

of testimony, 1,500 people and horror stories beyond comprehension. I brought those stories and the results of that to the Democratic caucus. We began holding hearings here on the lawn right outside the Capitol. And from that came a series of health care proposals, because we learned that the American people had lost complete confidence in the health care system.

They were screaming for help and could not understand why we as Members of Congress let this go on so long. We had the best health care delivery system in the entire world, and we let it fall apart; and people could not understand why.

Now, today, we have a chance to fix that. We can stop the insurance companies from deciding what doctor we can go to, if we can go to a doctor, what hospital, what kind of treatment we can get. We can put health care back in the hands of doctors and patients by passing Norwood-Dingell.

#### NATIONAL 4-H WEEK

(Mr. DEAL of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DEAL of Georgia. Madam Speaker, I rise today in honor of the National 4-H Club. October 3 through 9 is designated as National 4-H Week.

Across the country this week, the youth are marking the 97th year of this organization and are asking the question with the theme: Are you into it? The theme is embraced by more than 6.5 million young Americans who take part in 4-H educational programs. It is time to celebrate the diversity of 4-H activities and people, and to recognize the achievements of youth who strive to develop the four Hs: head, heart, hands, and health.

Founded in 1902 as an agricultural youth organization, 4-H is no longer just cows and plows. To keep up with the wide range of interests of today's youth, 4-H programs have diversified and include such things as designing web pages, participating in mock legislatures, community cleanups, and so forth. Since its beginning nearly 100 years ago in rural America, about 45 million Americans from all walks of life have been involved in 4-H.

Madam Speaker, I have authored a resolution in honor of the 4-H clubs of America as we congratulate their members.

#### SUPPORT NORWOOD-DINGELL PATIENTS' BILL OF RIGHTS

(Mr. ALLEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ALLEN. Madam Speaker, I rise in strong support of the Norwood-Dingell Bipartisan Consensus Managed Care Improvement Act.

This debate pits doctors and patients against the health insurance industry.

The insurance industry has weighed into this debate to protect its pocket-books, not its patients. In TV ads and on this floor, opponents of a patients' bill of rights have tried to demonize trial lawyers. But this debate is how to encourage HMOs to provide better care to their patients.

The substitutes to Norwood-Dingell preserve some or all of the legal immunity that the insurers now have even when their decisions kill or injure patients. If HMOs can be held liable for their own negligence, they will pay more attention to patients. They will be more careful. That is all. It is simple. That is what this debate is about. Pass the Dingell-Norwood Patients' Bill of Rights.

#### SUPPORT H.R. 3034, TO EXPAND FLEXIBLE SPENDING ACCOUNTS

(Mr. ROYCE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROYCE. Madam Speaker, flexible spending accounts allow employers and employees to contribute pretax money to accounts which they can then use to pay for out-of-pocket medical expenses and insurance costs and to pay for deductibles. But there is a problem in the Tax Code with the way in which these accounts work today, and that is there is a use it or lose it provision where it reverts back to the employer. So, typically, people put down \$750 of pretax to use for these flexible spending accounts, and at the end of the year about \$140 reverts back that they are not able to use.

My bill, House bill 3034, would allow this to be expanded, would allow this to be carried over into the following year so that that would not be lost. A lot more people would utilize this provision if they did not lose it.

Many employees would choose less expensive, high-deductible insurance policies and put the premium savings then in their flexible spending accounts if they knew they could roll that over into the following year. It also reinforces the doctor-patient relationship.

Madam Speaker, I urge support for H.R. 3034.

#### NORWOOD-DINGELL OFFERS BEST PROTECTIONS FOR AMERICAN FAMILIES

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. Madam Speaker, today we have a historic opportunity to pass HMO reform that will ensure that medical decisions are made by doctors and patients and not by insurance companies.

These are sensible patient protections that all parents should have for their families. But to pass them, we are being forced to cross a mine field. The Republican leadership has teamed up

with the insurance industry to obstruct and weaken the Patients' Bill of Rights. The Republican leadership has set up a series of amendments that will undermine the basic provisions of this bill, a bipartisan bill. And I stress bipartisan.

The Patients' Bill of Rights simply ensures that medical decisions are being made by doctors and hospitals and that HMOs are accountable for damages caused by wrongful denials. These provisions are already working for families in California and in Texas; now every family deserves them.

I call on my colleagues to defeat the poison pill amendments, pass the Norwood-Dingell bill, the Patients' Bill of Rights, which today's New York Times says, and I quote, "offers the best place to start in getting strong protections for millions of American families."

#### SUPPORT A PATIENTS' BILL OF RIGHTS, NOT A LAWYER'S RIGHT TO BILL

(Mr. HAYWORTH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HAYWORTH. Madam Speaker, I always enjoy hearing from my colleague from Connecticut, especially her description of a poison pill involving legislation. Madam Speaker, let me suggest to my colleagues the only poison pill is that which would seek to enrich and empower trial lawyers and courtrooms over clinics.

There is much we can agree on in truly a bipartisan fashion. I believe, as I think every Member of this House does, that when it comes to health care decisions, those decisions should not be made by an insurance company bureaucrat any more than they should be made by a Washington bureaucrat. The power should be in the hands of the patients.

The patients I know in the Sixth District of Arizona want to see a doctor, not a lawyer. They want access to a clinic, not a courtroom. And they do not want their estates to sue; they want to live long, productive lives and seek help. That is the essence of what happens today, not demonization of the insurance companies nor a poison pill of freedom for patients.

Let us have a true patients' bill of rights, not a lawyer's right to bill.

#### LOOK TO TEXAS FOR EXAMPLE OF MEANINGFUL MANAGED CARE REFORM

(Mr. GREEN of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GREEN of Texas. Madam Speaker, my colleague from Arizona needs to come to Texas, and we will show him what has happened in the real world when we have really had a Patients' Bill of Rights and real effective reform.

We do not have a lot of lawsuits. In 2 years, in fact we have had three, maybe four.