That is not all that was dedicated to him. The people of that area are indebted to him for the fact that he believed very much in green spaces. He believed very much in land investment.

I think there is some land that he may well be giving to that particular area, because he did agree with Shakespeare, to nature none more bound, and he did all he could to preserve nature. He had many, many yarns. It was interesting that the gentleman from Maryland (Mr. CARDIN), my good colleague, mentioned the fact that he died on the 3rd of July.

I was at that parade that he was at, because it was in my district in Montgomery County, Maryland, and it was in Germantown, Maryland where he was in the parade and he rode in the car with Senator SARBANES, which was behind our car. And he had his little gold coins, the phony gold coins which everybody collected because they represented the fact that friendship is golden, and that is exactly what he demonstrated.

So we will miss this 85-year-old man who gave so much of his life to public service and who loved people and who loved life and who made Maryland all the better and, for all of us in public service, was a role model, an inspiration for all of us. And truly, he believed that attitude is altitude and, indeed, if that is the case, as I believe it is, too, he is way up there in terms of altitude.

And so our very best wishes and condolences to his family. I am proud to be here in tribute with my colleagues to Louie Goldstein.

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey (Mr. PALLONE) is recognized for half the time until midnight as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, tonight, once again, I would like to take up the issue of managed care reform and particularly to draw a contrast which I think is very important between the Democratic bill, the Patient's Bill of Rights introduced by the gentleman from Michigan (Mr. DINGELL) and the proposal that has been put forward by the Republican task force both here in the House and another one in the Senate.

The Republican health care task force here in the House is supposed to release the language for their so-called managed care reform bill tonight or possibly tomorrow. We know from what the task force has already released publicly that this bill is essentially a response to polling that the Republicans have asked for and requested that shows that they will lose the majority in November if they do not address the issue of managed care reform.

But their proposal is essentially a cosmetic fix, a farce, that lacks some of the most important patient protections that are included in the Democratic Patient's Bill of Rights.

I also would mention that in the Senate, the Senate Republicans have responded to this overwhelming outcry by the American people for managed care reform, but they have responded with, again, with a rhetoric-laced, partisan proposal that places the interests of insurers far above the needs of patients.

I think that the American people simply do not want a bill that does not measure up on the issue of managed care reform. They want an approach that is endorsed by not only most Americans but by the health care professionals, the doctors, the nurses, the Democratic proposal, the Patient's Bill of Rights that takes health care decisions away from insurance company bureaucrats and gives them back to doctors and patients where they belong.

Let me just mention some of the faults in the Republican proposal and then give you some idea, if I can, of what is in the Democratic Patient's Bill of Rights.

The Republican plan that has been announced, and we have not seen the language yet, but it lacks an enforcement mechanism. It denies patients the right to sue an HMO when they are denied needed care and actually expands the ERISA liability that does not allow those who are now in self-insured plans to sue the HMO.

It expands this liability exemption to health insurance pools, private health insurance, that will now have the same basic liability exemption that now exists for self-insured organizations under ERISA.

In addition, the Republican plan does not provide access to specialists. It allows insurance companies, not doctors and patients, to make medical decisions. And the Republican proposals contain several poison pills. In other words, these are added provisions unrelated to managed care reform but which are included because the Republican leadership knows that if they are included, a managed care reform bill will never pass and never get to the President's desk.

These poison pills include medical malpractice damage caps and also an expansion of the medical savings accounts, two issues that are very controversial and could very easily lead to a situation where we do not get a bill, a managed care reform bill passed this session of Congress.

Let me just mention some of the valuable patients protections that are in our Democratic Patient's Bill of Rights. This will apply to the majority of Americans, everyone who has health insurance, who has any kind of health insurance.

The patient protections include the return of medical decisionmaking to patients and health care professionals, not insurance company bureaucrats. That would be, for example, the length of stay in the hospital or whether or not you would have access to certain procedures. Those decisions would be made by the patient and the doctor, not by the insurance company.

The Democratic bill also includes access to specialists including access to pediatric specialists for children, includes coverage for emergency room care so that you can go to any emergency room when the need arises. It also eliminates the gag rule by saying that doctors and nurses can talk freely about every medical option. And it also includes an appeals process and real legal accountability for insurance company decisions.

In other words, the Democrats would allow you to sue the HMO. They would allow a procedure where you could appeal your decision to an unbiased arbiter. It also, the Democratic proposal puts an end to financial incentives for doctors and nurses to limit the care that they provide. Today the CBO, the Congressional Budget Office, put out a study which I thought was very interesting, because many of my colleagues, I should say the Republican leadership and my colleagues on the Republican side that oppose the Democratic Patient's Bill of Rights, have talked about the cost and suggested that somehow patient protections are going to be very costly.

The Congressional Budget Office released a report today or an analysis that says that the Democratic bill, the Patient's Bill of Rights, would have only a minimal effect on premiums with most individuals paying only $2 per month. In actuality, the cost would be even less than $2 per month for the many fortunate Americans enrolled in a responsible health plan that has already provided most of the patient protections. Again, cost is not a factor here. Even if it is as much as $2 a month, most Americans would not find that objectionable in order to have the valuable patient protections that increasingly they are demanding.

I just wanted to mention, and then I would like to yield to my colleague from Texas who has joined me many times on this issue on the floor and talked about our own States where we have already enacted some of the Patient's Bill of Rights, yesterday we had a very important hearing of our House democratic task force on health care reform. And I would stress that the reason that we have to have Democratic hearings is because the Republican leadership that controls the process in the House has refused to have hearings on managed care reform, refused to have a bill brought up and marked up or considered in committee and refused so far to bring any bill to the floor. So the only way that we can hear the horror stories and the abuses from the American people and from some of our constituents is if we have our own hearings and hear from some of the people that have had problems.

I will not mention too many of the witnesses that we had yesterday, but there were a couple that I think that were particularly important, I thought.

I will just mention two of the witnesses who were physicians. One was a doctor, Tom Self, who is a pediatric gastroenterologist from San Diego, California. He won a lawsuit against a managed care group that fired him for refusing to curtail patient visits, for limiting diagnostic tests.

They fired him because he refused to do these things, refused to curtail patient visits, refused to limit diagnostic tests, and required him to abide by a gag rule whereby he would not disclose recommended treatments to his patients.

□ 1100

But despite more than 28 years of experience and excellent credentials, the medical group attacked Dr. Self's reputation by fabricating charges of poor medical practice. Employees for the medical group told Dr. Self's patients he had left town and was no longer practicing, when in fact he had set up his own practice across the street. This is after they had fired him. Well, he won his lawsuit and he is now practicing again. But that is an example of the kinds of things HMOs do for practicing physicians.

One other physician, Dr. Boyle, a trained emergency room physician from San Antonio, Texas, the home state of my colleague. He currently serves as the attending staff physician for Texas Trauma Rehabilitation Associates. He was treating a 49-year-old auto mechanic with a strong history of hypertension who had been rushed to the emergency room.

After lengthy unsuccessful arguing with the HMO's utilization review physician, Dr. Boyle informed his patient that his HMO would not authorize his admission into the hospital. And despite his extreme condition, the patient left after hearing his care would not be covered. He then suffered a stroke on his way home that resulted in permanent paralysis and medical costs totaling more than $75,000 that the HMO had to later pay. But the patient can no longer work and survive on Social Security payments.

Mr. Speaker, we can give endless stories and we already have about people that had been negatively impacted and abuses that many HMOs have actually committed on individuals as well. But I have to say that my concern tonight is that the Republicans will bring their sham managed care reform proposals to the floor next week.

In fact, even though we do not have the language to the House bill, the Republican House bill, they have already noticed the bill to come to the floor at the end ever next week. And by noticing it and not allowing hearings, not allowing committee markups, not allowing really the American public to speak out on this legislation, what they are trying to do is simply railroad and bring up this cosmetic sham proposals for so-called managed care reform to the House and have this vote on it and be done with it.

And what we have to do as Democrats, and we have some Republicans also who have joined us, is we have to demand that the Democratic proposal, which is really a bipartisan proposal now, the Patients' Bill of Rights, be considered on the floor of the House of Representatives next week at the same time as the Republican alternative.

We have asked and we have I think well over maybe close to 200 Members now who have agreed to sign a discharge petition next week that would allow the Patients' Bill of Rights to come to the floor when the Republican proposal alternative also comes to the floor. And I would simply urge my colleagues over the next few days and once this discharge petition is available this coming Monday to sign the discharge petition. Because we must allow a real managed care reform bill, the Patients' Bill of Rights, to be considered by the House of Representatives. The American people deserve no less.

Let me yield now to my colleague the gentlewoman from Texas (Ms. JACKSON-LEE) who has done such a wonderful job in bringing this issue to the attention of the American people.

Ms. JACKSON-LEE. Mr. Speaker, I thank the gentleman from New Jersey (Mr. PALLONE) for yielding.

And, likewise, I think that it is very important to explain to the American people that the health task force, which I have worked with him on, to be one of the key elements to being able to draw these real issues and concerns about patients' rights and a Patients' Bill of Rights. We would have wanted to have had a process that went through the normal committee channels where hearings were open and that issues were addressed seriously.

I think it is important the tone that we raise this issue so that it becomes what the American people want to hear and that is a nonpartisan debate but one that is full of passion. And I believe rightly the willingness to fight. Because we will have a fight on our hands, not for political purposes but because so many of us have gone into our districts and have heard some of the crises that our constituents are facing.

One of the important points I think that was made this morning and this afternoon and I was delighted to join my colleague and join the gentleman from Michigan (Mr. DINGELL) and to join the gentleman from Iowa (Mr. GANSKE) and Steve Forbes, the president, so many representatives from the health profession.

One of the points that was made was that this is not an attempt to indict all HMOs, that in fact when we began to assess this problem in 1993, I had not come to Congress then, we knew that we had a system that was broken, that needed repair on many fronts.

One of the reasons even earlier than that that the HMOs rose to prominence, of course, was everyone collectively said, let us try to bring health care costs into reality. We all joined on that issue. At least all of us, including consumers, said that we thought we needed to work on the question of health care costs hospitals physicians.

But what happened was that all of a sudden the route that was being taken got misdirected. It either got accelerated on a high-speed chase, with HMOs way out front, and the consumers chasing after some good health care. The HMOs started to dominate. And the question was not making sure that we were responsibly economically or containing the cost. It began to be, we are going to make a huge, huge profit. We have no other concerns but a huge, huge profit. So the consumer got left behind.

And I hope that, as we have this discussion, albeit soon but not in the context where we want it, I hope some HMOs will stand up and be counted and be recognized that as a parent tells a child, you brought this on yourself. Because the American public was not anti-HMOs to the extent that just because they were. They were for it. They were supporting it.

But just like a good friend of mine who was a prominent member of my community rushed to an emergency room with a massive heart attack of which that person did not realize they were having, because there are times, as I understand, you can walk of your own abilities, what happened at the emergency room? They were checked at the door while they were checking for their HMO and their insurance.

I need not say the great tragedy that occurred to that dear soul. When rather than taking care of his immediate emergency need, the question was, where is your card? And primarily because hospitals themselves find that they are under enormous pressure not to keep people in, not to take people in because of the fact of cost.

So we have a situation that the American public has told us we need to fix this. And now we come to a point when we could have done this in a bipartisan manner we could have answered the American public's concern. But what do we have to do now? Rather than move in that direction, we have got to put the American people on notice buyer beware of the Republican plan.

Read between the lines and read the fine print. For with, I understand, some grouping of HMOs that have now risen to the occasion of supporting the Republican bill, all with scenes from the same page and verse, singing beautiful music, would it not be great if they were singing the music that the American people could likewise join in?

But, unfortunately, we have to sound the chord of not only confusion but opposition. And the reason being is the Republican plan does not answer the question. And what was most noteworthy of the idea of what we are planning and proposing. And someone offered to my friend from New Jersey

(Mr. PALLONE) offered a question and said, ''well, you were presenting,'' when I say ''you,'' the Democrats and the President of the United States presented their proposal today, ''well, the Republicans will be in front of a hospital tomorrow.''

Well, let me tell my colleagues who was joining Democrats today. Nurses and medical professionals and physicians, the American Medical Association were the ones that we were standing with. So standing in front of hospitals is not the answer the American people want.

In fact, unfortunately, as I said earlier, many of those doors are closed. What the American people would like is a reemphasis of the physician-patient relationship, and that is what the Democratic bill ensures. They want to reemphasize of the right of women to select as their primary caretaker their OB/GYN. They want the right for physicians to tell the truth about their medical condition and to provide them with the opportunity to seek care from specialists.

The Republican bill does not do any of that. And frankly, no, most of us do not want to be in the courthouse. And when it comes to a loved one, I can assure my colleagues that anyone would more apt to or let me just say they would choose the life and love of that loved one than to be in a courthouse for some faulting, some finding of fault and that loved one not be with them.

For anyone to even dare suggest that our bill's anchor is something about lawsuits, it is something about enforceability and accountability. Because when the tragedy of that individual that my colleague mentioned that we all heard present their presentation from one illness to a stroke because they were denied, when the woman who was flying in or had to fly in from Hawaii that the gentleman from Iowa (Mr. GANSKE) so eloquently and passionately discusses when she could have been cared for in Hawaii but was required by her HMO to fly all the way to Chicago and then because of that tragedy lost her life. Or when, as the doctor explained to us about the cleft palate and all of us viewed that tragedy of that kind of birth that so many American children and of course children across the world are born with. And do my colleagues believe that an HMO would then tell that poor baby, who deserves the right to have a full and happy life, that that subsequent surgery on that cleft palate is cosmetic?

□ 1110

The terminations being made by individuals who, as someone described, and would green eye shades. Again, this is not an overall attack or get-you on HMOs.

I would simply say to them: Come go with us, come stand on the side of physicians and nurses, health care providers, health technicians, visiting nurses, home health care providers.

You full well know that we had a problem and we re-did the Medicare provisions that venipuncture, of going home, on home care was being eliminated. All of that comes from the managed care problems, that they thought it was not necessary to provide that kind of home-care testing. It was the over burden, if you will, on some of the in putting into Medicare that you are not able to have all of this managed care, these HMO over hang. It is clouding what we should be about in this country, and that is good health care.

And I have asked the gentleman this question because I think it is extremely important to emphasize. The Republicans say that they have a health care bill. I really do not understand how you can have a health care bill with all of the huge cry that we have heard from across America, and the figures suggest that the Republican plan that they will unveil tomorrow and that they have alluded to will only cover 50 million people when right now we are looking at 140 million plus that our bill takes care of. And so there is already a 90 million plus gap.

And I ask the gentleman because I think it is important to bring the facts to the table.

Mr. PALLONE. Well, the gentlewoman has brought up and highlighted, I think, the biggest gimmick of all with regard to this Republican bill.

Essentially my understanding is that at least on the Senate side, if not on the House side, that the Republican bill only applies to ERISA plans, and of course ERISA plans are those that are preempted by the Federal Government because they are self-insured essentially, and these are the very ones that we discussed earlier where there is no enforcement because the patient cannot sue the HMO if they have denied care.

So what you have here is hollow patient protections. Not only does the Republican bill limit the patient protections and not include some of the most important ones that the Democrats have talked about, like access to specialty care, for example, but, in addition, by limiting the patient protections to ERISA plans they guaranteed that the patient protections would never be enforced, because if you are in ERISA, you will have the patient protections, albeit limited, but you will not be able to sue so there will be no guarantee of the patient protections. If you are outside of ERISA, you can theoretically sue, but you do not have the patient protections.

So they have essentially guaranteed that the whole thing is a fraud by narrowing it, the patient protections, to ERISA where this is no effective enforcer mechanism.

The other things that you brought up and spoke so well about:

You mentioned the emergency room situation. Again there the democratic proposal uses what we call in legal terms a prudent lay person standard. In other words, the HMO cannot say that you can only use an emergency room at a particular hospital or that you have to have prior authorization to use the emergency room, which of course that, as you point out, is absurd. How can it be an emergency? I think most people would not believe that that is the case, and they are probably shocked if they go to an emergency room to think they need prior authorization.

Our bill says that you can have access to emergency care, any emergency room, without authorization if a reasonable person would assume that it is an emergency. Even if it is not, if you can assume that based on your injury or whatever.

The other thing that you mentioned with regard to the cost and how so many HMOs are simply prioritized cost savings without any reference to quality of health care, that was brought out so vividly in one of the other witnesses that I did not mention tonight but who testified yesterday before our Health Care Task Force hearing, and this was one of two individuals who had to disguise their voice. We just saw them over the TV monitor with their words sort of disrupted, if you will, so they could not be recognized because the HMO would retaliate against them if they knew that they were testifying.

And this one woman, if I could just mention her, was announced as Case Manager X, and she is a mental health therapist for the mid-Atlantic region, my region, with more than 10 years experience. In her role as a case manager she was forced to deny approval for mental therapy even though she knew it was medically necessary.

Basically the document, the contract, for the HMO said that you would have 10 to 26 visits for a patient who needed some kind of mental health therapy, but they told her, the higher-ups in the insurance company, that she should not authorize any more than 3 to 5 visits. Sometimes they said 3, sometimes they said 5. And I asked her the question. I said:

Well, you know, theoretically, because maybe I am being naive, but theoretically, you know, they must have some sort of theory as to why they are giving you only 3 to 5 visits, even though the contract requires 10 to 26. I mean how do they justify that?

And she said:

Oh, they came up with a model for mental health treatment known as ultrabrief therapy and told the case managers they should resign if they did not agree with this treatment policy.

So because they wanted to save money, they came up with a new mental health therapy theory called ultrabrief therapy, and the theory was that that is all you needed was the 3 or 5 days because, if we did it this way, you would still have the same amount of therapy or the same impact on your mental health.

Of course there is no clinical evidence to support the theory of ultrabrief therapy. It was just made up.

And she said that the reason why the HMO was really totally getting out of hand was because for the last 6 months they knew that there was a possibility of being bought out by a larger HMO, and so they wanted to prove that, you know, they were really cost-conscience and they were really cutting costs so that the larger HMO would buy them out.

So you talk about cost cutting, that was the only thing that was motivating this agent.

Ms. JACKSON-LEE of Texas. If the gentleman would yield, these are the kinds of ludicrous, everyday examples that everyday people experience, and I think that is the distinction between the Republican bill which plays, if you will, at patients bill of rights and plays more with the HMOs and insuring their rights than what the Democrats have offered, and let me say this, what in a bipartisan way we have offered I am very proud of and very pleased with the bipartisan support that this legislation has garnered and, I expect, will garner even more because one key element that the President made very clear today: this is an American issue. And for your example you add to that insult, if you will, the whole idea that mental health has suffered in terms of parity issues anyhow, and for those who suffer from mental illness, mental dysfunctions, you tell those families that they can get the necessary care and that concept of abbreviated care of 3 days or free treatment time frame, and you have them tell you the truth.

□ 2320

Just have them look at you in outrage or complete amazement. But the fact that it is utilized shows in greater evidence than we could ever manage to show that clearly it is a question of cost.

I have another example of a gentleman I have mentioned, a veteran who I had the pleasure of providing him assistance and helping to secure, along with our United States military, one of his lost medals.

He was a participant, a fighter in World War II. He marched the Japanese death walk, the episode of a march when they had captured the Americans and they were held in Japanese prison camps. So he was recently awarded one of his medals.

He was involved, in a plan, in a health system. He is an elderly gentleman. Because of some paperwork snafu, when he left his house on a hot, hot, hot Texas day to go and pick his prescription up at the place where he needed to pick it up, he did not get a positive response such as, ''Let's go find your medication.'' It was, ''You don't have the right paperwork.''

''Well, I sent the paperwork in.''

''Well, you don't have the right paperwork.''

Everyone operates in such fear. I would think that a very logical response would have been, he is 77, he has been documented for the eight years preceding in this particular plan with his paperwork, ''because care is more important to us than cost right now, we will work on the cost element. We will allow him to get his prescription that he needs to survive.''

Well, that constituent of mine was sent home, and not in a very friendly manner. He went home to suffer alone, and by some means that it came to our office's attention. But it was the intervention of an office that has nothing to do with HMOs or health care, but working on it from a constituent perspective, where this gentleman was restored his prescriptive rights, if you will, or the right to get the prescription, and it was acknowledged that a mistake had been made.

This is an isolated incident that is reflective of incidents happening all over the country, where, many circumstances like this, there is no intervention, none, no intervention, and you have cited some of those where they have resulted in someone's death.

Mr. PALLONE. I just wanted to mention again, because the gentlewoman brings up these cases, and you stated it, these are not isolated incidents. When we had the hearing yesterday, again, we asked each of the health care professionals who testified, whether they were the case managers or the physicians, the kinds of stories you tell us, how often do they happen?

Generally they would say at least once a week. Once a week each of these individuals, whether they were a doctor or a caseworker who was detailing, working for the HMO, had to face a situation where they felt there was clear abuse and the patient was going to suffer.

So we are not talking about a few horror stories, we are talking about things that occur on a regular basis throughout the country, and that is the reason I think why so many people now all over the country are demanding the kind of reform that the Democrats are putting forward.

I agree with the gentlewoman, it is bipartisan. I do not mean to suggest that we do not have Republicans with us. We have the gentleman from Iowa (Mr. GANSKE), and we have quite few people with us on the other side. But it is the Republican leadership that refuses to bring a good bill it to the floor, actually refused to bring any bill to the floor.

Now we hear they are willing to bring up their sham bill and have that voted on as possibly as early as next week. But it is their control of this house and their unwillingness, if you will, to bring up the Democratic proposal, the Patient Bill of Rights, that I think we have to continue to speak out against, because I believe, I am optimistic, and I know the gentlewoman is, if we keep demanding that the Patient Bill of Rights come to the floor, and if we get enough people to sign the discharge petition, we will have the opportunity to vote on that bill.

I just want to say one last thing, because I think we are almost out of time. The gentlewoman mentioned the enforcement again. Again, I do not want people to think the distinction between these two approaches, Democrat versus Republican, is based on litigation and the ability to sue, because it is not.

There are many differences, important differences. But the ability to sue is an important part of the ability to enforce your rights, and if you have patient protections, but you do not have ultimately the right to bring suit for damages, then you know that the HMOs are not going to be held accountable. They will say that is fine that these rights exist, but what do we care if you cannot enforce them ultimately in a court of law?

So, again, we are not trying to be litigious or whatever, but we have to demand that ultimately there is some way for the people to enforce these patients' protections. Otherwise they are false, they do not exist, and are not real.

Ms. JACKSON-LEE of Texas. Mr. Speaker, the gentleman has aptly brought us to a close this evening, and I appreciate very much the long, arduous journey I think that we have traveled on to bring this issue to a head.

The devastation of what we see in the landscape of health care is so overwhelming that something has to be done. As we were deliberating over this legislation, I really felt we were moving to a point where we would have the entire House embracing this one issue as a bipartisan issue, because the stories are not respecting whether you are a Democrat or a Republican.

So I would simply say the gentleman is so right, we should emphasize this idea of enforcement. But it is not the anchor of this bill. The anchor of this bill is patient protection.

The last point that I think is extremely important, as our Chairman of the American Medical Association said, Dr. Smoke, doctors were rising up around the Nation, in State capitals all over the Nation, arguing for the Patient Bill of Rights on the patient-doctor relationship. I think that should be a signal as to which direction this house should go in voting for a real bill that protects those who cannot speak for themselves.

Mr. PALLONE. Mr. Speaker, I thank the gentlewoman for her participation in this special order.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mrs. CLAYTON (at the request of Mr. GEPHARDT) for today after 4 p.m. on account of personal reasons.

Mr. FORD (at the request of Mr. GEPHARDT) for today, after 5:30 p.m., and the balance of the week on account of personal business.

Mr. ORTIZ (at the request of Mr. GEPHARDT) for Thursday, July 16, after 5 p.m., and for the balance of the week on account of official business.