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

(Mr. ROEMER 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 Hawaii (Mrs. MINK) is recognized for 5 minutes.

(Mrs. MINK of Hawaii addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentlewoman from California (Ms. WOOLSEY) is recognized for 60 minutes as the designee of the minority leader.

Ms. WOOLSEY. Mr. Speaker, we are going to speak today in our special order about managed care reform. To get started, I yield to my colleague, the gentlewoman from North Carolina (Mrs. CLAYTON).

Mrs. CLAYTON. Mr. Speaker, I thank the gentlewoman from California (Ms. WOOLSEY) for yielding me this time; and I thank her for arranging this special order on the Patients' Bill of Rights. I also thank her for her leadership in this area.

Mr. Speaker, there is a young woman in my district who attends East Carolina University. She is a student in the Allied Health Department. This young woman is no different than any other student at ECU. She has hopes, dreams, goals and ambitions. However, her hopes and dreams, her goals and ambitions are inhibited.

She is a quadriplegic. The story of this young person, disadvantaged due to a disability, is not a new story, but this is a story that is distinct from others. This story is distinct because it could have been different. It could have been very different because if she had received the treatment she required she may have been able to avoid the complete paralysis that she must live with for the rest of her life. If she had received the treatment required, she may not have been a quadriplegic, which she is now.

Why then, one may ask, did she not receive the proper treatment? The reason is that her neurologist, under pressure from her insurance provider, did not render the treatment.

Mr. Speaker, let me share the words of this student. She states, "Eventually, I had the surgery, and they told me that if I had the MRI that my radiologist recommended, I would not be in the condition I am today."

She goes on to say, "I feel that managed care, along with my neurologist,

made a decision that changed my whole life."

Life-changing decisions are being made every day by those who count numbers and do not count individuals.

Life-changing decisions are being made every day by those who put profit before people and the bottom line before the end result.

Witness, for example, the father of another student in my district. This father, a veteran, faced terminal illness. While hospitalized, his family was informed that his HMO had instructed that he be removed to a nursing home within 24 hours. The family was out of town, and while grappling with the pain of a father's illness, they had to endure the pressure from the HMO.

This father had defended the country when he had good health but now that he was down he could not defend himself. Worse, under current conditions, the country could not or would not defend him.

Mr. Speaker, there are countless horrible stories like these. Perhaps that is why 22,000 citizens nationwide now have signed a petition demanding a change. Almost 2,000 of those persons came from the State of North Carolina. These persons recognize that it is fundamental that every citizen have access to doctors of their own choice.

It is fundamental that every citizen have access to needed prescription drugs. It is fundamental that every citizen can appeal poor medical decisions, can hold health care providers accountable when they are wrongfully denied care and can get emergency care when necessary. The Patients' Bill of Rights Act, H.R. 358, provides these fundamental rights.

A bill reported from the Senate, which is S. 326, does not provide these fundamental rights. Health care should be about curing diseases, not counting dollars and dimes. Medical treatment should be about finding remedies, not a rigid routine that puts saving money over sparing pain and suffering of human beings.

Patients deserve service from trained, caring individuals; not narrow-thinking persons more interested in crunching numbers than saving lives.

The Patients' Bill of Rights Act effectively provides a panoply of basic and fundamental rights to patients.

The other managed care reform bill, passed by the Senate, does not.

The Patients' Bill of Rights Act provides real choice. The other bill does not.

The Patients' Bill of Rights provides access. The other bill does not provide comparable access.

The Patients' Bill of Rights Act provides open communication. The Senate committee-passed bill does not.

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Mr. Speaker, these are not radical rights, these rights are very basic and fundamental. Legislation of this type is needed and necessary because 60 percent of the American people living in

this country do not have protection that will give them patient protection regulations.

The Patients' Bill of Rights Act simply provides minimum standards for the protection of patients in managed care. I am proud to be a cosponsor of the Patients' Bill of Rights Act. I am proud to join my colleague today in this special order, and I urge and encourage all the citizens to continue to sign onto the Internet, but more importantly, I urge my colleagues to make sure they support the Patients' Bill of Rights Act. We must change the way we provide health care, and we must respect the Patients' Bill of Rights Act.

Again, I thank my colleague for providing me the opportunity and arranging this special order.

Ms. WOOLSEY. I thank the gentlewoman for being here. I would like to point something out that the gentlewoman will find sad and yet interesting.

As far back as 1997, the Henry J. Kaiser Foundation and Harvard University School of Public Health had a study. One of their questions asked was, in the past few years, did they or someone they know have an HMO or managed care plan deny treatment or payment for something a doctor recommended.

Like the young woman the gentlewoman referred to earlier, the answer from 48 percent of the participants was, yes, denied care that was necessary from an HMO or a managed care plan. That 48 percent represents 96 million people who have had problems with health care, or know of someone who has. That is why we are here tonight. I thank the gentlewoman very much for coming and being part of this.

Mr. Speaker, 5 years ago the Republicans defeated President Clinton's health care reform bill. They claimed it would allow the Federal Government to interfere with doctor-patient relationships. Yet, when that same relationship between a doctor and a patient was threatened by a corporate bureaucracy, the managed health care industry, Republicans last year offered legislation that did absolutely nothing to protect the sanctity of choices made by doctors and their patients.

It is the same story in the 106th Congress. Democrats have been waiting for 2 years to pass the Patients' Bill of Rights Act, the bill that is outlined here on this board. Right now we are ready to work to improve Americans' access to quality health care. There must be enforceable rights to make consumer protections real and meaningful for all Americans.

Many States have passed legislation making a patchwork of protections. This patchwork does not provide a good fix for over 175 million Americans who need the Patients' Bill of Rights Act to be passed. We must remember, when we are talking about the Patients' Bill of Rights Act and managed care, that three of four people are in the managed care system.