

These are just a few of the provisions of the bill, and they represent a market-based solution to an ever-growing demand for long-term care services and financing. But the financial incentives alone will not be enough to address the potential long-term care delivery and financial crisis.

Mr. Speaker, I urge all of my colleagues to take a look at that bill and to look at the women's health issues that are involved therein.

#### MANAGED CARE REFORM— MEDICAL NECESSITY

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

Mr. GREEN of Texas. Mr. Speaker, I would like to congratulate my colleagues, the congressional women, for making this effort today for special orders for women's health care. I would like to associate myself with their remarks, because everything they have said on a bipartisan basis is so important.

The reason I am here today, Mr. Speaker, is that the third time I have talked about the importance of managed care reform, real managed care reform, 3, 4 weeks ago I talked about the independent review process, and the accountability 2 weeks ago, and today I want to talk about medical necessity.

Every patient in America deserves to have important medical decisions made by his or her doctor, not by an HMO bureaucrat. Unfortunately, managed care personnel, who often have no substantial medical training, are determining what is medically necessary.

This practice endangers patients, threatens the sanctity of the doctor-patient relationship and undermines the foundation of our health care system.

Most managed care companies base treatment decisions on professional standards of medical necessity. But we often hear cases where HMO plans write their own standards into their contracts, and these standards often conflict with the patients' needs.

The case of Jones v. Kodak clearly demonstrates how a clever insurance health plan can keep patients from getting the needed medical care.

Mrs. Jones' employer provided health insurance coverage for in-patient substance abuse treatment. Unfortunately, the health plan determined that she did not qualify for this treatment. Even after an independent reviewer stated that the plan's criteria was too rigid and did not allow for tailoring of case management, Mrs. Jones was still denied treatment.

To add insult to injury, the courts stated that the health plan did not have to disclose its protocols or its rationale for making that decision.

A health plan's decision does not have to be based on sound medical

science, standard practices or even basic logic. In fact, a health plan can make medical necessity decisions using this child's toy called the Magic 8 Ball and not have to disclose the rationale, and when you turn this around and it says what do they suggest you are going to do, this is no way to practice medicine in our country.

Mr. Speaker, unless Congress enacts meaningful patient protection legislation, the outlook will not be good for our patients.

H.R. 526, the Bipartisan Patient Protection Act will ensure that treatment decisions are based on good medical practice and take individual patient circumstances into account.

This legislation will protect patients from arbitrary and capricious decisions and will put health care decision-making back in the hands of the doctors and the patients. The patients should not have to be behind this eight ball when it comes to their health care, and we should not have to depend on the system that is patterned after this Magic 8 Ball when it says do not count on it for adequate health care treatment.

Congress must act now to protect them.

#### WOMEN'S HEALTH ISSUES

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Mrs. CAPPS) is recognized for 5 minutes.

Mrs. CAPPS. Mr. Speaker, I want to commend my colleagues, the cochairs of the Women's Caucus in Congress, the gentlewoman from Illinois (Mrs. BIGGERT) and the gentlewoman from California (Ms. MILLENDER-MCDONALD), for organizing this time to speak on women's health issues.

Mr. Speaker, I am pleased that many members of the Women's Caucus are participating today on this important topic.

As a nurse, I have made access to health care one of my highest priorities in Congress, and I think it is particularly important to focus attention on women's health.

Last year, we had a number of victories for women's health. The House was able to pass the Breast and Cervical Cancer Treatment Act. This legislation will allow us to provide the necessary resources for low-income women to fight these deadly diseases. We were also successful in reauthorizing the Violence Against Women Act.

These are two major accomplishments, but we still have such a long way to go. Until recently, women's health resources were often concentrated on women during their reproductive years. However, with the average life expectancy of women now in the United States approaching 80 years, it is increasingly clear that we need the resources to protect a woman's health at every stage of development.

Each new life stage poses its own unique developmental demands upon a

women's body. This is why further research on women's health is so critical. Certain diseases and conditions are more prevalent among women than in men or affect women differently. Studies show that women are suffering from heart disease, breast cancer and depression at alarming rates. And as women live longer they are more likely to suffer from chronic conditions such as arthritis, diabetes and osteoporosis.

There are countless initiatives here in Congress that seek to improve the health of women. I want to touch on just a few.

For example, President Bush's recent reinstatement of the Mexico City policy is, I believe, a huge step backwards for millions of women around the world.

The Mexico City language imposes a gag rule on other countries who wish to use their own reproductive resources for abortion and instead use the needed assistance from the United States to assist with family planning.

Family planning saves lives by helping women plan their pregnancies for the healthiest and safest time. Of course, in so doing, it reduces the need for abortions.

As my colleague, the gentleman from Texas (Mr. GREEN), was just speaking about, we need to pass the Patients' Bill of Rights. This legislation would guarantee that patients and doctors control critical health care decisions, not HMOs. This will improve health care options for millions of American women.

We also need to provide prescription drug coverage for Medicare recipients. The majority of seniors are women, and many of them cannot afford the skyrocketing costs of multiple prescriptions.

Proper treatment of depression and mental illness is another important issue for women. Depression afflicts twice as many women as men.

As many as 400,000 women each year suffer from postpartum depression alone. We need to raise awareness about postpartum depression in order to lower the chances that women and their families will suffer from this condition.

Parity for mental health is another important topic and an issue that affects women. It is time that health insurance plans recognize mental illness as just that, an illness.

I am so pleased that courageous women like Tipper Gore and the gentlewoman from Michigan (Ms. RIVERS), our own colleague here in Congress, have worked hard to increase public awareness about mental illness and to work on destigmatizing depression.

Another major concern for health care for women is hypertension. It is a major risk factor in cardiovascular disease, and it is two to three times more common in women than in men.

Mr. Speaker, I am now the cochair of the Congressional Heart and Stroke Coalition, and I am working closely with American Heart Association to