

wonderful example of how kids can play a part in their own and others' safety. And we also saw law enforcement officials that handled the case well.

Through cooperation, like what we saw in this case, cooperation of the media, the public, witnesses, and the family, we will bring more children home.

MONTANANS GATHER TO SUPPORT OUR TROOPS

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

Mr. REHBERG. Mr. Speaker, I have been disturbed by the headlines depicting extremists protesting the disarmament of Saddam Hussein even before it begins. I sadly read about a group of anarchists trashing a 9-11 memorial in California, tearing up dozens of American flags. In doing so, these people send a caustic message to our young men and women in uniform who, instead, need our support.

I am proud of our troops. In my home State of Montana, our citizens admire these brave young people. Two weeks ago in Missoula, a large gathering of community leaders, families, and senior citizens gathered to show their support for the people in uniform who have volunteered to put their lives on the line for this country. Several days ago, a similar gathering in Kalispell turned out to show support for those who serve our country. Last weekend, more than 200 Montanans gathered in Billings, shouting "USA" and "God Bless America."

In each of these cases, Montanans gathered not to criticize our role in the Middle East, but to say, We love our country and we support our President. They gathered to tell our young men and women in uniform, We love you, we are proud of you, go with God, and may His grace surround you should you enter harm's way.

MEDICAL LIABILITY LIMITATION ACT

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

Ms. SOLIS. Mr. Speaker, today I rise in strong opposition to the so-called medical malpractice bill that we are going to be voting on today.

I have heard from the minority physicians in my area, and they are quite alarmed. They are quite alarmed because their insurance premiums keep skyrocketing. And I am talking about the State of California, where we had some reforms back in 1974 through a law called MICRA, which was supposed to bring down the cost of malpractice lawsuits. What happened there was not much.

We had also Proposition 103 that was passed to bring down insurance pre-

miums. Guess what, folks? In California it helped slightly, but not enough.

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In fact, in California, the rates are still 8 percent higher than other parts of the country. I want to call the Members' attention to the fact that the caps that we are going to be looking at in this proposal discriminate against children, seniors, and the unemployed.

I want to call attention to the case of Jessica Santillan, a Latina teenager, who died last month after doctors at Duke University Hospital confused her blood type during an organ transplant. Under this proposed bill, Jessica's family would only be allowed to recover \$250,000 in damages. That is wrong. This is no small amount that can compensate for the suffering of the family. I urge Members to allow Congress to vote on the Conyers-Dingell alternative.

PROVIDING FOR CONSIDERATION OF H.R. 5, HELP EFFICIENT, ACCESSIBLE, LOW-COST, TIMELY HEALTHCARE (HEALTH) ACT OF 2003

Mr. REYNOLDS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 139 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 139

Resolved, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the bill (H.R. 5) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system. The bill shall be considered as read for amendment. In lieu of the amendments recommended by the Committees on the Judiciary and on Energy and Commerce now printed in the bill, the amendment in the nature of a substitute printed in the report of the Committee on Rules accompanying this resolution shall be considered as adopted. The previous question shall be considered as ordered on the bill, as amended, to final passage without intervening motion except: (1) two hours of debate on the bill, as amended, with 80 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on the Judiciary and 40 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit with or without instructions.

SEC. 2. House Resolution 126 is laid on the table.

The SPEAKER pro tempore (Mr. THORNBERRY). The gentleman from New York (Mr. REYNOLDS) is recognized for 1 hour.

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

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

Mr. REYNOLDS. Mr. Speaker, House Resolution 139 is a closed rule providing 2 hours of debate for consideration of H.R. 5, Help Efficient, Accessible, Low-cost, Timely Healthcare Act, more commonly known as the HEALTH Act. The rule waives all points of order against consideration of the bill and provides one motion to recommit with or without instructions.

Mr. Speaker, my home State of New York has been designated by the American Medical Association as one of the 18 crisis States because of the staggering number of physicians that are unable to obtain or afford liability insurance. It is not just physicians that are feeling the crunch; hospitals and other providers have also reached their breaking point.

Take, for example, family-run skilled nursing facilities in my district that have not once had a claim brought against them, yet they have seen their liability insurance rates climb over 200 percent during the past 2 years alone. That is 200 percent in the last 2 years alone.

According to a study conducted by the American Hospital Association and the American Society of Risk Management, one-third of the hospitals experienced an increase of 100 percent or more in liability insurance premiums in 2002. Meanwhile, patients are the ones losing choices, access, and care.

Mr. Speaker, last September I stood on this floor to speak in favor of the HEALTH Act. Since that time, my home community of Erie County, New York, has lost 40 actively practicing physicians. Only 3 months into the current year, they are anticipating a loss of another 20 physicians. If we do not solve the problems facing physicians in this community and so many others across America, who will provide the health care services so vital to all of our constituents?

The fact is that physicians are limiting their patients, moving to States with lower insurance rates, or closing their practices altogether. The fact is that astronomical costs and unpredictability in the legal system are causing this alarming trend.

The effect? Doctors practice defensive medicine to avoid litigation and think twice about openly discussing and reporting possible errors. A study released by the Department of Health and Human Services last week emphasizes that bolstering predictability in the legal system will dramatically reduce the incentives for unnecessary lawsuits. Those who need care will get it faster and more reliably, and those who may need proper redress will get it faster and more reliably.

The HEALTH Act will provide that predictability, while at the same time halting the exodus of providers from the health care industry, stabilizing premiums, limiting astonishing attorney fees, and above all, improving patient care.