

address so many of these health care issues.

But unlike with most of the things I discussed tonight that are probably too late, it is not too late for that of the gentlewoman. I hope we can get the leadership to bring it up on suspension.

Mrs. CHRISTENSEN. Mr. Speaker, and the leadership on both sides have been willing to work on bringing it back. There are some objections on the other side of the aisle and from some conservative groups in the country which have sent e-mail wrongly identifying the bill as a quota bill. It does not provide a quota for research. It does particularly state that minority research would be done because we are the ones who experience these disparities that must be eliminated. But it also does not exclude anyone. It is for any population group that experiences disparities and gaps in their health status and their access to health services.

Among those would be our rural citizens. People in the rural areas of this country are also suffering from disparities in health care regardless of their race or ethnicity. And so, we feel that the bill is important. I think to the extent that there are citizens in this country who still do not have access to health care who do not enjoy the same quality of life as others because of health disparities, the country's health in general suffers and I think it is something we need to address.

This bill, which has been worked on for many years, as I said, has been worked on on a bipartisan basis with the Department, the Congress, the White House, nonprofit national health organizations for years. Is a good bill and we would like to have it passed. It is past due.

Mr. PALLONE. Mr. Speaker, I agree with the gentlewoman. I am glad that she came down to voice her concern. As I said, although some of these larger issues probably cannot be addressed in the last few days that we are here, certainly her issue and I think the whole issue of changing the priorities in this tax bill so that we address the problems of the providers, the hospitals, the nursing homes, the home health agencies, and also trying to make sure that whatever money we give to the HMOs has some strings attached so that we know that they will stay in the Medicare system for our seniors.

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These things still can be addressed. You and I will work together and keep speaking out to make sure that in the last few days they are addressed.

Mrs. CHRISTENSEN. I thank the gentleman for yielding on something that I feel is very important. I look forward to working with the gentleman on these health care issues and other health care issues.

Mr. PALLONE. Let me say, Mr. Speaker, that again I know we only have a few days left here; but we certainly, and I will speak for my Democratic colleagues in the leadership, are

going to continue to push every day and every night both on the floor, during the legislative day and as well as during the Special Orders at night to make sure that these health care initiatives are addressed and that these concerns for the average American with regard to health care are met.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. GIBBONS). The Chair would remind Members that it is not in order in debate to characterize Senate action or inaction.

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Arizona (Mr. SHADEGG) is recognized for 60 minutes as the designee of the majority leader.

Mr. SHADEGG. Mr. Speaker, I appreciate this opportunity to address my colleagues and to talk about, in fact, the exact same subject that my colleague from the other side of the aisle, from the Democrat side of the aisle, just addressed. He talked about a wide range of medical issues. I am going to do that in this hour as well, but I am going to begin by focusing on the issue of patients' rights legislation, the issue of HMO reform, the issue of managed care reform. After I have spent some time on that and focused on why that issue is so critical and why I so strongly disagree with much of what was just said and how sad I think it is that this debate has boiled down to this struggle where one side is saying the other side is just carrying the water for a special interest, then I would like to turn perhaps in the latter half of the hour to the issue of the Medicare drug benefit and perhaps other topics that are worth talking about and that were raised in the remarks in that regard.

Again, I want to focus tonight on the issue of patients' rights legislation, the issue of a Patients' Bill of Rights, the critical question facing our country of managed care reform, HMO reform. We are in the midst as everyone knows of a political campaign. There are ads running across the country saying that it is sad that my party, so these ads say, has blocked, the Republican Party, has blocked the passage of patients' rights legislation. I simply want to start by saying that is not true. Indeed, the opposite is true. We have worked very hard to pass patients' rights legislation that will help patients. That is the key difference. Sometimes it is said that the devil is in the details and the devil is in the details.

In this case there are two competing ideas on patients' rights legislation: one is the idea advanced by Democrats, the idea which they are pushing, the idea which their ads talk about, the idea which the President is saying he supports; and that proposal sadly does

not help patients. That proposal helps trial lawyers. Rather than just talk about that, I am tonight going to explain exactly, precisely, how their legislation would advance the cause of trial lawyers but do literally nothing to help and in fact hurt patients and weaken the position of doctors to control health care in America. I think that is the debate that needs to occur.

I think we need to understand why, yes, patients' rights legislation is vitally important for this country. There are serious problems in managed care. But how you enact that legislation, what it does, is so critically important and why, sadly, the bill that the Democrats are advancing, and they call it a patients' rights piece of legislation, in fact is fatally flawed in its structure, because instead of giving patients more power, instead of giving doctors the ability to set the standard of care and to decide how patients are treated in America, that legislation takes power away from HMOs, and that is good, but instead of giving that power and that authority to set the standard of care in America to doctors where it belongs and to patients where it belongs, their legislation gives that ability to trial lawyers to take the issue directly to court.

We have heard just a few minutes ago in the rather partisan remarks by my colleague from the Democrat side that the Republicans are for the special interest of HMOs and that Democrats are for the people. Sadly, that charge is just flat false. Let me start with my position. I have been passionately fighting for patients' rights legislation, the right patients' rights legislation, for the last 2 years. I have met with countless doctors from all over the country, many in my State, I cannot tell you how many, my own medical association in Arizona; and I have talked with them for hours and hours about how do we go about fixing the problem with managed care in America, how do we deal with the problems that have been created by managed care in America.

In every one of those conversations, I have never once heard, well, Congressman, the way to fix it is to let lawyers step into the middle of the process, take a claim by an injured patient, take my request as a doctor to get my patient care and have a lawyer step in and rush to court and file a lawsuit. Never has a doctor in America in my home State or anywhere else that I have met with said the answer to this problem is to let the trial lawyers address the issue. The reality is we do need patients' rights legislation to change managed care and to make it more pro-patient and more pro-doctor.

But we need legislation that will accomplish that goal, that will take power away from the managed care industry, to tell doctors how to treat their patients and move that power over to patients and doctors to determine what the standard of care ought to be in America.