

years ago it was tried, perhaps to some degree it worked, but make no mistake about it; check the fine print, because I think that the American people will find that when they do that they will see that they have been sold a bill of goods.

This week when we debate this proposal that would set aside and preserve 100 percent of the surplus that we are going to see in this country over the course of the next 10 years for Social Security and Medicare, and not buy into the myths and the same old same old *deja vu* all over again tactics that have been tried by the other side, I hope we can work together constructively to find reforms in Medicare that will preserve that program and make it viable not only for this generation of Americans but for generations of Americans to come.

PATIENT BILL OF RIGHTS

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

Mr. RODRIGUEZ. Mr. Speaker, it is long time past that the Congress needs to act and act quickly on managed care. Individuals and families are increasingly apprehensive about how they will be treated when they are sick.

A survey last year found that an astonishing 80 percent of Americans believe that their quality of care is often compromised by their insurance plan to save money, and too often their beliefs are well founded.

The Patient Bill of Rights introduced by the gentleman from Michigan (Mr. DINGELL) and Senator KENNEDY last Congress would have ended these particular problems, but we had some difficulties and were not able to pass a particular piece of legislation.

The managed care plan needs to be passed and we need to look at it this year and not allow it to continue. Managed care reform is needed by all Americans, especially those in minority communities.

Let me just highlight one area of concern, access to specialists. The need for specialists is critical for individuals who suffer chronic illnesses. Diabetes, for example, is a disease rampant among a lot of individuals but specifically disproportionately hits Hispanic populations. Many do not know that it is a truly treatable disease and that one needs to have access to specialists in order to be able to treat some of those items.

I do not know if everyone recognizes it, but diabetes is a treatable disease. It is something that can be prevented. With some recent studies, we can identify some of the problems early in life, but we let it go. One of the greatest causes of this particular disease is blindness and loss of limbs.

According to the Center for Disease Control and prevention, every year approximately 16 million people suffer

from diabetes alone. Of these, 1.2 million alone are Mexican Americans.

We see the same problem with cervical cancer. Hispanic women especially are disproportionately affected by the disease that is completely preventable also, yet there is limited access to the proper specialists in this area.

We all recognize the growing population of elderly in this country and the need to look at coming up with some appropriate managed care systems.

Without adequate care and medical supervision, diabetes and those with cervical cancer suffer grave consequences. It is a shame because these illnesses can be treated and prevented.

Too often today, managed care is mismanaged care. Decisions on health care should be made by doctors and their patients, and not the insurance company or their accountants or those individuals that are looking at the profit margins.

We appeal to the Republicans, and we appealed last year and this year we again appeal to the Republicans, to allow us to go back to the constituency and allow us to do the changes that need to take place.

The Republicans will say that the Congress passed managed care reform last year. I would ask, what have we had? No real reform, but it is a simple truth. The fact is that we need reform and it needs to happen now.

What we passed here on the House floor was only the fleeting shadow of real reform. Real reform would have included guaranteed access to needed health care specialists and, as I mentioned before, access to emergency room services, continuity of care protection and access to a meaningful and timely appeals process, both internally and externally.

We should take a page out of the book of the Texas State legislature. At the State legislature in Texas we passed managed care reform legislation that addressed the real needs of Texans. There was a scare that this reform would drive up insurance rates. In fact, insurance rates were raised a modest \$2.00.

Contrary to popular belief, the HMO liability law has not flooded the courthouse with new lawsuits. It has actually diverted lawsuits and saved money by using an independent review process and solving problems before they go to the Court. About half of the cases in Texas that are reviewed have led to partial or complete overturns of the HMO decisions.

Now it is time for us to pass real managed care reform. It is up to us to come to the plate. It is up to us to make sure that those individuals have access to health care the way they should. It is up to us to make sure that they can see the doctor that they choose to see and not who they want to send them to. It is up to us to make sure that we have a system that is responsive and addresses the needs of those individuals that are hard-hit.

For too long we have waited and we have recognized the problem of the HMOs and the fact that they have not been responsive at all. So it is time for us to come to that point.

EXCHANGE OF SPECIAL ORDER TIME

Mr. WELDON of Pennsylvania. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Ohio (Mr. KASICH).

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

There was no objection.

TECH TRENDS 2000, AN HISTORIC EVENT TO TAKE PLACE ON APRIL 6 AND 7 IN PHILADELPHIA

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

Mr. WELDON of Pennsylvania. Mr. Speaker, as chairman of the Subcommittee on Military Research and Development and a senior member of the Committee on Science, I am extremely concerned about our Nation's investment of public money into research and development and new technologies.

In fact, Mr. Speaker, the R&D accounts for defense are expected to decline by about 14 percent. Part of my goal in this session of Congress is to make the need for research and technology real for all of our colleagues, for our staff, as well as for the American people. To that end, an historic event will take place on April 6 and 7 of this year in Philadelphia at the brand new convention center.

Working with Mayor Ed Rendell and the entire delegations of the four States of New Jersey, Delaware, Pennsylvania and Maryland, all 41 House Members and 8 Senators, we have assembled what in fact will be the largest technology conference of its type in the history of America.

For the 2 days of April 6 and 7, every Federal agency that spends research money in America will be in attendance. They will exhibit the kinds of technologies that they are buying today and will give us a look at the kinds of technologies and research that they expect to be funding over the next 10 years. This will truly be an opportunity for all of America to see where we are investing tax dollars in new technologies.

It will be an opportunity for scientists and academics and young people to look at the emerging technologies that we should be funding in the future that they perhaps can compete for. For the 2 days in Philadelphia, we will have Dr. Neil Lane, the White House's top point person on science and technology; from the Department of Defense, Dr. John Hamre, Deputy Secretary; we will have Jack Gansler, in charge of acquisition and