

who have drug benefits can get the prescription drug their doctor judges they need even if the drug is not on the HMOs' approved list. Access to specialists; we must allow patients, when necessary, to receive referrals to specialists outside their health plan at no extra cost to them.

Specifically, Mr. Speaker, we must make sure that children have access to pediatric specialists. Holding HMOs accountable, we must provide patients with the ability to appeal treatment decisions through both internal and external grievance procedures, and we must give patients the right to hold insurance companies legally accountable when their treatment decisions result in injury or death to a patient.

Pass a comprehensive Patient Bill of Rights. It is the only way we will ever be able to once again put patients before profits.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Mr. DIAZ-BALART) is recognized for 5 minutes.

(Mr. DIAZ-BALART addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Nevada (Ms. BERKLEY) is recognized for 5 minutes.

(Ms. BERKLEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

EXCHANGE OF SPECIAL ORDER TIME

Mr. BERRY. Mr. Speaker, I ask unanimous consent to have the special order time of the gentlewoman from Nevada (Ms. BERKLEY).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arkansas?

There was no objection.

MANAGED CARE REFORM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Arkansas (Mr. BERRY) is recognized for 5 minutes.

Mr. BERRY. Mr. Speaker, I stand here this evening in support of real managed care reform. We have all heard the stories, the countless stories, about people who have suffered because they were not allowed to make their own health care decisions in consultation with their doctors or other health care professionals, stories from people who have lost loved ones because someone behind a desk, not a doctor, made a bad decision. Congress needs to take action on passing bipartisan legislation to provide the American people with basic protections and basic guarantees when it comes to managed care.

Eighty percent of Americans with private health insurance, Mr. Speaker, are enrolled in managed care plans. In many cases, Americans are required to

be enrolled in managed care plans because their employers have contracted with managed care companies to achieve cost savings. Congress should act this year to enact a law that contains the following five principles. Here is what we should do, and here is what the American people want:

As I have said before, patients and their doctors, not insurance company clerks, should make decisions about what care is medically necessary. The American people want insurance reforms to be overseen by the States, not by a federal bureaucracy. The American people want real reform that keeps their medical records confidential. They want real reform that includes meaningful protections, like the right to emergency room treatment as defined by any prudent lay person. They want real reform that includes meaningful accountability for a right without a remedy is no right.

Too many people have been denied care under their HMO policies or their managed care policies, and that should not be the way it is in this country. We have quality health care in America, but people have to be sure if they need a particular procedure, a particular operation or particular health care service, that they can have it.

There is widespread support on both sides of the aisle for some type of managed care reform. Every Member of this body voted for some type of reform last year. The American people want and support patient protections. It is imperative to the American people that they see action on managed care reform. Let us give the American people what they want, real managed care reform.

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EXCHANGE OF SPECIAL ORDER TIME

Mr. THUNE. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Kansas (Mr. MORAN).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from South Dakota?

There was no objection.

IT IS HIGH TIME WE RESTORE THE TRUST AND CONFIDENCE OF THE AMERICAN PEOPLE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Dakota (Mr. THUNE) is recognized for 5 minutes.

Mr. THUNE. Mr. Speaker, this past weekend I was very disappointed to see our friends on the other side start down the same old track, and that is to try and turn Medicare into a political game. It became clear to me, and I hope that all of our friends will change their mind on that, but that they want to travel down the same old road we traveled before 2 years ago, when Republican proposals to reform Medicare

were relentlessly attacked by our colleagues on the other side, only to be supported as part of the balanced budget agreement in 1997 and subsequently signed into law.

The very same reforms that were attacked as a matter of the fall campaigns were then agreed to later on in the year because it became clear that that was the only real solution and responsible thing to do to try and save Medicare for the next generation.

Here we go again. Our friends do not seem interested in a solution. They only want to inflame and scare the American people. How do I know that? Because last week the Medicare commission which was appointed by the President made its recommendations.

Interestingly enough, the two Democrat senators on the commission, Senators KERREY and BREAUX, led the way and then were sold out by the President's appointees on that very commission and blocked the reform proposals that had been laid out.

Why? Because, as the two of them said in a news report last week, it did not spend 15 percent of the surplus on Medicare. The Medicare commission came out with recommendations and proposals that would save \$100 billion in Medicare over the course of the next 10 years, but because it did not spend 15 percent of the surplus on Medicare, the President's appointees blocked the commission's recommendations.

Why? I do not know. That is a good question, and I think the American people ought to ask the same question because there is a real matter of trust here when one looks at trying to solve a problem and come up with a sincere genuine solution rather than to demagogue an issue, as we saw again 2 years ago.

The Senate Committee on the Budget had a vote last week on the President's budget, the so-called proposal that would set aside 62 percent for Social Security, 15 percent for Medicare. The Senate Committee on the Budget voted down that proposal by a vote of 21 to zero. Even the President's allies in Congress in the Senate did not want to vote for the budget proposal that he had submitted.

This week, the Republicans will submit their own budget proposal which sets aside for the first time since 1969 all of the Social Security surplus, 100 percent, to be used for Social Security and Medicare and for retirement issues.

I think it is high time that we were honest with the American people. The President's budget spends the Social Security surplus, \$220 billion over the course of the next 10 years. We preserve it by setting aside and walling off 100 percent of the Social Security surplus to be used for that purpose. I think this is a significant milestone in American politics, and it is high time that we did it.

It is high time that we restore the trust and confidence of the American people, and I hope that the American people are wise to the charade. Two