pomeroy	

NOT VOTING—22

Boehner	Harman	Menendez
Boucher	Horn	Peterson (MN)
Cannon	Hunter	Scarborough
Collins	Hutchinson	Smith (WA)
Cox	Lipinski	Spence
Dooley	Maloney (CT)	Stump
Gephardt	Matheson	
Gutierrez	McDermott	

□ 1451

So the motion to adjourn was rejected.

The result of the vote was announced as above recorded.

GENERAL LEAVE

Mr. TAUZIN. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on H.R. 2563.

The SPEAKER pro tempore (Mr. FOSSELLA). Is there objection to the request of the gentleman from Louisiana?

There was no objection.

BIPARTISAN PATIENT PROTECTION ACT

The SPEAKER pro tempore. Pursuant to House Resolution 219 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 2563.

□ 1451

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the consideration of the bill (H.R. 2563) to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage, with Mr. LAHOOD in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered as having been read the first time.

Under the rule, the gentleman from Louisiana (Mr. TAUZIN), the gentleman from Michigan (Mr. DINGELL), the gentleman from Ohio (Mr. BOEHNER), the gentleman from California (Mr. GEORGE MILLER), the gentleman from California (Mr. THOMAS), and the gentleman from California (Mr. STARK) each will control 20 minutes.

The Chair recognizes the gentleman from Louisiana (Mr. TAUZIN).

Mr. TAUZIN. Mr. Chairman, I yield myself 3 minutes.

Mr. Chairman, on behalf of the Committee on Energy and Commerce, I am pleased to open this debate on the Patient Protection Act. As you know, the gentleman from Georgia (Mr. NORWOOD); the gentleman from Iowa (Mr. GANSKE); my friend, the gentleman

from Michigan (Mr. DINGELL); and the gentleman from Arizona (Mr. SHADEGG) are all distinguished Members of the Committee on Energy and Commerce. And they, along with many others, have labored for a long time on this legislation, or various versions of it.

I want to also commend the work of the Speaker and the gentleman from Kentucky (Mr. FLETCHER) and the other committees of jurisdiction, because all of them have made significant improvements in the base text of this bill.

A concern of all of us is the needs of American families for health coverage and health care. Let me make a point that I think is incontrovertible, and that is that the most important patient protection in America is access to affordable health insurance, to health coverage, and to care.

Mr. Chairman, new costs and new litigation and new bureaucracy can, we know, raise the cost of health care, and, therefore, the cost of health insurance. Costs will either drive a reduction in benefit or drive a reduction in coverage; and so, as we debate this legislation, let us not pretend that litigation and bureaucracy and mandates are free. While they may provide some protection for a patient, if they raise the cost of insurance and coverage too high for other patients, then other families lose, and those rights to coverage are lost to Americans.

The Congressional Budget Office does not ignore these facts. They state clearly that a significant portion of increased costs will be borne by the purchasers switching to less expensive plans or cutting back on benefits or, worse yet, dropping coverage. That is a sobering point. It means that real families would do with fewer benefits and less coverage.

According to the President's Statement of Administration Policy on the Senate bill, for example, employers already faced an estimated 10 to 12 percent premium increase this year alone. The statement also notes that employers tend to drop coverage for their workers, for roughly 500,000 individuals, when health care premiums increase by a mere 1 percent. Some estimates have put the number of individuals whose insurance would drop by this bill as high as 6.5 million. That is simply unacceptable.

Employer-sponsored health care, remember, is voluntary, it is not mandatory; and we should not make employers choose between reducing benefits and maintaining health coverage for their employees. Employer-sponsored health insurance is still voluntary in America, and increasing health costs will prompt employers to drop coverage or insurance.

The legislation that does the best job of preserving access to insurance and minimizing costs, while protecting patients' rights to their coverage, is obviously the best balanced bill; and that is what we will search for today. That means both eliminating unnecessary

bureaucracy, litigation and cost; and that is why we will support the amendment the gentleman from Georgia (Mr. NORWOOD) has worked out with the President of the United States to, in fact, amend this section to make sure we do not unnecessarily drive up insurance costs. I want to commend my friend, the gentleman from Georgia (Mr. NORWOOD), for that excellent work.

Mr. DINGELL. Mr. Chairman, I yield 2 minutes to the distinguished gentleman from Ohio (Mr. BROWN).

Mr. BROWN of Ohio. Mr. Chairman, I thank my friend from Michigan for yielding me time.

Mr. Chairman, in case the President has forgotten, the House of Representatives is the people's House. The people's House. It is not the insurance industry's House. We do not report to Aetna or to Prudential or to Blue Cross/Blue Shield or to Golden Rule; we report to the people, our districts, and the people of this country. Our job is to do what is in the best interests of the individuals we serve. It is not to sustain the health insurance industry's privileged position above the law.

For over 4 years, my friends, the gentleman from Michigan (Mr. DINGELL) and the gentleman from Iowa (Mr. GANSKE), have been repeating the same simple message: if HMOs face no consequences when they put consumers through the wringer, then HMOs will continue to put consumers through the wringer.

Making HMOs face the consequences is not going to lead to skyrocketing insurance rates. For example, in the 3 years Texas has allowed HMO enrollees to sue, there has been only a handful of lawsuits. The right has not led to a flood of lawsuits or to higher premiums; it has led to legitimate health insurance, insurance that actually covers what it says it will cover. The key to addressing the problems so many of our constituents face when dealing with their insurer is to hold HMOs accountable for their actions.

There is only one bill on the floor today that does not emasculate the external review and right to sue provisions to the point of meaningless mess. The Ganske-Dingell bill is the only bill on the floor today that does what it says it will do. It changes the rules of the game so that HMOs will not cheat the public. Unfortunately, the Fletcher bill and the Norwood-Bush bill cheat the public to protect insurance company HMOs.

For more than 4 years, the public has been asking us to do something about HMOs that treat enrollees like an unwanted liability, rather than a paying patient. Putting the shoe on the other foot, making HMOs liable for the harm they do, is the best way to change their behavior. This is our chance to do the people's bidding. Let us do it.

Mr. TAUZIN. Mr. Chairman, I am pleased to yield 2 minutes to the gentleman from Florida (Mr. BILIRAKIS), the chairman of the Subcommittee on

Health of the Committee on Energy and Commerce.

Mr. BILIRAKIS. Mr. Chairman, I thank the gentleman for yielding me time.

Mr. Chairman, I rise today in support of patients. I rise today in support of Americans who deserve a health care system that works for them. My work in this body, as so many know, has focused on health care issues, and I have worked hard with many of my colleagues to improve the quality of health care for all Americans.

One of the most important things we can do this Congress is pass strong patient protection legislation which can be signed into law. We must work to ensure that a Patients' Bill of Rights will become law.

Two years ago this Chamber hosted a similar debate which most of you remember. We are back again considering legislation to improve the quality and availability of health care for all Americans. Enactment of patient protections would immediately improve the quality of care for millions of Americans, and that is why we must work together to secure passage of patient protection legislation this year.

□ 1500

In past debates, I chastised an administration that stubbornly, stubbornly rejected anything short of its own proposal for health reform. I argued that "The price of such intransigence would again be paid by patients across the country," and it was.

Now I am proud to stand before my colleagues today and support patient protection legislation that has bipartisan support and, most importantly, the support of a President who was willing to listen and to compromise. The leadership of President Bush, of the gentleman from Illinois (Mr. HASTERT), the Speaker of the House, and of the gentleman from Georgia (Mr. NORWOOD), my very good friend, have been invaluable in getting us to this point.

As I quoted in a recent Dear Colleague: "It is not enough to do good; one must do it the right way." Compromise is the right way, and I support patients' rights by supporting the amendments to the Ganske bill. An all-or-nothing attitude is unacceptable. Let us do good for our constituents now.

I challenge those who support patients' rights. Put people ahead of politics and work with us, not against us, to achieve this goal.

Mr. DINGELL. Mr. Chairman, I yield myself 3 minutes.

(Mr. DINGELL asked and was given permission to revise and extend his remarks.)

Mr. DINGELL. Mr. Chairman, in the 40-plus years I have served here, I have never seen such a remarkable situation. Last night, we were presented with a piece of legislation that no one had ever seen before. The proponent thereof could not explain it, did not

know what is in it. We will see it later today. I hope at that time he has a better appreciation of what his proposal does.

It will be offered as an amendment to the bill, H.R. 2563, the Bipartisan Patient Protection Act. It is my hope that the House will pass this bill, send it to the Senate, and we can afford American patients a decent level of protection.

One thing has remained constant: We need strong, enforceable, meaningful patient protections. The base bill is a good bill. It is the right one for millions of Americans who suffer denial, delay, and injuries at the hands of HMOs who are, like foreign diplomats, totally exempt from lawsuits, a unique class in our society.

This bill would have seen to it that the rights of Florence Corcoran, who lost her baby due to a bad HMO medical decision, would have had relief. It would have helped Basile Pappas, who was denied proper treatment, and it would have prevented permanent quadriplegia as a result of an HMO's refusal to approve covered treatment. The bill would have helped another gentleman, Mr. Lancaster, who was arbitrarily denied coverage for in-patient psychiatric treatment and instead was sent home, where he committed suicide.

None of these protections in the bill means anything without the ability to see to it that they are enforced. Enforcement of rights is everything, and rights without a measure to enforce them are totally meaningless.

HMOs that make bad medical decisions should be treated no differently than any other wrongdoer, and when they engage in the practice of medicine, they should be treated the same as doctors. But they seek special treatment, an exemption from meaningful litigation and, indeed, an exemption from responsibility.

If the Norwood amendment passes, which we saw for the first time in printed form this morning about 8 o'clock, HMOs would be held to different and looser standards than doctors and hospitals. The so-called "remedy" would actually wipe away State laws that protect patients against wrongdoings now and would roll back the law. The Norwood remedy is a sham, because in almost all instances, consumers would never see the State court which is the best place for them to be. Indeed, patient protections now will not work if the flawed Norwood review process is put in place. The Norwood amendment would reduce the role of external reviewers and delay care to patients.

This House should pass H.R. 2563 without the cynical protections sought by the White House and Republican leaders and without the budget-breaking tax breaks and without a last-minute rewrite of consumer protections.

Mr. Speaker, I urge the adoption of the legislation and rejection of the Norwood amendment.

Mr. TAUZIN. Mr. Chairman, I am pleased to yield 2 minutes to the gentleman from North Carolina (Mr. BURR), the vice chairman of the Committee on Energy and Commerce.

(Mr. BURR of North Carolina asked and was given permission to revise and extend his remarks.)

Mr. BURR of North Carolina. Mr. Chairman, today will be a heated debate. We will hear people criticized today that just yesterday were praised.

To the Members in this Chamber, do not lose focus on one thing. There is one Member who has had his eye on the American people for years on this issue. His name is Dr. CHARLIE NORWOOD. For those who criticize him today, but praised him yesterday, let no person believe that he is not doing what he thinks is in the best interest of every American.

The fact is that we do have new legislation. This institution can perfect things that are flawed, and I believe today that we are doing that. We will start with a base bill that incorporates the thoughts of many good colleagues, but because of the need to extend patient protections today to the American people, the gentleman from Georgia was brave enough to negotiate with the President until they came to an agreement on a piece of legislation he could sign and that protection could be extended.

This is not about who wrote it or whose amendment it is. Yes, it is about what it says, but it is about whether it can be signed into law. This bill, amended by the Norwood language and, hopefully, several other amendments, can be signed into law and extended to the American people today; and this body will make a mistake if it does not support the Norwood amendment and provide patient benefits for the American people.

Mr. DINGELL. Mr. Chairman, I yield 1 minute to the distinguished gentleman from Ohio (Mr. STRICKLAND).

(Mr. STRICKLAND asked and was given permission to revise and extend his remarks.)

Mr. STRICKLAND. Mr. Chairman, the American Medical Association has said it well when they asked the question, Why should we oppose the Norwood amendment? They said we should because it overturns the good work done by States in protecting patients.

We should oppose the Norwood amendment because it reverses developing case law that allows patients to hold plans accountable when they play doctor. We should oppose the Norwood amendment because it contains overly broad language that will remove most cases to Federal court. We should oppose it because it raises barriers for patients to make their case in court. And we should oppose it because it provides patient protections, but does not allow the enforcement of those rights in court.

We are dealing with life-and-death matters today. In southern Ohio, Patsy Haynes, a 31-year-old mother who

needs a bone marrow transplant in order to live, is being denied that transplant because of her insurance company. We need the right for the Patsy Haynes families and every other family to go to court and to get what they rightly deserve. The American people deserve no less.

The CHAIRMAN. Without objection, the gentleman from North Carolina (Mr. BURR) controls the time.

There was no objection.

Mr. BURR of North Carolina. Mr. Chairman, I yield 2 minutes to the gentleman from Ohio (Mr. TRAFICANT).

(Mr. TRAFICANT asked and was given permission to revise and extend his remarks.)

Mr. TRAFICANT. Mr. Chairman, President Clinton's first act was to create a high-profile commission headed by now Senator CLINTON to fix health care. Eight years, and nothing.

President Clinton promised to raise minimum wage. Eight years, nothing.

President Clinton said he would fix prescription drugs, and 8 years, nothing.

President Clinton had to be embarrassed to sign into law Republican reform of IRS and welfare. The truth is, the Democrats had 50 years to reform welfare, IRS, Social Security, Medicare, health care, prescription drugs. Nothing.

I will vote for President Bush's plan today, and I will vote for the Norwood amendment for four reasons. Number one, what good is a Cadillac insurance policy if your company goes out of business?

Number two, Americans will lose their insurance if costs are prohibitive.

Number three, increased costs will force small employers especially to cancel plans, give bonuses, and we will have more uninsured.

Finally, the heavy liability factor will force major manufacturers to leave America like rats fleeing a ship on fire to countries with no insurance, no regulations, no IRS, no liability, no pensions, and wages of \$1 an hour.

We have 43 million uninsured. I do not want any more uninsured Americans in my district.

I will vote today for the only practical reform health care plan to get a vote, and that is the President's, as has been tailored by the Norwood amendment. I commend the gentleman from Georgia and I commend the Republican Party for coming forward with a plan, like it or not. The Democrats failed to perform.

Mr. DINGELL. Mr. Chairman, I yield 1 minute to the distinguished gentleman from New Jersey (Mr. PALLONE).

Mr. PALLONE. Mr. Chairman, it upsets me a great deal to hear my Republican colleagues on the other side say that their plan today is going to provide more access for the uninsured, more access to health care, and somehow, the President is going to sign this. How cynical.

The President has never signed an HMO reform bill. The President has no

intention of signing a bill. If that were the case, then why are they mucking it up?

He talks about bureaucracy, mucking up this bill with all the things that are unrelated to HMO reform: malpractice, medical malpractice, MSAs, medical savings accounts. These things do not belong in this bill. These things are being put in this bill today so when it goes to conference, the bill is killed and is dead just like it was 2 years ago.

They talk about providing more people access to care or somehow, they are going to redress the denial of care. Well, then, if that is the case, why in the world are they putting in these roadblocks so that if I am denied care, I cannot even get to an external review panel that is going to be independent and is going to reverse that denial of care?

They put in so many roadblocks in here, nobody is ever going to be able to reverse a denial of care. Forget the courts. That is not the issue.

Mr. TAUZIN. Mr. Chairman, I yield myself 30 seconds.

Mr. Chairman, let me take this 30 seconds to introduce the gentleman from Georgia (Mr. NORWOOD), my friend. Many of us claim ownership of legislation around here, correctly and incorrectly, but if there is one person in this Chamber who owns the issue of patient protections, it is the gentleman from Georgia (Mr. NORWOOD). He wrote the first bill.

I saw his first draft. We read it together on an airplane coming back from Boston Harbor where we demonstrated against the awful IRS and income tax together. But as we rode back, I saw the first rough draft of this bill.

Mr. Chairman, the gentleman from Georgia (Mr. NORWOOD) owns this issue, no matter how many other people claim it. The gentleman from Georgia has been a stalwart to get this issue to the President.

Mr. Chairman, I yield 5 minutes to the gentleman from Georgia (Mr. NORWOOD), a member of the Energy and Commerce Committee.

Mr. NORWOOD. Mr. Chairman, I thank the gentleman very much for yielding me the time, and I am very grateful for the opportunity to perhaps straighten out a little bit maybe of what has been said.

I say to my colleagues, the first thing is I believe in my soul that the President of the United States does, in fact, want a bill to protect patients. I do not have any doubt about it. He has told me that on many occasions, all the way back to governor.

I also respect the office of the Presidency, and I believe that unless we get his signature, we are going to be continuing to do the same thing that we have done now for 6 years.

This is not just about passing a bill. This is about changing the law of the land so patients can be protected in a health care system that has radically changed over the last 30 years.

I make no apologies to any of my colleagues. I think my colleagues know pretty well where I come from on this issue. I have great affection and respect for the gentleman from Iowa (Mr. GANSKE) and the gentleman from Michigan (Mr. DINGELL) and the gentleman from Arizona (Mr. BERRY). I basically support the bill. Why in the world would I not? I helped write the bill. I am not against that bill at all. What I am against is not having a change in the law.

Now, what I have done is, I have tried to figure out to the best of my ability what could we do to acquire the signature of the President of the United States and, at the same time, maintain at least what I humbly think is the reason all of this got started.

□ 1515

I am real excited, I have to say, I am real excited that in our bill, in the Ganske-Dingell-Berry bill, that the President is willing to sign our patient protections. All of us know how important those are. Some of us know, as well as I know, what is in there. I am very pleased about that.

I am very pleased that now the President is willing to sign, for example, our access pieces. I am excited about that. Those are off the table now. The problem is, for the President, that he wants to sign a bill that he can have some input into. Now, that is fair.

There are some poison pills for this President in our bill, as were potentially poison pills in the Norwood-Dingell bill a couple of years ago that President Clinton would not have signed. I fought a lot of people to make sure those poison pills in the Norwood-Dingell bill were not there. Guess who I fought. I fought my friend, the gentleman from Illinois (Mr. HASTERT). I fought almost every Member of the Republican Conference, and I stayed steady to a principle that I believed we should have, which is there should be some limit on liabilities.

It is totally unfair to people to put their profession, their business, their family, their wealth in a position where they could lose it all just because somebody may have a particularly talented trial lawyer. That is not fair. But I never would put those in or go along with putting those in the Norwood-Dingell bill because I knew President Clinton would not sign that. I was trying to get this law changed because we are now in the sixth year.

Patients are not any better off today after 6 years than we were 5 years ago, and it is time to bring this gridlock to an end. I have looked for a way with this President that we might take some poison pills out for him. The founders said, if we want a law of the land, the President of the United States has to sign it. For a President of the United States to sign a bill, he is going to participate. This President feels very strongly that we should have the bill, but he wants some protections in there.

So we were getting from him an agreement to sign a bill that does what? It gives us the patients' protections exactly like we wrote. It gives us an external review panel made up of independent people. That is so important for the patients, and we need that signed.

It is a bill that says, for the first time in years, every American in this country can choose their own doctor. That is so important. Does it say what we are trying to do or what the President is trying to do: that we are not going to hold HMOs liable for their actions when they deny care, when they deny a benefit or delay a benefit and they kill or harm some of the people that have been used up here as an example? Does anybody really believe that I want to do that? That I do not want to hold their feet to the fire?

I promise I want to put their feet in the fire on this; but there is a way to do that where we also can get this bill signed and achieve our other things.

We will talk about the amendment later. But I want everyone to understand I support this bill. But I support one even more that will go into law.

Mr. DINGELL. Mr. Chairman, I yield 2 minutes to the distinguished gentleman from Iowa (Mr. GANSKE).

Mr. GANSKE. Mr. Chairman, I would say that it is a privilege to follow my good friend, the gentleman from Georgia (Mr. NORWOOD) up here. He has been a stalwart in fighting for patient protections, even if I have had to take a little Maalox over the last few days.

We will debate the Norwood amendment in a little more detail, but I do want to read a letter from the New Jersey Medical Association dated August 2, 2001. "The Coldest Day in August," is how it is titled by Dr. Angelo Agro, president of the Medical Society of New Jersey.

It says: "Across the Nation patients are waking up to the coldest day in August on record because policy makers are swaying to the needs of the mighty HMO industry rather than those of patients and healthcare providers. The proposed compromise by Representative CHARLES NORWOOD leaves New Jersey patients in the cold and drives physicians into the freezing snow.

"In New Jersey the compromise undermines and very likely preempts the landmark Healthcare Carrier Accountability Act signed just this week by acting Governor Donald DiFrancesco. The proposed plan will drag most claims to out-of-state courts through an anemic Federal legal process. Furthermore, it stacks the system against patients through an appeals process and gives no remedy to patients once their physicians have provided needed care.

"As physicians and as patients advocates, we urge our New Jersey Congressional Delegation to continue its outstanding record on patient protection by opposing this emasculated version of the Patients' Bill of Rights."

That is signed Angelo Agro, M.D., president of the Medical Society of New Jersey.

We can have differences of opinion, but this does make a difference in a terms of a policy.

There are a number of issues, but the one with which I am most concerned is that the Norwood amendment would preempt new State laws in 10 States: Arizona, California, Georgia, Louisiana, Maine, New Jersey, Oklahoma, to name several. This is on page 20, line 20 through 22.

Mr. DINGELL. Mr. Chairman, I yield 1 minute to the distinguished gentleman from Arkansas (Mr. SNYDER).

Mr. SNYDER. Mr. Chairman, I thank the gentleman from Michigan for yielding time to me.

As a family practitioner, I have had the experience of thinking a patient needs to have counseling. I have to take them into a room, have them dial a 1-800 number to their insurance company, have the clerk who picks up the phone at the end make the decision about whether they get counseling, who they see, and how many sessions they get.

That is practicing medicine. That is delivering medical care. That is why it is my opinion that the Norwood amendment destroys this bill. Please read page 15. I know my Republican colleagues had a caucus this morning. They discussed this State preemption issue. Please read page 15 of the Norwood amendment.

It clearly states: "Yes, States can continue to have the liability provisions for the delivery of medical care," but then it defines that anything that the insurance company has to do with making decisions about claims determinations is not medical care.

The example I gave, the 800 number, they say, No, that is not medical care. Mr. Chairman, that is medical care. When that clerk at the end of the phone makes decisions, they should be held just as liable as the family doctor.

The Norwood amendment destroys the growing protections that are developing in State law. This amendment needs to be voted down.

Mr. DINGELL. Mr. Chairman, I yield 1 minute to the distinguished gentleman from California (Mrs. CAPPs).

Mrs. CAPPs. Mr. Chairman, I rise in support of the Ganske-Dingell Patients' Bill of Rights. This bill gives the American people strong, enforceable protections from the abuses and hard edges of the HMOs. It returns control of medical decisions to doctors and their patients, and takes it out of the hands of the bean counters. It guarantees patients access to health care they desperately need.

I am a nurse. We nurses and our patients are particularly pleased by the whistleblower protections included in Ganske-Dingell. They would protect a nurse or other health professional who wants to blow the whistle on substandard care to a regulatory agency or accreditation body.

I want to urge my colleagues to oppose the amendments to weaken this underlying bill. Ganske-Dingell holds HMOs accountable when they harm patients by denying them care. HMOs have been willing to trade patient safety for lower costs and higher profit margins. Ganske-Dingell gives patients the tools they need to protect themselves.

With all due respect to our colleague, the gentleman from Georgia (Mr. NORWOOD), his amendment would eliminate this essential protection. That weakens State laws and would dilute the ability to effectively enforce the Patients' Bill of Rights. His amendment would give the HMOs special protections that no other business or industry has.

This bill should be about protecting patients, not HMOs. Mr. Chairman, I urge my colleagues to support the bill and oppose the Norwood, Fletcher, and Thomas amendments.

Mr. DINGELL. Mr. Chairman, I yield 1 minute to the distinguished gentleman from California (Ms. ESHOO).

Ms. ESHOO. Mr. Chairman, I thank the gentleman for yielding time to me.

Mr. Chairman, I rise in support of the bill offered by the gentleman from Iowa (Mr. GANSKE) and the gentleman from Michigan (Mr. DINGELL), which is the real patient protections bill.

For many years, we have been trying to bring the pendulum back to the center to bring some accountability to the process of health care, where patients are enrolled with an insurer to give them the kind of rights that they need; to bring the physician and the patient relationship back to the sacred center where it belongs.

Last night something happened. The gentleman from Georgia (Mr. NORWOOD), a dentist, brokered something with the White House, and we are being asked to trust.

I want to tell the Members something, I want to verify for my constituents. This is the group that has voted to permit more arsenic in drinking water. This is the group that supports offshore oil drilling. This is the group that wants to drill in ANWR. This is the President that rejects a global warming treaty. This is the group that will not ratify biological warfare bans.

Do Members know what? I do not trust that record. I do not think this is the group I want to go with. I want real patient protection rights. We should reject this attempt to dress it up as something that it is not.

Mr. DINGELL. Mr. Chairman, I yield 2 minutes to the distinguished gentleman from Arkansas (Mr. BERRY).

Mr. BERRY. Mr. Chairman, I thank the gentleman for yielding time to me. I thank the ranking member, the gentleman from Michigan (Mr. DINGELL), the gentleman from New Jersey (Mr. ANDREWS), the gentleman from Iowa (Mr. GANSKE), and all the people who have worked so hard on trying to get a legitimate Patients' Bill of Rights on this floor so we could vote on it, so the American people would have what they

have tirelessly asked for, and that our people could get the health care they have paid for.

It is unbelievable to me that today we are going to allow an amendment to this bill that will make it possible once again for the insurance companies to mistreat, abuse, take advantage of the American people for time immemorial, it appears, right now.

We are going to be standing here a year from now, and we are going to see these same pictures the gentleman from Iowa (Dr. GANSKE) has been showing us ever since I have been in this House. They are horrible pictures. The thought of an insurance company doing this to a child is unbearable and unbelievable to all of us.

But we are going to take up an amendment today and a bill today that would make it possible for the insurance companies to continue to do this, only with more impunity. We are not going to be able to hold them accountable for anything. We are going to supersede State law; and to make matters even worse, Mr. Chairman, this bill is going to cost \$20 billion, and we are going to use the magic pay-for card to pay for it.

I do not know where this card money comes from, but we are going to start issuing them to anyone. Anytime we have a bill and we do not know where to get the money for it, get the magic pay-for card for it. Members can see it, surely. All we have to do is present it and everything is already all right. We are not even going to pay for this bill.

We had the pay-fors in this bill last night, and the Committee on Rules took it out. It is unbelievable that we would allow the insurance companies to continue to take advantage of the American people.

Mr. Chairman, I urge our Members not to vote for this terrible piece of legislation.

Mr. DINGELL. Mr. Chairman, I yield 1 minute to the distinguished gentleman from Maryland (Mr. HOYER).

Mr. HOYER. Mr. Chairman, I rise on behalf of this bill.

What is this bill? It is the bill that the gentleman from Georgia (Mr. NORWOOD) got on the floor and said he supports. It is a bill that, in 1999, 275 of us voted for in a bipartisan fashion, and in a bipartisan fashion for 24 months we have labored to pass that bill. We did pass it, and it was bottled up in conference committee because the Republican leadership did not want it to become law.

The gentleman from Georgia (Mr. NORWOOD) wants a bill that can be signed. I agree. But the way to get a bill that can be signed is to show where the bill ought to be, and those 275 of us for the underlying bill should vote for that bill today and send it to conference, have the conference work on it, and let the President come to the conference; not, with all due respect to my friend, the gentleman from Georgia (CHARLIE NORWOOD), one Member, but to the conference, to the Senate and

House, after they have worked their will and passed a real Patients' Bill of Rights.

□ 1530

Let us adopt the base bill and reject the three amendments.

Mr. Chairman, the American people need and deserve a real Patients' Bill of Rights.

This legislation ensures that doctors make medical decisions, not insurance company bureaucrats.

It gives every American the right to choose his or her own doctor. It ensures broad access to specialists. It prohibits incentives to limit care. And, yes, it allows patients to hold managed care companies accountable when they make decisions that injure or kill.

Responsibility! What's more American than that? Yet, the Republican leadership has fought legal liability tooth and nail.

They said strong liability provisions would cause insurance premiums to skyrocket. But that didn't happen in Texas, where then-Governor Bush let a Patients' Bill of Rights become the law in 1997 without his signature.

They claimed that managed care liability would cause people to lose their insurance. But that didn't happen in Texas.

And they said strong liability provisions would open the floodgates of litigation. But that didn't happen. Only 17 lawsuits have been filed under the Texas law in 4 years.

Today, they're trying to gut meaningful reform with these amendments.

Arbitrary damage caps are a perfect example. I'm always amazed that some of the same people who think a jury is perfectly competent to decide whether a man or woman lives or dies is somehow incompetent to decide whether a person has been injured by negligence and the extent of the injured party's damage.

I urge my colleagues to vote for this bipartisan bill and to vote against these amendments. Let's level the playing field between patients and their doctors and managed care companies.

Mr. TAUZIN. Mr. Chairman, I am pleased to yield 3 minutes to the gentleman from Arizona (Mr. SHADEGG), a distinguished member from the Committee on Energy and Commerce who has put a great deal of effort in this compromise.

Mr. SHADEGG. Mr. Chairman, I thank the gentleman for yielding me this time. And I rise in strong support of this legislation, and I rise in strong support of the gentleman from Georgia (Mr. NORWOOD).

Make no mistake about it, there is no greater champion of patients' rights in this country than the gentleman from Georgia. And anybody who says that the agreement that the gentleman from Georgia negotiated with the President last night does not protect patients, does not know this issue and is just playing politics.

Well, it is time for politics on this issue to end and for substance to emerge. Let us talk about what is in this bill.

Number one, every single patient protection in the original Norwood-Dingell bill and in the original Ganske-Dingell bill is in this bill. The patient protections are there.

So comes the criticism on liability. Well, let us talk about liability. For those who say this protects plans from being sued, they are not being honest, because whether the external review panel sides with a patient and says the plan was wrong, or whether the external review panel sides with the plan and says the plan was right, that individual can have a lawsuit. They have a right to recover damages.

Let us talk about the current state of the law. The current state of the law in America is atrocious. It says if a health care plan injures someone through their negligence, through their conduct, they are immune. That is dead wrong. I know the Corcoran case inside out and backwards, and it is time to reverse that precedent.

The reality is both sides agree that that policy of absolute immunity for HMOs that hurt people must end. This bill strikes a fair balance. It says that an external review panel, made up of expert doctors who are practicing physicians, will review the decision of the plan and will decide if the plan was right or if the plan was wrong. If they decide the plan was wrong, yes there is a lawsuit and that individual will recover damages.

But let us look at the flip side of that issue. Let us say they decide the plan was right, and many would say that is a reasonable structure; that the panel second-guessed, reviewed through experts, the current status, where plans can simply deny care and walk away, but under that set of circumstance, even if this expert panel made up of doctors says the plan was right, that individual can still go to court. The AMA, when I argued this issue with them last year, said, well, what if the plan was wrong. It is a shocking lack of faith with doctors, but they won. The AMA is getting what they want. Even when the panel says the plan was right, the individual can go to court and sue. That is liability, that is fair, that is a very reasonable compromise.

This is a good bill, and I urge my colleagues to support it.

Mr. DINGELL. Mr. Chairman, I yield 1 minute to the gentlewoman from Florida (Mrs. MEEK).

Mrs. MEEK of Florida. Mr. Chairman, I stand in strong opposition to the Norwood amendment because I have been there and I have done that and I have seen what happens when HMOs are in charge of health care, particularly in lower-income communities. It is a scam. Wake up, before this comes into our community.

The President cannot make government. He cannot make legislation. He is in the executive branch. So let us be sure that we do our job and he does his. Whoever heard of that before?

Two obvious examples stand out here. Our people need to be treated fairly. We need a patients' bill of rights. We need the Dingell bill, and we need it now. And we need to stop this frustration of going through all this nomenclature of medical terms. We

just need to get a patients' bill of rights that is fair to all patients, that will treat everybody the same, and be sure they have some redress.

I do not trust insurance companies. Why should I? They have never been fair to the people I represent. Do you think I am going to do it now? No. Be sure that you support the Dingell bill, it is the bill that is happening.

Mr. TAUZIN. Mr. Chairman, I yield 1½ minutes to the gentleman from Louisiana (Mr. COOKSEY).

Mr. COOKSEY. Mr. Chairman, this is an important piece of legislation because it is important for the health care of the Americans who need good quality health care.

Long before I was a Member of Congress, I was a physician. And when I finished medical school, I guess I was somewhat idealistic because I expected to always be in an examining room with a patient and have that sacrosanct physician-patient relationship in which I was trying to make a diagnosis and carry out a treatment, whether in the examining room or the operating room.

But over the years, we have evolved to a system that we have HMOs and HMO regulators; we have government regulators; we have a whole litany of people that are in that examining room, if not in body, in spirit. And these people are, in effect, practicing medicine or having a disproportionate influence on the practice of medicine when they have never gone to medical school. They do not know what medicine is about.

Unfortunately, some of these groups that are there in spirit are mean spirited. So we do need reform. We do need patient protection. And this piece of legislation will ensure that, number one, the employer-based system will be intact and will not be undermined. And, number two, it will go a long ways towards reestablishing the patient-physician relationship and getting all of those other people out of the examining room, whether they are there in spirit or in reality.

Mr. DINGELL. Mr. Chairman, I yield 1 minute to the gentlewoman from New York (Mrs. MCCARTHY).

Mrs. MCCARTHY of New York. Mr. Chairman, the last 24 hours of game-playing with people's lives by the leadership has left a huge mark on the House of Representatives.

Let us look at the score card in the last 24 hours. This week, special interest groups have two wins and the American people have zero. Yesterday, with the energy people, the oil companies won; today, with the so-called patients' bill of rights, insurance companies, unfortunately, are going to win again.

Under the House leadership bill and the so-called patients' bill of rights, many of our constituents are going to have to have their health care needs compromised. However, there are a few good things in this package.

We have been working very hard to make sure our hospitals get prompt

pay. In other words, the HMOs and the insurance companies have been holding back the monies to our hospitals. That is pure wrong. Our nurses and our health care people need the whistleblower protection act, and that will be in there.

But all in all, despite these good provisions, it is clear that special interests are the real winners in this deal. And I am sure of one thing: we need campaign finance reform to get the special interests out of this Congress.

Oppose the Norwood amendment and support the Ganske-Dingell bill. It puts patients' interests first, not special interests.

Mr. TAUZIN. Mr. Chairman, may I inquire of the chairman who has the right to close on this portion?

Mr. DINGELL. Mr. Chairman, how much time do we both have?

The CHAIRMAN. The gentleman from Michigan (Mr. DINGELL) has 3 minutes remaining and the gentleman from Louisiana (Mr. TAUZIN) has 1 minute remaining. The gentleman from Louisiana has the right to close.

Mr. DINGELL. I will respect that, of course, Mr. Chairman.

Mr. Chairman, I yield 1 minute to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN).

Mrs. CHRISTENSEN. Mr. Chairman, this doctor stands with America's doctors and our patients in support of H.R. 2563. The base bill is not about suing, it is about making sure that insurance companies and HMOs are held accountable when they prevent a patient from getting the care they need.

We must reject the killer amendments which would shield the HMOs from the same accountability that every doctor and hospital as well as every other business is liable for, for our protection. And the HMOs must be laughing at the \$1.5 million cap that is proposed. With their profits, that figure is so small it will be no incentive for them to change at all.

We have fought for more than 5 years for a bill that will protect patients. We have one, and we must not pass a last-minute dead-of-night deal to help the President avoid the decision of signing or vetoing, if that is his choice, legislation which the American people overwhelmingly support.

Our constituents have been waiting too long for relief from profit-driven medical decisions that put them and their loved ones at risk. Let us vote down all amendments and give America a real Patient Protection Act, H.R. 2563.

Mr. DINGELL. Mr. Chairman, I yield 1 minute to the distinguished gentleman from California (Mr. SCHIFF).

Mr. SCHIFF. Mr. Chairman, I thank the gentleman for yielding me this time.

Two years ago, when I was a State Senator in California, I worked with my colleagues there to pass one of the strongest patient bill of rights packages in the Nation. Other States, Texas, New Jersey, about 30 in number,

have adopted similar strong patient protections. But now, under the most recent capitulation to the insurance industry, these strong patient bill of rights protections around the Nation are preempted by Federal law.

Brought to us by those strong champions of States' rights, this capitulation threatens to take away hard-fought patient protections enacted around the Nation. The new policy evidently is: we believe in States' rights, except where they collide with the rights of the insurance industry, and then the heck with the States. That is no kind of policy for this country.

I urge support for the Dingell-Ganske patient bill of rights that protects and preserves the relationship between patient and physician. It has doctors making medical decisions, not insurance company bureaucracies. It is the real patient bill of rights, the one we have fought for for 6 years, the one we must pass for this country.

Mr. DINGELL. Mr. Chairman, I yield 1 minute to the distinguished gentleman from Illinois (Mr. DAVIS) for purposes of concluding the debate on this side.

Mr. DAVIS of Illinois. Mr. Chairman, I support patients' rights, but I do not want to support putting a cap on unnecessary pain and suffering. I support patients' rights, but I do not support greed and unaccountability. I support the rights of patients to interact with their doctors to make decisions.

I can tell my colleagues that the doctors in my district support Dingell-Ganske. They have been calling all day saying do not vote for Norwood, vote for Dingell-Ganske.

I follow the doctors in my community, and I urge all of us to vote for Dingell-Ganske.

Mr. TAUZIN. Mr. Chairman, I yield myself such time as I may consume.

Six years, when the gentleman from Georgia (Mr. NORWOOD) began this crusade for patient protections, he, through an exercise of extraordinary courage and conviction, has been willing to take on Members on both sides of this aisle. He has taken on his own party. Now he takes on Members of the other party who disagree with him today.

He has shown extraordinary courage and conviction, and he is determined that when we get through today with the amendment that he will offer in agreement with the President of the United States to make sure this bill is signed into law, he has determined this bill will do the following things when we get through today:

It will preserve the right of patients to choose their own doctors and to have the customary patient-doctor relationship.

Secondly, it will extend the patients the right to have an external medical review of HMO decisions.

And, third, it will guarantee patients the right to sue HMOs, to hold them accountable in both State and Federal Court, under the agreement he has reached with the President.

The gentleman from Georgia is to be commended for this 6-year fight. If we do it right today, we will put a bill on the President's desk that he will sign into law and these 6 long years will have been worth his courageous effort that has been carried forth with so much conviction.

Mr. Chairman, I yield back the balance of my time.

Mr. THOMAS. Mr. Chairman, I yield myself such time as I may consume.

A few decades ago there was a song, and it went a little bit like this: "Love and marriage, love and marriage, go together like a horse and carriage." Well, for the last several years we have been hearing Norwood-Dingell, Norwood-Dingell, a team that made health care reformers tingle.

□ 1545

And yet today we find ourselves on the floor with a choice. Ironically that choice is to take a giant step toward making law in this area, or to keep alive a very divisive political issue.

In my opinion, there is no Member of the House of Representatives who wants a law more than the gentleman from Georgia (Mr. NORWOOD). In my opinion, there are some individuals here today who are enormously disappointed in the fact that the gentleman from Georgia (Mr. NORWOOD) wants a law because they certainly want to perpetuate a divisive political issue.

In listening to the way in which the gentleman from Georgia (Mr. NORWOOD) has been described, a Member got up recently and said he is a dentist. I do not think that was quite said in a way that would indicate that he has some knowledge in terms of the medical profession or that based upon his experience in dealing with HMOs, he wanted to make a change. I think it was done deliberately. I think it was done on purpose.

If Members really look at the underlying bill and the bill that will remain if the Norwood amendment is adopted, we have 95 percent the same bill. What is the difference? With the Norwood amendment, it has a chance to become law. Without it, it does not.

Well, I will simply leave Members with this. If Members had to think of a word to match with Norwood, the one that comes to mind to me is "sincerity."

If Members have to match a behavior to coincide with what is being exhibited on the other side of the floor, I have to think of a black widow and her mate.

I am pleased today that this very, very difficult issue will be resolved. It will be resolved by those people who stand with the gentleman from Georgia (Mr. NORWOOD) and his amendment, and then stand with the amended Ganske-Dingell-Norwood bill. It is time that we end this division.

Mr. Speaker, the gentleman from Georgia (Mr. NORWOOD), as he did in offering leadership at the beginning, is

again offering leadership. All Members have to do is follow the leadership of the gentleman from Georgia.

Mr. Chairman, I reserve the balance of my time.

Mr. ANDREWS. Mr. Chairman, I yield myself 2 minutes.

Mr. Speaker, a person goes to her primary care provider, and the primary care provider notices a lesion on the patient's skin. She says that she thinks that the patient ought to see a specialist to see what the lesion is. Her managed care plan says, no, we do not want you to do that because it does not fit our model of what ought to happen.

The patient does not see the specialist. It turns out the lesion is malignant and becomes metastatic cancer. The patient dies. The patient's estate sues the HMO under the laws of New Jersey or one of the other progressive States that has adopted patients' rights legislation.

Understand this: Under the Norwood amendment that will be coming forward in a few minutes, that claim is barred. Wiped out. No more. The Norwood amendment is a step backward. It does not intend to be, but it is, make no mistake about it.

Rights that the various States have given to consumers in the last few years are repealed. Whether it is by intent or sloppy drafting, they are repealed.

If Members believe in states' rights and the right of States to make decisions that affect their own communities, then Members should not federalize health care law. Then we should have not have one national decision that governs what ought to happen here. Members should reject the Norwood amendment, as the New Jersey Medical Society does for that reason, and Members should vote for the underlying base bill.

Mr. THOMAS. Mr. Chairman, I ask unanimous consent to yield the balance of my time to the gentlewoman from Connecticut (Mrs. JOHNSON) to control the time.

The CHAIRMAN. Is there objection to the request of the gentleman from California?

There was no objection.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, I rise in strong support of the Norwood amendment, and I thank the gentleman from Georgia for his leadership. There has been no Member in this body who has been more dedicated to the issue of patients getting access to care and having the right to sue when their HMO denies them access to needed care. I commend the gentleman for that.

Mr. Chairman, I commend him particularly today for having the courage to help this House find a way to not only provide these rights to patients, these critical rights to access to specialty care, access to emergency room care, but also access to the right to sue, to provide these critical rights in

a way that does two things. First, it restores power and control over our health care system to the doctors of America. That is what patients want. They want to have the right to the care their doctor recommends.

The Norwood amendment makes very clear that patients must exhaust the external panel review process so that the record shows doctors' review of doctors' decisions. In this era of exploding medical options, increasingly complex care, frankly we are going to need to have doctors reviewing doctors' recommendations to ensure that the patients' interests are best served.

Mr. Speaker, exhausting that panel review before patients get lawyers involved is critical. Otherwise we will do what the Dingell-Ganske bill does: We will simply take power from HMOs and give it to lawyers. This is not progress. This is not progress.

We want to return that power to doctors, and the Norwood amendment does that very clearly and very directly, and backs it up with a system that has two advantages. First of all, it shields the employer far more effectively than any other bill, by clarifying that patients can sue only the dedicated decision-maker who must be bonded.

Therefore, employers can have confidence that they will not have to drop their plans out of fear of being sued. That is a tremendous strength of this Norwood amendment.

Second, the Norwood amendment is a simpler judicial process, a simpler legal system so that the costs do not explode. If the costs explode and the price of access to care and access to the right to sue is losing your health insurance, this is not progress.

Already premiums are rising rapidly. We see that: 15 to 20 percent this year when a 10-13% increase was expected and after double digit increases last year. In good conscience we must not add costs that do not benefit patients. We know from the history of malpractice insurance with doctors that until States controlled costs by adding tort reform or committees through which these proposed suits had to pass for approval, costs were extraordinary. Premiums leapt every year. And who paid? The employer and the employee. That is what is happening now. Employees are facing higher costs.

So the Norwood amendment not only guarantees these rights of access that are so critical to the quality of care and the right to sue, but it does it in a way that restores power to the doctors of our health care system. It does it through a legal structure that controls costs and protects employers who don't make medical decisions.

Mr. Speaker, those are my goals. The Norwood amendment fulfills them, and I commend the gentleman for his hard work.

Mr. Chairman, I am pleased to support the Norwood amendment. It puts in place strong patient protections in a responsible way.

Our goals are twofold: to guarantee patients access to the care they need and to guar-

antee patients right to sue if they are denied that care by their HMO. These patient rights are critical. Critical—but we must guarantee them without causing health care costs to skyrocket. Even without this legislation, premium costs are rising 15 to 20 percent a year and employees are carrying higher and higher co-payments and deductibles. We must not, indeed we cannot, in good conscience further increase costs without knowing for certain that the benefit will be directly realized by patients.

I support the Norwood amendment because it guarantees the rights patients need to access specialists and emergency room care, to elect an OB/GYN or pediatrician as one's primary care physician, and other rights of access. It also provides the crucial right to sue one's HMO, but it would do this in a way that we know from experience with certainty will contain costs.

Under this amendment, patients will have the ability to hold plans accountable for poor medical decisions. But it is designed in a way that is straightforward and provides limits on liability, which allows employers to plan for their obligations and continue to offer health care coverage to their employees. In the end, this is the best result for patients.

The Ganske-Dingell liability construct is completely unworkable and will promote litigation years into the future that will only benefit trial lawyers, and not patients.

We must learn from history, when malpractice liability skyrocketed, it drove good doctors out of certain practices and sent premiums skyward. Only when states stepped in and limited liability did costs come under control and Americans no longer faced prohibitive increases in health care costs. Unless we limit liability in our Patients' Bill of Rights, we will set off a similar cycle of escalating costs.

Even before we get to the issue of the size of malpractice judgments, there is the problem of limiting other litigation to which health plans, providers, and employers are exposed. Under the Ganske-Dingell bill, there will be a virtual explosion of litigation activity, because the language of the bill is so complex and subject to so many different interpretations! In contrast, under the Norwood amendment, the rules are clearly written, the lines of liability are clearly spelled out, and most importantly the causes of action available to patients are very clearly defined.

On this last point about causes of action, I would like to point out that under the Ganske-Dingell bill the availability of a cause of action depends on the interaction of state law and the 19 pages of requirements outlined in the bill. That alone will result in years of litigation just to determine jurisdiction and the elements of a cause of action. And that's before we even get to the patient's case.

I want to make one other point about simplicity versus complexity. Under the Ganske-Dingell approach, there are two groups that can be held liable for plan decisions—the "designated decisionmaker" and a "direct participant" in the decision. There are two separate processes for holding these different actors liable, and they are inconsistent. This alone will foster litigation, because plaintiffs will name everyone possible and the courts will have to sort out the liability.

In contrast, the Norwood amendment requires the naming of a designated decisionmaker and requires that the decisionmaker be bonded so that a plaintiff is assured of being able to recover damages.

The Norwood amendment is better for patients for another reason. Under the Norwood amendment, an external appeals process is used and it must be completed before filing suit. There is an exception that allows the patient to get an injunction from a court if irreparable harm will result from delay.

The benefit of requiring this external review is that doctors will be reviewing doctor decisions. The process is faster. In the end, if the external reviewers agree with the treating doctor's decision, the patient gets care immediately. Isn't that what this is all about? Getting the right care to the patient? And if the plan still refuses coverage, the patient has a good medical record to use in litigation, while still being able to get care and hold the plan liable for payment in the end as well as damages.

The message I have is quite simple: we can improve the health delivery system and protect patients; hold health plans accountable, and provide relief to the uninsured.

To this end, the Norwood amendment puts patients first. It will: ensure patients have a process to address benefit denials through an internal and external appeals process; grant access to emergency care services, regardless of cost; provide clear information to plan participants about their benefits and rights; allow parents to determine their child's caregiver; ensure women have hassle-free access to their obstetrician or gynecologist; allow sick or disabled individuals hassle-free access to the specialists they need; advance the goals of FDA modernization by granting access to approved, lifesaving products; ban gag clauses and incentives to deny care; treat cancer patients with new technologies, drugs and biologics; and hold health plans accountable for the decisions they make.

Let's stop the partisanship. Let's stand up for patients, not Washington divisiveness.

Consider your options and then make the right decision. Vote for the best choice.

Mr. Chairman, I yield 3 minutes to the gentlewoman from Washington (Ms. DUNN).

Ms. DUNN. Mr. Chairman, they say that success has many parents, and certainly in this very important debate over the Nation's health care, we have found many of those parents.

I think today that special credit ought to go to the gentleman from Georgia (Mr. NORWOOD) and to President Bush. Through the whole decade of the 1990s we debated these health care issues; only now have we been able to put in place the people who understand that they may have to give up a little to get a lot.

As of last night, we are thrilled that these parties have come together and provided us with what I think is a very good piece of legislation.

What do we mean when we talk about patient protection? What is the Patients' Bill of Rights supposed to add up to? I want to speak to it from the point of view of a woman.

Woman usually schedule their children and their family's health care. What are they looking to be protected from as we look at their health coverage? Everybody supports improving patient protections like prohibiting gag clauses which prevent doctors from talking to their patients about options

in their health care that might not be covered by their particular plan. We do this in this bill.

Women are interested in finding a way to get immediate access to their pediatrician or OB-GYN. We do that in this bill. We do not require a gatekeeper to allow that person to pass through to where she needs to end up.

She is looking for a review process of people like physicians who really care about her best health interests. She wants her family to be safe and well cared for. We provide this kind of recourse in this bill, a truly independent group of health caregivers who are willing to talk with the individual, know her history and her family's history and want the best for her instead of requiring her to pass on to litigation and the courts.

We are looking for access to affordable health care. She often pays the bills. One way we provide accessibility to health care is by expanding medical savings accounts, something which is very popular in this Nation, which allows catastrophic coverage for people who generally are healthy. This woman wants to control costs and keep premiums affordable for her family.

We support medical malpractice reform. That is in this legislation. The physicians I represent already feel under siege by excessive regulations and spiraling liability insurance costs. Often they feel compelled to do tests that may not help this woman, but will keep these physicians out of court.

Today, we take the first step in reducing frivolous litigation by passing the Thomas malpractice reform amendment.

Mr. Chairman, I think it is time that we pass patient protection. It has been almost a decade that we have debated it. We have heroes now with us who have taken all of their time, all of their caring, President Bush and the gentleman from Georgia (Mr. NORWOOD). I congratulate them for their leadership roles by ending gridlock and by placing the American people first.

Mr. ANDREWS. Mr. Chairman, I yield myself 10 seconds.

Mr. Chairman, the gentlewoman from Connecticut is exactly right: Putting decisions back in the hands of doctors is what we are trying to do, which is why the American Medical Association strongly opposes the Norwood amendment and supports the underlying bill.

Mr. Chairman, I yield 2 minutes to the gentleman from Massachusetts (Mr. TIERNEY), a small business owner.

Mr. TIERNEY. Mr. Chairman, for 5 years-plus Democrats and some Republicans have worked towards a Patients' Bill of Rights. The real heroes in this one are the gentleman from Iowa (Mr. GANSKE) and the gentleman from Michigan (Mr. DINGELL). On the Senate side, they are Senators EDWARDS, KENNEDY, and McCAIN. Central to the effort is the need to stop unfair denial of access to medical care.

□ 1600

Story after story has been heard in the past of people of all ages being de-

nied appointments with specialists, being denied the right to seek emergency care when they reasonably believed they had an emergency. It is important when it is your child, and it is important when it is your parent.

Also central has been the need to hold HMOs accountable for their bad decisions that unfairly denied people the benefit of their doctor's advice or the care that they needed. Doctors and nurses have been held responsible for their actions but impersonal HMOs have been allowed to deny care, act arbitrarily and with impunity without being held accountable.

In all that time, the person who is now President of the United States first vetoed the Patients' Bill of Rights in Texas, then he opposed it and allowed it to become law only because it had a veto-proof majority and he did not even sign it. Then, of course, he took credit for it during the campaign. The majority of Republicans and Republican leadership resisted true patients' bill of rights reform vigorously. But in 1999, 68 people on the Republican side voted with GANSKE and DINGELL, they voted with the American people and with patients, they voted with the health care community of doctors and nurses. Then the GOP leadership in the Senate passed an HMO relief bill. The Senate and the House leadership conspired to let that good bill, the Ganske-Dingell bill, die in conference.

This year, the Senate passed the Ganske-Dingell bill as the Kennedy-Edwards-McCain bill. The White House panicked, the leadership over the other side panicked, and now they have found a way to kill true managed care reform. Under the guise of passing something that will not be vetoed, they attempt to bring forward a poison pill and provisions that give us a choice that is unpalatable. They want to gut patient protections, abandon patients and protect HMOs' bad practices. They want to pass a bad House bill, then let that die in conference when the Senate holds firm seeking real patient protection.

Mr. Chairman, this amendment is a joke. When people get a chance to read it, they will only be heroes that are consistent with where they have been, not those that have moved around and found themselves with the President's bad acts.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield myself 15 seconds.

I would like the record to note that actually we have more physicians and direct providers of health care supporting our bill and who were involved in the writing of the Fletcher-Johnson bill than in the other bill.

Mr. Chairman, I yield 2 minutes to the gentleman from Illinois (Mr. CRANE).

(Mr. CRANE asked and was given permission to revise and extend his remarks.)

Mr. CRANE. Mr. Chairman, I thank the gentlewoman for yielding me this time.

Mr. Chairman, I rise in support of the Thomas-Lipinski-Fletcher amendment that will be offered later in the debate. I believe that any patient protection legislation must also address the needs of the uninsured. The Congressional Budget Office estimates that for every 1 percent increase in health insurance premiums, 200,000 to 300,000 individuals will lose their health insurance.

The underlying Ganske-Dingell bill is estimated to increase health insurance premiums by 4 percent. That is 800,000 to 1.2 million more Americans that will be added to the estimated 42.6 million Americans that are without health insurance. We must include provisions that will make health insurance more accessible and affordable to individuals.

I have long been a proponent of medical savings accounts. Individuals should be able to have access to quality health care and make their own provider choices. MSAs allow individuals to save, tax free, for their health care needs and shop around for the best quality care at the best prices.

The amendment makes structural changes to MSAs that will improve their effectiveness and make them more widely available. MSAs are making health insurance affordable for the first time to many Americans since MSA insurance policies usually cost about half of what the average HMO policy costs.

According to the Internal Revenue Service, 31.5 percent of all of those who established an MSA were previously uninsured. MSAs help bring these uninsured Americans into the insurance pool as opposed to being exposed to the risks of uninsured health care costs which are the source of nearly half of all bankruptcies in the entire United States.

In contrast, the underlying Ganske-Dingell bill makes only cosmetic changes to MSAs. The underlying bill only provides for a 2-year extension, raises the cap on MSAs from 750,000 to 1 million, and expands the definition of small businesses from 50 employees to 100 employees.

I urge my colleagues to support the Thomas-Lipinski-Fletcher amendment.

Mr. ANDREWS. Mr. Chairman, I yield 2 minutes to the gentlewoman from California (Ms. SOLIS), who joins with the American Medical Association in opposition to the Norwood amendment.

Ms. SOLIS. Mr. Chairman, I thank the gentleman for the opportunity to shed some light on what I believe my constituents in California are deeply concerned about.

Two years ago we passed some major, major HMO reform legislation. This new proposal that is before us will rip apart those very pieces of legislation that were put together very carefully over the past 2 and 3 years through negotiation with the stakeholders, with insurance, with doctors, with patients, with advocates. This legislation now would go back to the heart of our State

and take away those assurances that many people in that State right now have protections for.

I cannot stand here today as a new Member of Congress and vote for a piece of legislation that is so deadly, because if someone becomes ill under this proposal after 6 years because someone has injected them with tainted blood, they cannot go back and sue that particular health care or insurance group that is providing coverage. That is disastrous. I know that people in my State and this country do not want to stand for that.

As one of the new Members of Congress, I ask my colleagues to vote against the Norwood amendment, the proposal that Mr. Bush is putting before us today and our colleagues from the right.

Mr. ANDREWS. Mr. Chairman, I yield 2 minutes to the gentleman from California (Mr. GEORGE MILLER), ranking member of the full committee.

(Mr. GEORGE MILLER of California asked and was given permission to revise and extend his remarks.)

Mr. GEORGE MILLER of California. Mr. Chairman, I thank the gentleman for yielding time.

Something very terrible happened last night. Up until last night, we had a competing contest over the question of protection of patients' rights when they engage their HMOs, when they were denied service and in that effort they were harmed, they were injured or they died and whether or not somebody would have to accept responsibility for that.

Then last night at the White House, negotiations took place and we went from a patients' protection bill to an insurance company protection bill. We changed the standard of care within an HMO from that of what a doctor, a medical professional, owes you to now a standard of care that an insurance claims processor owes you. A doctor can make a horrible mistake, an HMO can make a horrible mistake, an HMO can make a callous indecision about your care and their standard is that of an insurance claims processor. When people pay their insurance premiums, when people go to an HMO, when they engage their medical expertise, they do not believe they are engaging an insurance processor. But the insurance companies, the HMOs, have rigged this bill and rigged this language so that is now the standard of care.

Next time you go to visit your HMO, tell them you only want to pay them what you would pay an insurance claims processor because that is the standard of care. This bill and the Norwood amendment shows such insensitivity to families that have to try and negotiate, negotiate to get care, to get satisfaction, to get treatment for their family members. Maybe too many Members of Congress have not done this. I know what it looks like up close and personal when you are trying to negotiate with these people and you are denied care and you are delayed care.

This amendment is like some medical Bull Connor that is going to keep families from having access to care, from access to justice. It is unbelievable. It is unbelievable that we would do this to America's families at the end of this debate and we would so enhance the insurance companies to damage families and damage the people we love.

Mr. ANDREWS. Mr. Chairman, I yield 1 minute to the gentleman from Tennessee (Mr. FORD), who joins with the health care providers and families of America.

Mr. FORD. Mr. Chairman, what happened last night, if the President is watching or the White House is watching, y'all did one heck of a job on my friend, the gentleman from Georgia (Mr. NORWOOD), who has been a champion, a stalwart on behalf of patients and consumers across this Nation, not just in Georgia. For those of you who thought what might have happened in Florida was good, what happened last night was that much better.

Everyone will recite some of the legal things and the legal changes in this bill, but the truth still stands. The only bill on this floor that will be considered today that provides clear and enforceable rights for patients, clear lines of accountability for decisions made by either employers or insurance companies is the Ganske-Dingell-Berry legislation.

I have great respect for the gentleman from Georgia (Mr. NORWOOD) and will continue to hold him in high regard. I have great respect for the gentlewoman from Connecticut (Mrs. JOHNSON) and the gentleman from Kentucky (Mr. FLETCHER). But for those of you interested in providing clear patients' rights, enforceable patients' rights, holding those accountable, those who make medical decisions, you have one clear choice, the American Medical Association's choice, Republican Members in the Senate including Mr. MCCAIN, and those of us on our side: the Ganske-Dingell-Berry bill.

Vote for patients, not the insurance companies.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield 2 minutes to the gentleman from Georgia (Mr. NORWOOD).

Mr. NORWOOD. Mr. Chairman, I am always stimulated to respond when my friend, the gentleman from California (Mr. GEORGE MILLER), stands up and does always such a good job, but maybe a little clarification would be in order.

I think all of you know that the good work in the bill that has been done by all of us solves a lot of problems because just of the external review. You get most things corrected there, which has always been our intent. But to say that a patient that has been denied care and is then harmed has no recourse through our amendment is just not true. If they are denied care through our amendment, they have a cause of action and they have a cause of action, most of them, in the States, which is where we want to be, they

have a cause of action for the denial or the delay of care.

Let me further say to you, and I think I can say this also for the President, we want to be as sure as we possibly can we do not preempt other causes of action at the State level. I know that can be debated whether the language actually does that or does not, but that is pretty common as I understand it between lawyers for one set of lawyers to believe language says one thing and another set of lawyers believes language to say the other, but you just need to know my intent is to make sure at every way I can do that we do not preempt other causes of action at the State level and that is going to be my intent through conference. I am happy that the President agrees that that is our intent. If for some reason when we get into conference that that language is not worked out, I am going to be in there slugging out for it, because that is my intent as well as it is your intent.

Just do not say there is no recourse for a patient who is harmed, that is denied care or delayed care. There is recourse.

Mr. ANDREWS. Mr. Chairman, I yield myself 1 minute.

I appreciate the fact that the gentleman from Georgia's intent is not to preempt these claims; but with all due respect, that is not what his language says. On page 15, line 16, delivery of medical care claims are preserved but everything else is not. Is not.

I yield to the gentleman from California (Mr. GEORGE MILLER).

Mr. GEORGE MILLER of California. Mr. Chairman, I thank the gentleman for yielding. I think also if you read the language that they borrowed from the ERISA statute, they now have taken the determination that it is not a standard of medical care no matter how flawed the process is, no matter how egregious the medical malpractice is. The question will be not with the medical professionalism, but it will be whether it passes the review of an insurance industry muster of the acceptable standard of claims.

It is very clever what you have done here, but you have moved from a medical standard to an insurance claims processor on whether or not I have had medical malpractice. You do not get to review the medical standard.

Mr. ANDREWS. Reclaiming my time, this with all due respect is what happens when you start drafting a bill at midnight and finish at 7 o'clock in the morning.

Mr. Chairman, I yield 1 minute to the gentlewoman from Florida (Ms. BROWN), a fighter for working families in Florida and throughout the United States.

Ms. BROWN of Florida. Mr. Chairman, during last year's campaign, a patients' bill of rights was the top priority of the American public. But just like the Presidential election, the American people are not getting what they voted for.

The President and the leadership of this House is pushing amendments that are a complete sham on the American people. Instead of a patients' bill of rights, they are pushing an HMO bill of rights. The Republican amendments side with special interests over patients, provide special protections for the HMOs, and roll back patient protections.

In last year's election, the Green Party candidate claimed that there was not a dime's difference between the Democrats and the Republicans. I can guarantee Mr. Nader and the rest of the American public if we had a fair election, we would really be debating a patients' bill of rights and also a prescription benefit for our seniors.

□ 1615

The American people deserve quality health care. I ask my colleagues to do the right thing for their constituents, not the big insurance companies. Vote for a real Patients' Bill of Rights. Put the doctors back in charge of medical care, with insurance company accountability, that sometimes kills and harms patients.

Mr. ANDREWS. Mr. Chairman, I am pleased to yield 1 minute to the gentleman from New York (Mr. ISRAEL), who has listened to the doctors and patients of Long Island.

Mr. ISRAEL. Mr. Chairman, I thank the gentleman for yielding me time.

Mr. Chairman, I have only been here in Congress for months, but I have already learned some interesting lessons. Only in Congress can we weaken patient protections, and call it stronger; only in Congress can we protect the HMOs, and call it a Patients' Bill of Rights; and only here can we protect profits, and say we are protecting patients.

Mr. Chairman, I believe in compromise. I came here to try and compromise. But the only thing compromised in the majority's bill is the fundamental right of doctors, nurses, and their patients. The only true Patients' Bill of Rights, Mr. Chairman, is Ganske-Dingell-Berry, and that is what we should pass today.

Mrs. JOHNSON of Connecticut. Mr. Chairman, it is my pleasure to yield 2 minutes to the gentleman from Arizona (Mr. HAYWORTH).

Mr. HAYWORTH. Mr. Chairman, I thank my colleague for yielding me time.

Mr. Chairman, I listened with great interest to what has slowly evolved into sloganeering, rather than finding solutions here on the House floor.

It has been interesting, Mr. Chairman, to hear talk about coming together to find some solutions, and now to hear the refrain from the left, it is kind of like that old country song, "That Is My Story, and I Am Sticking to It." It is almost the equivalent of legislative hypochondria.

Now, look: we have a solution and a commonsense compromise crafted by the gentleman from Georgia, the Presi-

dent of the United States, and thoughtful Members from both sides of the aisle. And one thing I agree with is my colleague from Florida, who said put doctors in charge of health care, that is absolutely right. The tragedy of the product offered from the left is that it again seeks to put the trial lawyers' lobby in charge.

Now, like any good piece of legislation, we have come together here. There is quality care here, there is a level of care here, there is an appeals process here. There is a protection device to ensure the sanctity of the relationship between the physician and the patient. That is the key.

But, again, the left will tell us, no, the trial lawyers' lobby must be there, solutions need to come in court rather than in the clinics; and, worse yet, if we come together, no, no, we cannot have that, because it is much more enticing to have an issue than a solution. It is much more politically feasible to continue to indulge in rhetoric, rather than deal with a real solution.

Now something has been crafted to find the hard-won compromise, to deal first with health care, and to say both to insurance companies and to the trial lawyers, neither group gets in the way, quality health care is dependent on the sanctity of the physician-patient relationship.

Mr. ANDREWS. Mr. Chairman, I yield myself 15 seconds.

I agree with my friend from Arizona that doctors should be the decision-makers, which is why the AMA today said, "Representative NORWOOD made a sincere effort to find a workable compromise, but the resulting effort is seriously flawed, and we oppose it. It helps HMOs more than it helps patients."

Mr. Chairman, I am pleased to yield 1 minute to my friend, the gentleman from Tennessee (Mr. CLEMENT).

Mr. CLEMENT. Mr. Chairman, I thank the gentleman for yielding me time.

Mr. Chairman, this is a serious matter. We have heard from doctors, patients all over the country, and we want some relief now. I was hoping the conversation that the gentleman from Georgia (Mr. NORWOOD) had with the President would bring about some fruition. Unfortunately, we now feel like we have been whitewashed, we have not solved the problem, that we have caved in.

Therefore, I do not think any of us have a choice but to go along with Ganske-Dingell, which is a bipartisan approach, in order to solve some of these difficult problems that so many people are having with HMOs.

Just think of someone in their 20's that is injured, has a couple of children, sustains a terrible injury, loses income, debts to pay, extended health care services, theoretically going to live for 40 to 50 years. They are not going to get the help that they need under the Norwood bill. That is why we need to get behind the Ganske-Dingell

legislation, which is bipartisan legislation that will solve this difficult problem, and let the patients and doctors be in control of their health care once and for all.

Mr. ANDREWS. Mr. Chairman, it is my pleasure to yield 1 minute to the gentleman from New Jersey (Mr. HOLT), who echoes the views of the New Jersey Medical Society in opposing the Norwood amendment.

Mr. HOLT. Mr. Chairman, I thank the gentleman for yielding me time.

Mr. Chairman, my wife is a general practice physician. It is kitchen table conversation for us to talk about the change in recent years in the doctor-patient relationship and what has made it so difficult to practice medicine.

Well, the Ganske-Dingell bill addresses that. This hurried bill, this amendment that was thrown together in the middle of the night last night, is no help. It is not a compromise. It puts HMOs in a unique privileged position in American law, and that is why the AMA, the New Jersey Medical Society, patients groups and individual doctors and patients all across America understand that we should go with the Dingell-Ganske approach to patient protection so that we can restore the doctor-patient relationship.

Mr. ANDREWS. Mr. Chairman, I yield myself 30 seconds.

Mr. Chairman, the New Jersey Medical Society, in a statement by its President, my dear friend, Dr. Angelo Agro, assisted by my friend, Dr. Joseph Riggs, has called this "the coldest day in August."

The gentleman from Iowa (Mr. GANSKE) read earlier from it, but I wanted to make clear: "The basis for the New Jersey Medical Society's opposition is their correct conclusion that the Norwood amendment wipes out the very strong patient protection law which we in New Jersey enacted last week."

Mr. Chairman, I yield 2 minutes to my friend, the gentleman from Massachusetts (Mr. TIERNEY).

Mr. TIERNEY. Mr. Chairman, I thank the gentleman very much for yielding me time.

Mr. Chairman, I would like to provide a copy of correspondence made available from three notable professionals in health care law and policy, Sarah Rosenbaum, David Frankfort, and Rand Rosbenblatt from the George Washington University School of Public Health and Health Services, Rutgers University School of Law in Camden, in the latter two cases, and make it available to the gentleman from Georgia and others, because I think now, in the light of day, as opposed to the midnight oil burning at the White House, you can see that reasonable professionals that deal with this every day indicate that this particular amendment that is going to be proposed would change the law to the detriment of patients, would change the law to the detriment of those people that rely on this body to protect their interests.

It establishes an entirely new level of policy here where, no longer is the standard of care what is existing in the medical profession, but, as the gentleman from California (Mr. GEORGE MILLER) says, what goes on in the insurance industry. It goes beyond that and just basically makes sure that States that have protective rights in there get those thrown out the window, so that all the States, whether it is Massachusetts, whether it is New Jersey, whether it is Florida, they put in protections for their particular people, for patients in their State, they are now out the window, thanks to the largess of the gentleman from Georgia and the White House.

That is wrong. I do not think that is what the gentleman intended, and I would expect upon reading it and now being knowledgeable of it, the gentleman would change his mind.

Mr. GEORGE MILLER of California. Mr. Chairman, will the gentleman yield?

Mr. TIERNEY. I yield to the gentleman from California.

Mr. GEORGE MILLER of California. Mr. Chairman, I think it is a very important point the gentleman is making, and that is that what we are doing here is without consultation, but one session at the White House, decisions made in the dark of night, we are overturning, as they point out, 200 years, 200 years, of a standard of care that individuals and their families knew they had when they engaged the medical profession, a hospital, the health care organization, the standards of a medical professional. If your doctor, your health care provider, violated that standard, you could get redress.

Now we are moving from that standard to the standard of a health insurance claims processor in the review. So no matter how flawed, no matter how flawed this review is, if it passes insurance company tests, it is fine; not the standard of care of the medical profession that we have had for 200 years protecting families in this country.

Mr. TIERNEY. Mr. Chairman, reclaiming my time, it goes beyond that. No longer will you have to have a proximate cause be the conduct of decision-makers, but the cause. In a complex area like health care, that is a dangerous thing, and I think the gentleman would agree.

Mr. ANDREWS. Mr. Chairman, I yield 1 minute to the gentleman from New York (Mr. ENGEL).

Mr. ENGEL. Mr. Chairman, I thank the gentleman for yielding me time.

Mr. Chairman, the Hippocratic Oath says, "First do no harm." But HMO corporate charters say, First give no treatment and see what happens next.

I have supported the passage of a patients' bill of rights, and I will continue to do so until this Congress acts in a responsible manner and passes a strong, meaningful and enforceable patients' bill of rights.

But what we are being forced to do today is a travesty for the American

people, who are going to believe they will now have rights and can stand up to HMOs when they are harmed. Instead, they will continue to be deprived of the type of care that every American is entitled to receive.

If we weaken the Ganske-Dingell bill with the Norwood amendment, we will continue to have HMOs deny care and go unpunished. We will continue to have doctors making decisions based on profit margins, not patient needs. We will continue to have HMOs pressuring doctors to deny referrals; to skimp on care; and to fear retribution by corporate executives, who are concerned with profits, not patients.

We need to pass legislation that gives doctors the power to provide the care that they have sworn to provide. I am not concerned with closed-door agreements, legislative victories, or making good on campaign promises. I am concerned about patients.

So I urge everyone to vote against the Norwood amendment and the Thomas amendment and vote for the Ganske-Dingell patients' bill of rights and reject the majority's attempts to pass an HMO bill of rights.

Mr. ANDREWS. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chairman, it is very important for the Members to understand that the Norwood amendment, which will be presented as a patients' bill of rights, is most certainly not a patients' bill of rights. It is a mirage. It appears to be a refuge from mistreatment by managed care companies, but it most certainly is not.

In order to get to court to get the law enforced if an HMO does something wrong, you first have to go through an external review process, and, if you lose the external review process, the Norwood amendment vests that process with unprecedented powers in American law. It says if you lose, there is something called a rebuttable presumption against you. That means instead of having to move the ball to the 50-yard line on the field, you have to move it to your opponents's 10- or 20-yard line.

He who has the burden of proof loses, and you would lose in most cases if you had to bring the suit this way.

Second, if you are lucky enough to get past that one, you then have this new Federal cause of action, and we will talk about this later. But it appears that if the HMO is the sole cause of your injury, you can recover; but if it is one of many causes of your injury, you cannot, because the original bill says that your injury has to be a proximate cause, not the proximate cause, which is in the bill drafted in the wee hours of the morning that is before us tonight.

If, by some chance, you are able to overcome these problems and win, we have an artificial limitation on what you can recover. If you buy a defective toaster and it blows up and ruins your eyesight, you are able to recover whatever the value of your injury happens

to be. But if you are denied the right to see an oncologist by an HMO, we put a price tag on that. It cannot be worth anything more than \$1.5 million.

Then there is the problem of the hospital and the doctor sitting side-by-side at the defense table next to the HMO. The hospital and the doctor will have their claim against them decided under State law.

□ 1630

But the HMO has an exalted, special status. The HMO has this new overnight, ready-mix cause of action. The doctor and the hospital will have their claims decided under State evidence laws, State procedure, State discovery, State privileges.

We do not know what will apply to the HMO, because it is not in the bill; we will make it up as we go along. And when you get to the point where the verdict has been rendered, if, let us say, there is a \$10 million verdict and there is what is called joint and several liability, which means the patient can go after any of the three defendants to collect, well, you can collect an unlimited amount against the doctor, and you can collect an unlimited amount against the hospital, but we, with our one-size-fits-all solution, all of us States' rights advocates say, you can only collect \$1.5 million against the HMO.

This is a Pandora's box. If my colleagues believe in the rights of doctors, listen to the American Medical Association, which rejects the Norwood amendment. If my colleagues believe in States' rights, listen to the coalition of groups that support the underlying bill.

Mrs. JOHNSON of Connecticut. Mr. Chairman, I yield myself such time as I may consume.

Let me set the record straight on a couple of specific things. First of all, there is nothing in the amendment at all that changes the standard of care, and all of the heated speeches of the other side that implied that were simply wrong. We do not change the standard of care.

Secondly, according to a Department of Justice letter, both the Norwood language and the Ganske-Dingell language contain express provisions which preserve certain traditional State law causes of action concerning the practice of medicine or the delivery of medical care. The language of both these underlying bills, both the underlying bill and the amendment, indicates that these provisions would allow, for example, claims under the Texas statute as interpreted in corporate health to go forward.

Mr. Chairman, I yield the remainder of my time to the gentleman from Louisiana (Mr. MCCRERY).

Mr. MCCRERY. Mr. Chairman, I thank the gentlewoman for yielding.

First of all, let me explain so everybody understands, there is no limitation in the Norwood amendment for economic damages. In other words, a

plan, a person, a patient who was injured by a health plan's actions can recover the full extent of his economic damages, all his medical bills, all his lost wages, future lost wages. That is not at issue. That is not limited under Norwood.

What is limited under Norwood is what we call "general damages," pain and suffering, mental anguish, things that cannot be quantified and punitive damages.

Mr. Chairman, the Norwood amendment is the best thing that this House has before it today to solve the problem of HMO abuse, of patients not having real access to recovery under Federal law today. I agree that it is not sufficient. Federal law today is not sufficient to allow a patient to redress wrongs done by a health plan.

But the Ganske-Dingell bill goes way too far. It really endangers the health care system as we know it. It will increase the costs of the health care system, and that is the last thing we need in this country.

When we talk about damages and unlimited damages and we keep talking about the AMA, I will refer my colleagues to some testimony by the AMA. In 1996, Dr. Nancy Dickey, the then-Chair of the AMA board of trustees testified, "Placing limits on punitive damage awards without simultaneously addressing noneconomic damages would lead to gaming of the system. If only punitive damages are capped, leaving noneconomic awards with no ceiling, plaintiffs' lawyers would simply change their complaints to plead greater economic damages."

The Norwood amendment rightly takes account of that reality and does place a limitation on noneconomic damages as well as punitive damages.

Mr. Chairman, the Norwood amendment seeks to give patients redress and yet not clog the courts, not open wide the gates of litigation. The Norwood amendment will allow patients to get that relief most quickly. They do not have to go through the courts. We provide for an expedited review by a panel of physicians and, after all, I think that is what everybody has been begging for is for doctors to make medical decisions. The Norwood amendment does that.

It is the superior bill before us. Let us adopt that and do something for patients in this country.

Mr. BOEHNER. Mr. Chairman, I yield myself 3 minutes.

Mr. Chairman, just 6 months into his Presidency, President Bush has worked with the gentleman from Georgia (Mr. NORWOOD) and the gentleman from Kentucky (Mr. FLETCHER) to bring 6 years of gridlock to an end.

I remember when I met the gentleman from Georgia in the autumn of 1994 down in Georgia; he was running his first campaign. As we went around his district that day, his constituents were eager for health care reform, and I think Americans today are just as eager for reform of the health care sys-

tem. Families are worried about soaring costs, they are worried about declining access, and they are worried about access to quality health care. I think they want a reasonable solution.

Seven years later, families are still waiting for that solution. The number of uninsured Americans remains very high, at some 43 million today, and health care costs are on the rise once again. Cost and access remain the top two health care concerns of most Americans.

But Americans today are also concerned about the quality of coverage they receive for managed care, and they want a comprehensive solution to the problems that they see each and every day. But as much as they want a solution, they want a balanced approach that will let patients hold their health plans accountable without sending costs spiraling into the stratosphere and increasing the ranks of the uninsured.

There is no one, no one in this Congress over the last 6½ years who has done more to bring this issue to our attention and to bring it to the attention of the American people than the gentleman from Georgia (Mr. NORWOOD). He has put his heart and his soul into trying to find a compromise, trying to find a solution for this problem that we have been locked in over the last 6 years. I think what he wants and what he has said oftentimes to all of us is that he wants a bill signed into law.

Well, I think the President shares that goal. I share that goal, and I think the American people share that goal. They want a solution that will be signed into law, and I think that we finally have that solution.

I want to thank the gentleman from Georgia (Mr. NORWOOD) and I want to praise the President for reaching out to him and other Members in trying to find a solution to 7 years of legislative gridlock.

The underlying bill that we have before us causes me great concern, because I do believe it will raise costs for employers and their employees who share in the cost of their health insurance. Secondly, the underlying bill, in my view, will cause many employers to simply drop their health care coverage for their employees. That is not what the American people expect from their Congress.

One of the real strengths of the Norwood approach is that it is balanced, is that it will bring patient protections, it will increase access to courts, it will bring new remedies, but it will contain them so that we do not drive up the cost of health care for American employers and their employees. But I think the proposal that we have before us is a hard-earned compromise, and when we compromise here, it is the American people who win, and they are going to win when we pass this bill later on tonight.

Mr. Chairman, I reserve the balance of my time.

Mr. STARK. Mr. Chairman, I yield 1½ minutes to the gentleman from

Massachusetts (Mr. TIERNEY) to set the record straight.

Mr. TIERNEY. Mr. Chairman, I thank the gentleman for yielding me this time.

The only thing that has been compromised here with the Norwood amendment is the rights of the American people as patients. In 6 months, the President has done to this bill what he was unable to do in Texas: he has killed those rights of the American people.

I wish the gentlewoman from Connecticut had stayed longer, because she would realize that in the second sentence of the applicable section of the Norwood amendment, what appeared to be giving States rights is taken away, in essence, what appears to be a preemption for the managed care industry of all underlying State law related to health care quality.

On economic damages, yes, you can get the money for the cost of your operation back, but now this law is going to tell you what your arm is worth, what your eyesight is worth, and the limit is quite low.

Lastly, we spent over 5 years trying to deal with an industry that we do not trust, that has made bad decision after bad decision, that the American people have recognized; and the way this amendment deals with it is to say that when you are sick, when you are down and out, you do not just have to prove that you are right by the preponderance of the evidence, as anybody else would with any other type of claim, but you also have to overcome a presumption that is a rebuttable presumption.

This is the HMO protection act. This is something done in the dark of night. I wish the gentleman from Georgia and others had had a chance to get enough light to read its provisions, because if they did, they would know that the only thing the President has done here is what he could not do in Texas: kill patients' bills of rights, kill protection for patients.

We can do better and we should do better. Let us hope the Senate, in conference, can at least get us back on track.

Mr. BOEHNER. Mr. Chairman, I yield 2 minutes to the gentleman from North Carolina (Mr. BALLENGER), the former chairman of the Subcommittee on Workforce Protection of the Committee on Education and Workforce.

Mr. BALLENGER. Mr. Chairman, I thank the gentleman for yielding time.

As most of my colleagues know, I have continually criticized the Norwood-Dingell-Ganske bill because of the liability language which threatens the employer-based system of health care. The gentleman from Georgia (Mr. NORWOOD) continually promised me that my company back home in North Carolina would not be sued because of his legislation. I did not believe him. I had 250 insured employees to worry about who might lose their insurance if the trial lawyers got their way.

Well, with the adoption of the Norwood compromise amendment crafted with President Bush, I am now confident that employers will be protected when voluntarily providing health insurance, just as the gentleman from Georgia told me they would. The Norwood amendment excludes employers from being held liable for selecting a health plan, choosing which benefits are available under the plan or advocating on behalf of an employee for coverage.

This amendment also adds the ability for employers to choose a designated decision-maker who will have the sole liability for benefit determinations. These are all essential to protect the employer-based system of health care, protect them from trial lawyers.

Mr. Chairman, in an ideal world, Congress should be considering legislation to tackle the problem of 45 million uninsured Americans. Unfortunately, we are not there yet. But we can make a good start by not only voting for the Norwood compromise amendment, but also the Fletcher amendment to increase access to health care. Through medical savings accounts and associated health plans, we will finally begin attacking the looming problem of the uninsured.

By voting for both the Norwood compromise amendment and the Fletcher access amendment, we protect both employees and employers under the successful employer-based system in place today and start to provide health care for millions more.

Mr. Chairman, I strongly urge my colleagues to vote for these amendments and with their adoption, the final passage of the Bipartisan Patient Protection Act. Protect us all from the trial lawyers.

Mr. STARK. Mr. Chairman, I yield myself 3 minutes.

Mr. Chairman, this is, as many speakers have said before, a sad day for those of us who are neither lawyers or physicians, but from time to time become patients in the medical delivery system. Because what my Republican colleagues have done under the leadership of the President of the United States and the Republican Speaker of the House is just sold out the insurance companies and created a system for the very richest people in the United States.

One might say, there they go again, harming the average working person and bailing out the rich insurance companies, the rich pharmaceutical companies, the rich managed care companies, and making it easier for them to make a profit by denying us care. There is no other way that a managed care company makes a profit, except to withhold care, pay less for it, give us less quality, or harm us.

I am sorry that the gentleman from Georgia (Mr. NORWOOD) sold out for a brief display of the Rose Garden. I am sorry that many of my colleagues would like to make this an issue of trial lawyers.

I would suggest to my colleagues that the American public, when they are faced with a pharmaceutical company or Aetna Life Insurance Company, are going to trust the trial lawyer a whole lot more. And when the doctor cuts off the wrong leg or when care is denied, that doctor is not going to do anything to bring back a loved one, that doctor is not going to redo the procedure. That doctor is going to run and hide.

And the only way we will get the doctors to do the right thing is to take them to court occasionally and make them live up to their professional creed, which we are not seeing much of here in the House today.

□ 1645

I hope that we will continue to support the Ganske-Dingell legislation which is a compromise. It comes close to the Senate bipartisan agreement which again is a compromise. These two bills, when fit together, will do a lot to provide those of us who use managed care with a reasonable certainty that we will be treated fairly, our medical decisions will be decided by people with medical experience and qualifications and not by clerks who will deny care to make a bonus or a profit for their company.

I think we will find that the cost of medical care will not go up as it has not in States which have these programs. The quality of medical care will improve; and who knows, we may find that we may expand coverage to those 40 million people that the Republicans have chosen to ignore.

Mr. Chairman, I reserve the balance of my time.

Mr. BOEHNER. Mr. Chairman, I yield 3 minutes to the gentleman from Kentucky (Mr. FLETCHER), who spent months and months developing this issue.

Mr. FLETCHER. Mr. Chairman, I certainly appreciate the work that has been done by the gentleman from Ohio (Mr. BOEHNER), the chairman of the Committee on Education and the Workforce; and as he has excelled in education, now he has certainly excelled in this issue of protecting patients.

Yesterday was a very fine day for the patients across America. After months and months of negotiating, the gentleman from Georgia (Mr. NORWOOD) agreed that it was time to strike a very good compromise, something that was focused on patients. I certainly appreciate the work of everyone that has been doing a great deal regarding this issue over the last 6, 8 years.

But one thing I think we must realize is that we need to have a patients' protection bill that will be signed by the President, one, that makes sure that we stress the quality of health care; two, that we protect access to health care and consider the uninsured; and, three, we hold HMOs accountable. We do that with the Norwood amendment.

It is surprising the respect that the gentleman from Georgia (Mr. NORWOOD) has across this Nation. According to the majority leader in the Senate, he is the most respected voice on patient protection across this Nation. Now because of political reasons, the other side would change their tune because they are more concerned about politics than they are the health of patients.

We have 43 million uninsured in this country, 10 million more than a decade ago. Nearly 40 percent of uninsured adults skipped a recommended medical test or treatment, and 20 percent said they did not get the needed care for a serious problem in the last year.

The uninsured are more likely to be hospitalized for avoidable conditions such as pneumonia and uncontrolled diabetes, and are three times more likely to die in the hospital than an insured patient. That is a striking, a very striking statistic from the Journal of the American Medical Association. It is beyond me how the other side, who has always talked about the most vulnerable in our society, low income and minorities, how they could show such a flagrant disregard for the uninsured, willing to drive up the costs with the frivolous lawsuits to favor the personal injury lawyers over the patients.

It is striking to me how they can ignore this particular fact and the impact of having more uninsured in this Nation will have on the health of Americans. We need to come together, lay aside politics and make sure we cover the uninsured.

That is the reason why I am glad we provide some access programs in the amendment through association health plans to allow small businesses to come together to be able to reduce the cost of premiums from 10 to 30 percent and allow some medical savings accounts.

Again, I appreciate the work that is been done on this by a number of individuals. I certainly want to thank the President for his passion of making sure we get patient protection. I want to encourage everyone to support the Norwood amendment to the Ganske-Dingell bill.

Mr. STARK. Mr. Chairman, I yield 30 seconds to the distinguished gentleman from Iowa, Mr. GANSKE.

Mr. GANSKE. Mr. Chairman, I thank the gentleman from California (Mr. STARK), and I thank the gentleman from Kentucky (Mr. FLETCHER).

The underlying Ganske-Dingell bill does have access provisions that I think are bipartisan, for instance, 100 percent deductibility for the self-insured and other small business provisions to help increase access. There will be an amendment on the floor for that that will get debate on further access provisions, and I think that debate will be a fruitful debate.

Mr. STARK. Mr. Chairman, I yield 3 minutes to the gentleman from Maryland (Mr. CARDIN).

Mr. CARDIN. Mr. Chairman, first I would like all the Members to join me

in congratulating the gentleman from California (Mr. STARK) for becoming a father with twins born to Deborah. We know that August will be a very busy month for him.

Mr. Chairman, I want to respond very briefly to the points of the gentleman from Kentucky (Mr. FLETCHER). Most of the protections in the Patients' Bill of Rights, many of our States have passed laws that provide that to state-regulated plans. There is no evidence that employers have dropped coverage. The enactment of good medical policy will not reduce the number of people insured in this Nation.

Mr. Chairman, let me point out, many people have said that the Bush-Norwood agreement is a compromise.

It is not a compromise; it is a complete victory for those who oppose a Patients' Bill of Rights. We will take a look at some votes later today, and I think that will be borne out by the people who will be supporting the amendments and those who will be opposing them. This really is a victory for people who want to see us do nothing.

Let me just give one example. Mr. Chairman, I have been working many years with colleagues on the other side of the aisle for access to emergency care protection so that people who go into the emergency room, who have emergency symptoms, find out later that their bills will in fact be paid. We have, in many cases, people going to the emergency room with chest pains, only to find out that they did not have a heart attack, but they have a heart attack later on when their HMOs refuse to pay the bill.

We provide protection in this legislation to deal with that, in the underlying bill. But when we look at the amendment that the gentleman from Georgia (Mr. NORWOOD) will be offering, we give with one hand and take away with the other. We say we give protection, but we offer no enforcement, so the HMOs can continue to deny reimbursement without any fear of any repercussion from their actions. That is not providing patient protection. That is not doing what we should be doing here in this body.

It is even worse than that, Mr. Chairman, because there are certain protections that have been afforded by our States. Forty-one States have passed an external review. That is where people can go to their insurance company, to their HMO, and have a review done by an independent body. Forty-one States have now enacted an external review that is now providing help to those plans that are regulated under State law. So what does the Norwood amendment do? It preempts our 41 States.

My colleagues on the other side of the aisle talk about federalism and protecting the rights of States. The Norwood amendment will preempt the State laws in those areas, and take away protection that the States at least have had the courage to provide

to its citizens that are regulated under State plans.

That is not what we should be doing. A Patients' Bill of Rights protects patients. The Norwood amendment will take it away. Vote down the Norwood amendment.

Mr. BOEHNER. Mr. Chairman, I am pleased to yield 1 minute to the gentleman from California (Mr. HUNTER).

Mr. HUNTER. Mr. Chairman, I thank the gentleman for yielding time to me.

Mr. Chairman, I had a personal experience with my chief of staff who had what was diagnosed as incurable cancer, had a gatekeeper problem, and I became one of the first cosponsors of the gentleman from Georgia (Mr. NORWOOD) when he initiated his initial legislation.

We talked about the Norwood amendment today. We went over the fact that one is going to have accountability, and yet, they are not going to have so much exposure that small businesses will be denied coverage.

The key element in this entire debate has been balance. This approach is well-balanced. It is going to enable small businesses to have coverage. It is going to have accountability. It is going to move us forward. My old friend and I had a good discussion this morning, the gentleman who was most concerned about this who had incurable cancer. He looked at this thing and he says, this is what we need. Support the Norwood amendment.

Mr. STARK. Mr. Chairman, I am happy to yield 2½ minutes to the distinguished gentleman from Wisconsin (Mr. KLECZKA).

Mr. KLECZKA. Mr. Chairman, it is amazing to sit here and listen to the debate, how a person can go in less than 24 hours from an SOB to a PAL, and there is such glowing praise for one of the Members of this body. Wow, where was that praise last year? Where was it 5 years ago when he introduced the Patients' Bill of Rights? What a turnaround.

I know the White House operatives have been looking for somebody to bring forth a poison pill to this bill. The insurance companies, the HMOs, do not like it. The Republicans do not like it; the President does not like it. So what we do in this legislation is sell out the patients.

The operatives in the White House came here and were looking for someone to do the poison pill. They looked at the gentleman from Michigan (Mr. DINGELL) and did not get too far there; they looked at the gentleman from Iowa (Mr. GANSKE) and did not get too far there; then there is a new and sort of popular TV show which I think sums up what happened. My friends, it is called The Weakest Link. They found the weakest link.

So, in a hurried fashion, we are presented with that change, which gives insurance companies privileged status; status that doctors do not have, hospitals do not have, but HMOs, health insurance companies, will have under this bill. I think that is sad.

Now the opponents of the real Patients' Bill of Rights bill say premiums are going to go up 4 percent. Hundreds of thousands of people are going to lose their health insurance. What is that based on? That is based on a real Patients' Bill of Rights passing, the HMOs not changing their bad practice of denying care to sick people, and all of them being sued. That is what it is based on.

However, if a real bill would pass, we know they would change their behavior. No one wants to be sued. But what happens under this bill? They do not have to change their behavior. They can deny us care, ending up in injury, possibly death for the patient, and under the special protections, the preemptions of State laws throughout the country, they are not going to get hit.

I ask my colleagues to reject Norwood, or in other words, good-bye.

Mr. BOEHNER. Mr. Chairman, I yield myself 1 minute.

Mr. Chairman, I say to my colleagues, I am confused. We have been through 6 years of legislative gridlock on this issue. They all know it. It has been not exactly a partisan divide, but almost.

Finally, the President of the United States reaches out on a bipartisan effort over the last 6 months, does not get many takers on the other side of the aisle, but finally over the last couple of weeks he and the gentleman from Georgia (Mr. NORWOOD) come to an agreement to break this legislative logjam and to move this issue down the road.

It is beginning to sound to me like it is "my way or the highway." Members all know compromise is the art of legislating. I think what we have before us is a bill that only is different in one respect, and that is just how much liability, how much right to sue, and how many damages we can impose on people. That is the only difference in this bill.

The American people want access to health care, not access to the courtroom.

Mr. STARK. Mr. Chairman, I am happy to yield 3 minutes to the gentleman from Florida (Mrs. THURMAN), who, unlike previous speakers, has read the bill.

Mrs. THURMAN. Mr. Chairman, I thank the gentleman for yielding time to me.

I would say to my colleague who talks about gridlock, that is wrong. This House, that Senate, passed a bill, Senate to conference, and would not by the majority put on conference committee members who voted for the bill that the House voted for.

□ 1700

So if my colleague wants to talk about gridlock, the gridlock has been because the other side would not allow people to have the will of the House, and they do it over and over and over again.

But let me make a point. When I come to this floor to vote today, my

mind is not going to be on the gentleman from Georgia (Mr. NORWOOD) or the gentleman from Michigan (Mr. DINGELL) or the gentleman from Arkansas (Mr. BERRY) or any of them. My mind is going to be on one person.

This is an editorial that was written by the editor of our newspaper. Roz is your typical over-achieving college kid. She is a hard worker and extremely intelligent. As she graduated from college, she and her whole life are in front of her. But several years ago Roz found a small lump in her breast. Being a smart kid, she contacted her HMO and was referred to a physician. When she went in for an exam she was told the small lump was a torn ligament or muscle and it would just go away. The HMO physician decided that no further expensive tests were needed. But the lump did not go away. In fact, it grew larger.

After a second visit to her HMO-assigned physician, she was told again that the lump in her breast was a muscle; no expensive tests were needed. When Roz went home to her parents for a holiday break, they sent her to a family physician who conducted the expensive test. It was then determined that Roz had breast cancer. The cancer had been with her so long that it had spread to her brain and her spinal cord. She died at the age of 25.

I want a bill, whether the President signs it or not, that takes care of Roz. She will be on my mind when I vote tonight.

Mr. BOEHNER. Mr. Chairman, how much time is remaining?

The CHAIRMAN. The gentleman from Ohio (Mr. BOEHNER) has 10 minutes remaining and the gentleman from California (Mr. STARK) has 7 minutes remaining.

Mr. STARK. Mr. Chairman, I yield 3½ minutes to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Chairman, a patients' bill of rights should be about helping patients: someone who has just received the bad news from her doctor that she faces a life-threatening illness requiring extensive and expensive medications, a parent, who has a child with a serious disability, a family that has been shocked by an accidental injury to a bread winner. With the patient already at a disadvantage, and then further disadvantaged by an abusive insurance company, this Congress has to decide today whether it wants to provide patient protections or insurance loopholes.

The kind of bill that is being advanced by our Republican colleagues is a little like the fine print of some worthless insurance policy that promises much, but in the fine print limits coverage only to those struck by lightning on a summer's midnight during leap year. That is the kind of protection, riddled with countless loopholes for insurers, that Republicans would afford.

In Texas, we stood and chose. We chose the patient and adopted a model

law that the rest of the Nation has looked to for our patients' bill of rights. We adopted that law, it should be noted contrary to the suggestion today, not because of, but in spite of then Governor George W. Bush, who fought it every step of the way, who tried to undermine it, as he has this bill, who vetoed the state legislation once before it became law. He finally let it become law without his signature as he worked hand-in-glove with the insurance companies in Texas in making the very same arguments that are being advanced here today.

Our Texas law has worked well. Our newspaper in the capital city, the Austin American-Statesman, editorialized that this law had "changed the health care climate in Texas." Yet there was a serious problem. The courts interpreted an old Federal law called ERISA, designed originally to protect employees with their pensions, as overriding or preempting our state patient guarantees. This Federal law meant that while some Texans can get state protection, millions get nothing. Federal law wipes out what the State of Texas, over George Bush's objection, adopted to protect our citizens. ERISA preempted that law.

Today, what do we find? We find George W. Bush, now as President, perhaps using the same pen with which he vetoed the guarantees in Texas, and he comes forward and says that preemption for some Texans is not enough. With this Norwood amendment, preemption will apply to all of those State guarantees for all, Texan's and folks in States with such guarantees. These State patients' rights provisions will be wiped out, and replaced with this new federal loophole law. Well, that is not a patients' bill of rights, that is only protection for the insurance industry.

Before I came to this Congress, I served as a judge on the highest court in the State of Texas. I was called a "Justice" and expected to do justice. And yet time after time I saw victims of insurance company abuse come into our court and like other judges, my hands were tied. They were tied by Federal interference in States' rights under ERISA. Our laws, our guarantees, our consumer protections were preempted, and no judge could do justice. Justice was not only blind, but rendered helpless.

In this Congress, we are not helpless. We can reject the same approach that Governor George W. Bush tried to impose on our State and not let it be imposed on this country. We can stand up for patients and reject loopholes for insurance companies.

Mr. BOEHNER. Mr. Chairman, I am pleased to yield 2 minutes to the gentleman from the Great State of Ohio (Mr. PORTMAN), my good friend and colleague.

Mr. PORTMAN. Mr. Chairman, I thank the gentleman for yielding me this time and affording me this opportunity to talk a little about patient

rights, and I rise today in very strong support of giving patients more protection and in support of patients' rights.

I would also like to thank the gentleman from Ohio (Mr. BOEHNER), the gentleman from California (Mr. THOMAS), the gentleman from Louisiana (Mr. TAUZIN), and particularly the gentleman from Kentucky (Mr. FLETCHER), and the gentleman from Georgia (Mr. NORWOOD) for all the good work they have done on this issue, good people coming together in a common cause to reach a result that will help all Americans.

Under the Norwood-Fletcher amendment that we are going to vote on a little later today, this legislation that we are talking about now will be improved, in my view. But this underlying legislation will continue to provide a number of very important patient care improvements. Patients will have better access to specialists. Patients will get guaranteed coverage for appropriate medical care in emergency room settings. Patients will be able to designate a pediatrician as their child's primary care provider. Patients with serious illnesses will be assured of continuous care from their existing physicians. All these patients' rights and many more are going to be included in the legislation, and again I commend the Members of this House who have worked so hard to get to this point.

Perhaps most importantly though, Mr. Chairman, this legislation provides these protections without risking the most important single protection of all, and that is guaranteed health care coverage. I have heard on the floor this afternoon a lot of concerns raised by opponents to the Norwood-Fletcher amendment about what is not going to be included in that amendment. I want to talk about that for a second.

I, too, want to talk about what the Norwood-Fletcher amendment will not do. It will not allow unnecessary and frivolous lawsuits. It will not risk dramatically increasing the cost of health care insurance and thereby risking the number of people who can be insured and have insured access to health care. And it will not take valuable dollars out of the health care system and put them in the legal system. Yet it provides all the protections we talked about and, most important, there is no question that when HMOs and insurance companies wrongfully deny care, they will be held accountable under this approach. I urge all my colleagues to support it.

Mr. BOEHNER. Mr. Chairman, I am pleased to yield 3 minutes to the gen-

tleman from Texas (Mr. SAM JOHNSON), the chairman of the Subcommittee on Employer-Employee Relations.

Mr. SAM JOHNSON of Texas. Mr. Chairman, I thank the chairman for yielding me this time.

We have to work for our employees, those who are uninsured. I rise today in support of a hard-fought agreement that would give patients access to an emergency room, assure patients access to independent external review, and hold health maintenance organizations accountable for their actions. However, unlike Ganske-Dingell, the Norwood-Bush compromise does all these things in a responsible way.

The Ganske-Dingell bill subjects employers to as many as 50 different external review standards and treats some patients better than others, depending on where they live. The Norwood compromise guarantees that employers and employees are treated equally no matter where they live.

Unlike Ganske-Dingell, which would subject employers to frivolous lawsuits, this bill would protect employers from Federal lawsuits in all but the most extreme cases. Ganske-Dingell would also subject employers to lawsuits in 50 different States. This bill does not allow suits against employers to be filed in State court. Unlike the base bill, our bill assumes that employers or their agents are using ordinary care if the medical reviewer upholds their decision.

It is time to put patients first. It is time to pass a patients' bill of rights that increases the number of Americans with health insurance. By the end of this debate, I hope to have an amendment included that would increase access to affordable health insurance to the 43 million Americans who currently do not have health insurance through the use of medical savings accounts or association health plans.

Mr. Chairman, we must support the Norwood amendment. It is good for America.

Mr. BOEHNER. Mr. Chairman, I yield 2 minutes to the gentleman from Arizona (Mr. SHADEGG), who has spent many, many hours on this issue.

Mr. SHADEGG. Mr. Chairman, I thank the gentleman for yielding me this time, and it has been a pleasure to work with him on this legislation. He has been tireless in his efforts to pass good legislation.

These comments about a partisan divide and a deadlock are absolutely accurate. We have struggled to get legis-

lation passed here. And, sadly, the extremes at each end have precluded us from doing so. The extremes who want the plans to have no liability under any circumstance, and the other extreme, which are the tort lawyers, who want to be able to sue over anything, any time, anywhere and get everything.

The Norwood amendment pursues a goal that is absolutely fair, and it is the goal we ought to pursue. Patients get the right care at the earliest possible time. One of my colleagues on the other side said what is wrong with the current system is that HMO bureaucrats make health care decisions, and he is right. But the Norwood amendment, unlike the Ganske-Dingell bill, moves that decision-making authority over the quality of health care in America, what is the standard, what care should people really get, away from those HMO bureaucrats. It takes it away from the HMO bureaucrats and it gives it to a panel of at least three medical doctors who are practicing physicians with expertise in the field.

That is where the decision should be. We should get it away from HMO bureaucrats, and we should give it to doctors so doctors can set the standard of care in America. But here is what is wrong with the underlying bill. They want to take it away from HMO bureaucrats, but they do not want to give it to doctors. What they want to do, and what their bill does, is give the ability to set the standard of care not to a panel of independent doctors but rather to trial lawyers.

Under their bill an individual has to go through external review, but it means absolutely nothing. It is a chimera. It is of no value. Because whether someone wins or loses, they can go right ahead and sue, which means it will get us nowhere. It becomes a battle of experts. It does not advance health care in America. It does not empower doctors to set the standard. It empowers plaintiffs' lawyers. And that is a tragedy.

I urge my colleagues to defeat the underlying bill and support the Norwood amendment.

Mr. STARK. Mr. Chairman, I yield 45 seconds to the gentleman from Massachusetts (Mr. DELAHUNT).

Mr. DELAHUNT. Mr. Chairman, it is interesting to hear that it is lawyers that are responsible for the rising cost of health care premiums, but it is not lawyers who are responsible for awarding damages. It is jurors.

NOTICE

*Incomplete record of House proceedings.
Today's House proceedings will be continued in the next issue of the Record.*