

legislator generic drugs if they are the same component, but oftentimes we are seeing the managed care reform not agree to the latest prescription medication that has the most success rate that a lot of our National Institutes of Health dollars go into research, and they are prescribing something or saying, no, we will only pay for something that maybe is 5 or 10-year-old technology. Again, that is not what people pay for. They want the latest because again the most success rate. And it ought to be in the long run cheaper for insurance companies to be able to pay up front instead of having someone go into the hospital and have huge hospital bills because maybe they did not provide the most successful prescription medication.

There are a lot of things in managed care reform, antigag rules, and I know some managed care companies are changing their process and they are changing it because of the market system. That is great. I encourage them to do it. But city councils, State legislators and Members of Congress, we do not pass the laws for the people who do right, we do not pass the laws for the companies who treat their customers right. We have to pass the laws for the people who treat their customers wrong. That is why we have to pass this and put it in statute and say even though XYZ company may allow doctors to freely discuss with their patients potential medical services, or they may have an outside appeals process, a timely outside appeals process, but we still need to address those people who are not receiving that care.

I can tell you just from the calls and the letters we get in our own office, without doing any scientific surveys, we get a lot of calls from people, partly because I talk about it a lot not only here but in the district. But people need some type of reform.

□ 2130

Mr. Speaker, I hope this Congress will do it timely. When the gentleman mentioned a while ago that he heard our committee may conduct hearings all summer, that is great. I mean I would like to have hearings in our committee, but we got to go to mark up what we learn from our committee. We have to make the legislative process work, the committee process work. We will put our amendments up and see if they work, and maybe they are not good, and we can sit down with the Members of the other side.

But that is what this democracy and this legislative process is about, and last session it was terminated, it was wrong, and we saw what happened. We delayed, and there was no bill passed. It did not even receive a hearing in the Senate because it actually was a step backward in changing State laws like in Texas.

So I would hope this session, maybe with the discharge rule being filed tomorrow, we will see that we are going down that road, but maybe we can ac-

tually see maybe hearings in June when we come back after celebrating Memorial Day, and with a short time we can, a lot of us have worked on this issue. So, sure, I would like to have some hearings, but maybe we could have a markup before the end of July or June or mid July, something like that, so we could set it on a time frame where we would vote maybe before the August recess on this floor of the House for a real managed care reform, and when we vote on the House floor, let us not just come out with a bill and say, "Take it or leave it." As my colleagues know, let us have the legislative process work within reason and so we can come up with different ideas on how it works and the success.

So again I thank the gentleman for taking the time tonight and my colleagues here, and particularly glad we had the first hour.

Mr. PALLONE. I want to thank the gentleman from Texas (Mr. GREEN). He brought up a number of really good points, if I could just, as my colleague knows, comment on them a little bit.

I mean first of all I think it is important to stress that with this discharge petition, we are not doing it out of spite or disrespect or anything like that. We just want this issue brought to the floor, and as my colleague said, as my colleagues know, having hearings all summer does not do the trick. So far we have not gotten any indication from the Republican leadership or the committee leadership that there is any date certain to mark up this bill in committee and to bring it to the floor, and that is why we need to go the discharge petition way.

The other thing the gentleman said I think is so important is he talked about how the Texas law, which does apply to a significant number of people in Texas, even not everyone, that both the cost issue and the issue of the fear, I guess, of frivolous lawsuits has so far proven not to be the case. In other words, the, as my colleagues know, one of the criticisms of HMO reform or Patients' Bill of Rights that the insurance companies raise unfairly is the fact that it is going to cost more, and in fact in Texas it has been found that the cost, there is practically no increased costs whatsoever. I think it was a couple of pennies or something that I read about.

And in terms of this fear that there are going to be so many lawsuits and everybody is going to be suing, actually there have been very few suits filed, and the reason I think is because when we put in the law that people can sue the HMO, prevention starts to take place. They become a lot more careful about what they do, they take preventive measures, and the lawsuits do not become necessary because you do not have the damages that people sue for. So I think that is a very important point.

The other point the gentleman made that I think is really crucial is the suggestion that somehow because of the

debate and because of the pressure that is coming from, as my colleagues know, the talk that is out there, that somehow many; some HMOs I should say; are starting to provide some of these patient protections, and the gentleman's point is well taken, that even though some of them may be doing it, and there are not really that many that are, but even though some of them are doing it, that does not mean that we do not need the protections passed as a matter of law for those, as my colleagues know, bad actors, if you will, who are not implementing these Patients' Bill of Rights.

So there needs to be a floor. These are nothing more than commonsense proposals that are sort of a floor of protections. They are not really that outrageous, they are just, as my colleagues know, the commonsense kind of protections that we need.

So I think that our time is up, but I just wanted to thank my colleague from Texas. We are going to continue to push. Tomorrow the gentleman from Michigan (Mr. DINGELL) is going to file the rule for this discharge petition, and we are going to get people to sign it so we can bring up the Patient Bill of Rights.

RECESS

The SPEAKER pro tempore (Mrs. Wilson). Pursuant to clause 12 of rule I, the Chair declares the House in recess subject to the call of the Chair.

Accordingly (at 9 o'clock and 35 minutes p.m.), the House stood in recess subject to the call of the Chair.

□ 0033

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. DREIER) at 12 o'clock and 33 minutes a.m.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1401, NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2000

Mrs. MYRICK, from the Committee on Rules, submitted a privileged report (Rept. No. 106-166) on the resolution (H. Res. 195) providing for consideration of the bill (H.R. 1401) to authorize appropriations for fiscal years 2000 and 2001 for military activities of the Department of Defense, to prescribe military personnel strengths for fiscal years 2000 and 2001, and for other purposes, which was referred to the House Calendar and ordered to be printed.

SENATE BILLS AND JOINT RESOLUTIONS APPROVED BY THE PRESIDENT SUBSEQUENT TO SINE DIE ADJOURNMENT

The President, subsequent to sine die adjournment of the 2nd Session, 105th Congress, notified the Clerk of the