Newsday, February of 1996. A New York man slipped as he was getting out of a taxi, falling and cracking his skull. The taxi driver called 911, and the victim was rushed to an emergency room where he was given stitches, had a fracture set, and received treatment for a possible concussion. The episode was not a preauthorized emergency, so the patient's HMO refused to pay the bill. Incredible.

□ 2130

This is another one from Long Island News Day, actually the same day. A 5-year-old boy, who fell from a balcony and hit his head on the concrete, was brought to an emergency room on a backboard. As hospital workers rushed to give him a spinal x-ray and CAT scan, the HMO requested he be put in a taxi and driven to its own medical center. In that case the emergency doctors ignored the request. Thank God they ignored the request.

So the cases go on and on. But, again, sometimes I think that when I read these patient protections they sound so simplistic that people say, well, of course, we have that right. But we do not, and that is why I think it is important to raise these examples. Because people are dying. People are being seriously injured. And it is not a common sense approach that the HMOs or the managed care organizations in many cases are making. They are not looking at things rationally from a common sense point of view.

Mr. GREEN. Let me give the gentleman another example. One of the concerns I have as to why we need to put these into law is oftentimes, as a Member of Congress, we have constituents call us and explain to us situations, and we treat them like constituent work and the staff calls the hospital or the HMO, and oftentimes we can get that decision changed. But we represent 600,000 people, and not everyone is going to call their Member of Congress to get it corrected. That is why these reforms needs to be in place for everyone.

I have an example of an elderly gentleman who was in a hospital in Pasadena, Texas, part of my district, and the doctor came around that the family did not know, and the patient was terminally ill with cancer. And the doctor said, you will have to be checked out and you cannot come back to this hospital. So the family checked with the other medical staff there and they called this person the HMO doctor.

And so the family called our office and I talked with them and I said, well, we will check and see. And this was within 2 days, and he was not out of the hospital yet. And in working through the bureaucracy, that HMO said, sure, that is not a problem; that they wanted him to go to a different facility but they actually worked out an agreement to where the facilities were the same cost. And that ''HMO doctor'' came in and apologized 3 days later.

This gentleman has since passed away. But to put a family through that, who already has a terminally ill father, or husband, and to say, no, you have to be checked out of here and go somewhere else, it is just inhuman. And not everyone will think to call their Member of Congress, and that is why these reforms are so important, so we can put a human face on managed care and make some rational decisions instead of what we are seeing out there in the marketplace now.

So that is why I would hope that this session of Congress that we would not only be able to vote this bill out of the House but also the Senate and be able to have it signed by the President so we can put these reforms into place for the benefit of the people we represent and people all across the country. This is one of the most important bills that we can consider this year.

And I want it to be a strong piece of legislation, too. I worry that because of the 80 percent support that the polls are showing for this, we might just see lip service paid to it and pass one or two. Let us make sure we do the job thoroughly and not just a partial job.

So I would hope that my colleagues on the Republican side would cosign some of the bills and ultimately make the decision, if we have to, to sign that discharge petition to bring that bill here to the floor. I do not like to do that, because I believe in the committee process. But we have seen time after time during this session of Congress bills coming immediately to the floor without the committee hearings anyway, brought by the leadership. So let us do something right for the American people and pass this legislation. It is a strong piece of legislation.

Mr. PALLONE. I appreciate my colleague's comments, and I would just like to say one more thing, too, before we close today, and that is that I believe, as the gentleman stated, that the support for these patient protections, this managed care reform, is overwhelming with the American people. And it does not matter whether you are a Democrat, a Republican, an independent, or whether you are from Texas or New Jersey or what part of the country. I know from talking to our colleagues that everyone is hearing from their constituents that we need to pass this patient bill of rights, or something like this bill we have been talking about this evening.

My fear is what we may see from the Republican leadership, which so far has been stalwart in its opposition to this and its refusal to bring this up, primarily because of the insurance companies and because of the special interest money that comes from the insurance companies that is backing the Republican leadership, what I am fearful of is that as the Republican leadership keeps hearing how much support there is for this legislation, that they will try to come up with what I call a cosmetic fix; that they will try to come up with a very watered down version of our patient's bill of rights that really does not address most of the concerns that we have raised this evening. I think we have to be very careful of that.

As the gentleman knows, the Republican leadership set up a task force, a Republican task force, to look into this issue. And some of our Republican colleagues who support our patient bill of rights, and have even cosponsored our patient bill of rights, are on that task force. And they were about ready, before the Memorial Day recess, to come forward with a proposal that included many of the patient protections we talked about tonight and that are in the Democratic bill. And what the Speaker did was basically pull the rug and say, no, no, go back to the drawing board and look at this some more.

So, now, the second or third week has passed since that time, and still this Republican task force has not come forward with a bill. And what we are hearing is that the Speaker and the Republican leadership are putting pressure on them either to not put forward a bill or to put something forward that is basically a very watered down version of what we are talking about, a sort of cosmetic fix that does not really accomplish the goals that we set out to accomplish.

So I think the worst thing that could happen, in many ways, is with all this impetus for a real managed care reform bill, if they were to just try on the other side of the aisle to bring something forward that looks like managed care reform but really is not. We have to be wary of that as well because we want to take this opportunity to pass something that really makes a difference for the average American; that really ensures quality health care. Nothing less will do.

I know the gentleman shares my concern about that and my view on that. So we are going to continue to be here on a regular basis doing these special orders, constantly bringing this issue up, giving more examples, getting more of our colleagues to join with us, because we demand and we will insist that Speaker GINGRICH and the Republican leadership bring the patient bill of rights up for a vote before this session ends.

I want to thank my colleague again for joining me this evening.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. HASTINGS of Florida (at the request of Mr. GEPHARDT) for Tuesday, June 16, through the balance of the week, on account of personal reasons.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. FRANK of Massachusetts) to revise and extend their remarks and include extraneous material:)