

review decision, but they did not. They did not follow the law. They just told the patient to leave. So the patient went home that night. He drank half a gallon of antifreeze and he died. It took him 2 days of a horrible, painful death.

Now, in that circumstance under Texas law, that health plan is now liable. They did not follow the law. If we did not have liability, why would any plan ever follow the law? It will take about two or three cases like that and then the health plans in Texas will decide, we had better follow the law before a patient goes home and commits suicide.

That is part of the reason why we need enforcement. But I honestly think that if we combine the appeals process, if we combine the provisions in our bill related to emergency care, related to clinical trials, related to physicians being able to tell their patients all of their treatment options, and we follow an internal and external appeals process, that we are actually going to decrease the incidence of injuries, and we are going to decrease the number of lawsuits.

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That in fact has been what Texas has found out.

Before they passed the Texas law, the HMOs, the business groups, they lobbied furiously against that law. They said the sky will fall, the sky will fall. There will be an avalanche of lawsuits. Premiums will go out of sight. The HMOs will all leave Texas.

What has happened? There has just been a couple lawsuits like the one I mentioned where the plans did not follow the law. Premiums have not gone up any faster in Texas than they have anywhere else. In fact, they still have lower than average premiums. There were 30 HMOs in Texas before this law passed. There are 51 HMOs in Texas today. The sky did not fall.

There have been over 600 decisions made to resolve disputes because of that Texas law, and more than half of them have been decided in favor of the health plans; and that has provided an adequate relief to the patients to know that they are getting the right care. But half of the time the independent panels have decided for the patient, and so they have gotten the treatment before an injury has occurred.

This is just common sense. All our bill does in terms of ERISA is say that, let the State jurisdiction as it relates to liability function. In Texas, one has to follow these rules and regulations. There are protections for employers. That is the law as it relates to liability.

California just passed an HMO liability bill. That would be the way that it would be handled in California. This is federalism. This is returning power to States. This is following up on Republican principles where the States are the crucible of democracy. This is following the Constitution. This is following the remarks of the Supreme

Court Justice who says, please, do not load up the Federal judiciary any more than what would be absolutely necessary for national security. Do not take away jurisdiction from the States if they are doing a reasonable and good job; and they are in this area.

So I just have to ask my Republican friends, it seems to me that if they are for States rights, if they are for responsibility, then they would be against a bill that would remove this authority from the States. They would be against the Coburn-Thomas bill. They would be against the Houghton substitute. They would be for the Norwood-Dingell bill. Those are Republican principles, and they will be done at a very modest cost.

As I said before, we are looking at, for an average family of four, potentially an increase in the cost of premiums of about \$36 a year. That is money that my constituents tell me is well worth it if it can reassure them that they are going to be treated fairly by their HMO.

So when we have our debate in the next day or so on this, let us try to get past some of the special interest smoke and mirrors and Chicken Little statements. Let us do something right. Let us do something for justice. Let us correct a problem that Congress created 25 years ago. Let us be for our principles of States rights and responsibility, and not tilting the deck against a fair market.

Let us be for the Norwood-Dingell Bipartisan Managed Care Reform Act. Vote, I would say to my colleagues, however my colleagues want on the access bill. My colleagues are going to have to balance some of those individual provisions. If it passes, it will go to conference. But I would urge my colleagues strongly to vote against the Coburn-Thomas bill and against another substitute that would be against our Republican principles of States rights and individual responsibility.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2990, QUALITY CARE FOR THE UNINSURED ACT OF 1999, AND H.R. 2723, BIPARTISAN CONSENSUS MANAGED CARE IMPROVEMENT ACT OF 1999

Mr. DREIER (during special order of Mr. GANSKE) from the Committee on Rules, submitted a privileged report (Rept. No. 106-366) on the resolution (H. Res. 323) providing for consideration of the bill (H.R. 2990) to amend the Internal Revenue Code of 1986 to allow individuals greater access to health insurance through a health care tax deduction, a long-term care deduction, and other health-related tax incentives, to amend the Employee Retirement Income Security Act of 1974 to provide access to and choice in health care through association health plans, to amend the Public Health Service Act to create new pooling opportunities for small employers to obtain greater ac-

cess to health coverage through HealthMarts, and for other purposes, and for consideration of the bill (H.R. 2723) to amend title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage, which was referred to the House Calendar and ordered to be printed.

DRUG PROBLEMS IN AMERICA

The SPEAKER pro tempore (Mr. TOOMEY). Under the Speaker's announced policy of January 6, 1999, the gentleman from Florida (Mr. MICA) is recognized for 60 minutes.

Mr. MICA. Mr. Speaker, I thank the Chair for the opportunity to come before the House this evening, as I do on most Tuesday evenings when the House is in session, to talk about an area of responsibility that I inherited in this particular session of Congress. That responsibility is Chairman of the Subcommittee on Criminal Justice, Drug Policy and Human Relations of the House. It is an investigations and oversight panel of Congress.

One of its primary responsibilities is to try to develop a coherent and effective national drug policy. It is a very difficult task, but a very important task, because illegal narcotics have taken an incredible toll among our citizens.

We have a costs estimated at \$250 billion a year affecting our economy, not only the cost of criminal justice, but lost employment, social disruption, costs that just transcends every part of our society. Those are the dollar and cents costs, not talking about human suffering and the effects on families and children across our Nation. Certainly illegal narcotics must be our biggest social problem.

Additionally, the statistics are staggering as to the number of people incarcerated. Somewhere between 1.8 million and 2 million Americans are in jails and prisons, Federal facilities, across the Nation. It is estimated that 60 to 70 percent of those individuals incarcerated are there because of a drug-related offense.

Now, there are many myths and misconceptions about some of these problems related to illegal narcotics. Tonight, I would like to touch upon a few of them.

As Chairman of this subcommittee with this responsibility, I have tried to not ignore the problem, not ignore the various alternatives, but try to have an open, free, and honest debate in our subcommittee and also stimulate it here in the Congress and the House of Representatives and among the American people, because we have a very, very serious problem facing our Nation.

In that regard, we have held a number of hearings, on average, three or four a month in this year. Prior to my