seller, 'The Way Things Ought To Be,' Rush Limbaugh wrote, 'With the collapse of Marxism, environmentalism has become the new refuge of socialist thinking. The environment is a great way to advance a political agenda that favors central planning and an intrusive government. What better way to control someone's property than to subordinate one's private property rights to environmental concerns.' ''

Ms. Bowles said at the time, this sounded like hyperbole, but it was not. Limbaugh's warning was worthy and prophetic. I realized this a few years ago when I came across a story concerning a farmer in Kern County, California, who was arrested for allegedly running over an endangered kangaroo rat while tilling his own land. His tractor was seized and held for 4 months, and he faced a year in jail and a $200,000 fine.

As time has passed, it is now clear, Ms. Bowles said, what happened to the farmer in Kern County was not an anomaly, but part of a developing pattern of government invasion of private rights.

On April 7, 2001, the federal government's Bureau of Reclamation cut off irrigation water to 1,500 family farms in the Klamath Basin on the Oregon-California border. Based on ''citizen lawsuits'' filed by environmental activists, all the available water will go to save fish, primarily the sucker fish. A federal judge denied an appeal by the farmers saying, ''Congress has spoken in the plainest of words, making it abundantly clear that the balance has been struck in favor of affording endangered species the highest of priorities.''

While the farmers are going bankrupt, the legal bills of the environmentalists are paid for by the American taxpayers under the ''citizen lawsuit'' provisions of the Endangered Species Act.

Mr. Speaker if we don't soon start putting people and private property before sucker fish and kangaroo rats, it is us who will be the suckers and we will lose our freedom and prosperity.

Meanwhile, based on a successful lawsuit filed by the Earth, Justice Legal Defense Fund, the U.S. Fish and Wildlife Service has just designated 4.1 million acres as critical habitats for the endangered California red-legged frog. Nearly 70 percent of the acres are private property.

The protected habitats hopscotch across 28 California counties, including key agricultural counties, adding layers of new regulations on already over-regulated private land. No activity of any kind on this land will be permitted until it has been proven that such activity will in no way affect the well-being of the beloved red-legged frog.

Another endangered critter wreaking damage in California is the fairy shrimp, which thrives in what environmentalists call ''vernal pools'' and what ordinary folk call standing water or mud puddles. Anyway, when these puddles evaporate, the fairy shrimp eggs nest in the mud until the next seasonal rains hatch them.

Apparently the deal is this: if you drain or spray standing water, you get an award from the mosquito control people and a summons from the fairy shrimp police.

The protection of these ''vernal pools'' is a nightmare to California farmers, developers, and even local governments. For example, environmental concerns for the shrimp cost Fresno County a six-month, $250,000 delay in the construction of an important freeway. However, that's cheap compared to the undisclosed cost of moving the site of a major new University of California campus in Merced, Calif., because there are too many vernal pools on it.

California is the nation's largest producer of food crops and commodities, including fruits, nuts, vegetables, melons, livestock and dairy products. This massive agricultural industry depends entirely on irrigation for water. In California, rainfall is slight or non-existent from early May to mid-October.

Land regulations, fuel costs and electrical shortages are disastrous to farmers. But the most critical issue for them and for all Californians is water. The eco-inspired ban on the construction of dams and water storage facilities to catch the runoff from winter rains and spring snow melts is limiting the supply of water even as demand for it is surging. It is a disaster in the making. Deja vu!

While there is local outrage in California and elsewhere over these abuses, there is little national outrage. One hopes this is due to a lack of coverage by the mainstream media, rather than a fatalistic American submission to state socialism. One fears that only in retrospect, when it is too late to resist, will it be understood that freedoms have been irretrievably forfeited and the Constitution irreversibly abandoned.

PATIENTS' BILL OF RIGHTS

The SPEAKER pro tempore (Mr. JOHNSON of Illinois). Under the Speaker's announced policy of January 3, 2001, the gentleman from Texas (Mr. RODRIGUEZ) is recognized for 60 minutes as the designee of the minority leader.

Mr. RODRIGUEZ. Mr. Speaker, I rise tonight to highlight the health care needs of our communities throughout this country. I am deeply concerned with the lack of attention that the House leadership and the administration has paid, not just to managed-care reform, but to health care as a whole.

Every day, millions of Americans suffer from diseases that we could prevent, diseases we could treat, diseases that we could cure. But we have not made the commitment to take care of that.

We must not let them down. In this Special Order tonight, we look at the Patients' Bill of Rights, as well as the issue of health care.

It is time for us to also consider the fact that there are a lot of individuals out there who are sick and that need our assistance, and we must not forget them.

We hear so much about values, and the greatest value I know is helping those who need the assistance. And who needs the assistance more than those afflicted with the diseases of the body and of the mind?

There is no doubt that this particular issue is an issue that continues to haunt us and is an issue that as a country we need to come to grips with. The Patients' Bill of Rights is an important piece of legislation. Not only does it make sense, but it also is the right thing to do.

The Ganske-Dingell bill accomplishes the critical goals of managed-care reform. First, one of the things that it does, it gives every American the right to choose their own doctor. That makes every sense in the world. That is the fact that each one of us should have, the right to choose our own doctor.

Secondly, the bill covers all Americans with employer-based health insurance, as well as other bills that, remarkably, exclude individuals such as firefighters, church employees, and teachers.

Thirdly, this bill ensures that we extend external reviews of medical decisions that are conducted by independent and qualified physicians. We should not be allowing insurance accountants and people who are going to be looking at the all-mighty dollar when deciding the decisions of health care of those people that are ensured.

Fourthly, it holds a plan accountable when the plan makes a bad decision that harms and kills someone. If the insurance and managed-care system decides not to provide access to care to someone, then we need to look at that seriously; and that is occurring throughout the country.

Finally, it guarantees that health care decisions are made based on the medical, not the financial, considerations. Managed-care companies must put health care first, and the Patients' Bill of Rights creates the incentives to make sure that that occurs.

Tonight, I am also joined here with the gentleman from Texas (Mr. LAMPSON). I am glad that he is here.

Mr. Speaker, I yield to the gentleman from Texas (Mr. LAMPSON)

Mr. LAMPSON. Mr. Speaker, I thank the gentleman from Texas (Mr. RODRIGUEZ) for yielding to me.

I wanted to come here tonight, Mr. Speaker, to speak on the Patients' Bill of Rights, which is currently being debated in Congress, and primarily to join my other friend from Texas here and talk specifically about some of the applicability of issues facing the Hispanic community in Texas and across the Nation.

But as I listened to the gentleman talk, I wanted to make another comment before I get into these particular remarks, because as the gentleman talked about the accessibility, about a person who might want to be treated for an illness that they know there is a cure for but to which they have no access, it reminds me of a friend of mine in Nederland, Texas, right by Beaumont in the heart of the 9th Congressional District, who is a school teacher, Regina Cowles; and Regina contracted breast cancer just a couple of years ago, and she found a treatment for that cancer in Houston. But because her insurance company made the decision

that this was not an appropriate treatment for her, they refused to make a payment.

And consequently, she did not have access to the treatment. We worked with that insurance company and ultimately got them to relent. They made the treatment available. And she went to Houston, and she got the treatment. Unfortunately, it was started much, much too late and she died.

Those are the kinds of things about which the gentleman is speaking; that is what we are concerned with, with people across the United States of America. And we hear these stories over and over again about someone other than a physician making a decision about treatment for a person's health care problem.

Soon after I came to the United States House of Representatives, I was asked by Dr. Joe DeLeon, a cardiologist in Port Arthur, Texas, for me to come and do one of my worker-for-a-day program, and I went to Dr. DeLeon's office; and I did a number of things with him during the course of the several hours that I spent there, but at one point in time, he asked me to go with one of his nurses and precertify the patients that were on his list, so that he could get permission from the insurance company to be able to see them.

I did that. I sat down and made 10 or 12 telephone calls and, interestingly enough, a large number of the people with whom I was speaking at those insurance companies were not health care-trained professionals. They were making decisions based on lists of information that were put there. More a part of it was the bottom line of that insurance company than was the health of the people who were wanting to see the doctors.

Mr. Speaker, that is what has to change, I say to my colleagues in the House of Representatives. We have to make sure that our effort to produce legislation is going to reach those persons whose lives can be affected by the work that we are doing and make sure that we make policy that will reach those people, because they choose to have and want to have and deserve to have the quality of life that they can have in the United States of America.

While I said that I came to talk about those issues affecting the Hispanic community particularly, as far as we have come as a Nation, obstacles to equality still exist; and we continue pushing forward to provide opportunities for all.

Currently in Texas, more than 1 million children lack health insurance, Hispanics representing a disproportionate number of that number of children. A restrictive enrollment to the interview and an interview process, coupled with a burdensome application process has helped to produce this disparity. A lack of access particularly with Spanish-speaking providers and services has caused difficulty in what has become a cumbersome and bureaucratic managed-care system.

Nationwide, Hispanics constitute 35.3 percent of the total uninsured population. This is a disparity which is rapidly reaching epidemic proportions. Much of the problem can be attributed to lack of funding for prevention and education initiatives, absence of culturally-competent information available for Hispanic communities to make educated health care decisions, and inadequate representation of Latinos in the health care professions.

This is a trend which absolutely must be curtailed. And as we begin to, again, debate the Patients' Bill of Rights, we must be mindful of the issues facing all of our communities and work toward a bill that will provide protections for every citizen. The time for political posturing has passed, and now it is time to deliver on a Patients' Bill of Rights.

I support the Dingell-Ganske Patients' Bill of Rights as a comprehensive approach that provides enforceable protections to all Americans and ensures health care decisions that are made by patients and doctors and not those insurance companies about which we were talking.

Mr. Speaker, I thank the gentleman for allowing me to come and join him, and I thank him for the good work that the gentleman is doing in helping us get the word out on this bill and make sure that we come up with provisions that will indeed make a difference in all Americans' lives.

Mr. RODRIGUEZ. Mr. Speaker, I know that when the gentleman talked about that specific story, we all have stories; and we all have had calls and letters that we have received.

Mr. Speaker, I had a family that recently sent me a letter complaining about the fact that she had Lupus and had received some contact from the particular company, and it is unfortunate in terms of the difficulty that some of these people are having.

There is no doubt that when you are healthy and young, they are willing to have you onboard. As soon as you get sick and serious, then you begin to have some problems with those managed-care systems.

Mr. LAMPSON. If the gentleman will yield, those who are making those decisions need to be held accountable for those decisions, and that is what is going to change the complexion of health care in this country.

Mr. RODRIGUEZ. I also want to thank the gentleman. The gentleman mentioned the disparities that exist in the area of access to health care. We know that one of the biggest disparities that exists is the number of uninsured.

The gentleman talked about Hispanics. We have some data to show that in Texas it is over 33 percent; but throughout the country, we continue to have almost 25 percent, that lack access to healthcare insurance.

I want to share that with my colleagues a little bit, in terms of the discussion, a particular call that I had from one of my constituents. I recently received a letter from this constituent, who is not only battling Lupus, but also battling her managed-care company.

□ 1945

Lupus is a chronic disease that causes the immune system to attack the body's own tissue. Patients often need access to several specialists because the disease can affect many different organ systems. When individuals need those several specialists, they find difficulty in dealing with the managed care system and difficulty in them responding.

I want to quote from a letter that a person received. It says, ''People with lupus enrolled in managed care health plans should have immediate access to specialists and the specialty care they need even if those specialties are outside of the provider network. Because lupus can quickly become life-threatening, people with lupus should be able to seek emergency care when they reasonably believe that their health is in danger. They should not have to go through the lengthy complicated appeals process for receiving special care.''

Mr. Speaker, this story speaks well to the importance of a strong patient bill of rights. It is important to ensure that those who have private health coverage also have meaningful health care coverage that they can depend on when they are in need. I am a strong supporter of this, and I think it is important for us to continue to be supportive of this effort that when an individual is ill they have to be able to have access to those specialists, especially in specific cases such as lupus and many others. Unfortunately, people that find themselves in this bind also are having to battle the managed care systems throughout our country.

I also want to mention that it is unfortunate that both administratively and legislatively recently we decided to look at the tax cut as the number one priority before we begin to look at the issues that confront us. It was unfortunate that we went forward on this tax cut without looking at the resources that were going to be needed, not only in all aspects of health care but all the other issues that confront us. It leaves too many Americans with diminished hopes in the area of health care. We are following the wrong path. We should first meet our needs and our priorities, which must include access to health care, before helping those individuals on the tax cuts.

We face two great health care obstacles before us. First, too many Americans do not have the basic health care coverage that is needed. Secondly, even those who do often find themselves subject to a bureaucracy that they can neither understand nor navigate, a bureaucracy that is not responsive, a bureaucracy that needs to be pushed into doing the right thing. I am not referring to government, I am referring to

the private sector and the managed care systems. We can no longer put off addressing these two great health care issues, the issue of access and managed care reform.

The problem of access to care is not a small problem. More than 42 million persons, and the number is growing in this United States, lack access to good health care insurance. The burden falls disproportionately on a lot of the poor and minorities throughout this country. So many places of employment do not provide coverage. And let me add that those working in a small company, if it is not a major corporation, probably do not have access to insurance. Those not working for government, whether it be local government or Federal Government, probably do not have access to health insurance. So people find themselves in a real serious problem. Individuals not over 65 do not have Medicare; individuals who are not indigent, they do not have Medicaid. So here we have working Americans finding themselves in a real bind.

In America, the rural populations face special challenges to access care. For example, nearly one-fourth, or 25 percent, of the uninsured in the United States are Hispanic, as indicated earlier. That is twice the proportion based on population. So we can see the disproportionate numbers. In addition, African Americans also lack insurance, 25 percent of them, when they only represent half of that amount of the population. So we can see the disparity in these communities. The rest are people that are poor and that do not have access to insurance but who are out there working trying to make ends meet.

Roughly 20 percent of the uninsured live in rural areas. I have the distinction of having both not only an urban area in San Antonio but also 13 other counties of rural Texas, and I find myself that a lot of the rural counties have a great amount of difficulty with managed care systems, partly because of the reimbursement rates, partly because of the problem that a lot of the managed care systems choose not to go into rural America, and also because of the difficulties in terms of providing access to the ones that are really in need.

According to recent studies by the Kaiser Family Foundation, the rural populations tend to be older, they tend to be poorer and they tend to be less healthy compared to the people living in urban areas. So here we find ourselves with a very vulnerable population and a real need for us to reach out. When we look at the statistics of the uninsured, our children, the numbers are staggering. Nearly 11 million children under 19 do not have access to insurance. We have tried some efforts in that area, but a lot more needs to occur and we hopefully will continue to move forward in those directions.

In places like my hometown of San Antonio I am ashamed to say one-third, or 33 percent, of our children do not have coverage for health insurance. The burden falls not only on the children and not only on the families but also on the local governments. The reason why that is, for example, in the State of Texas we hold each county obligated up to 10 percent of their budgets to make sure they provide for the health care of their constituency. Yet those rural counties in south Texas, along the border, are expending up to 30 percent of their budgets for the poor. The rich counties have less poor and so do not have to expend as much, but a poor county, where individuals are paying property taxes, and in some cases in Texas for the hospital districts they are having to pay more to take care of these individuals, because the children's access to care is at the most expensive point, the emergency room.

We need to make every effort to make sure that we take care of those kids before the emergency room; that we take care of those people before the emergency room. The cost rises as local governments are forced to raise taxes. So it is important for us to look at health care as a major issue that confronts this country and an issue that we have been unwilling to deal with not only as elected officials but as a community as a whole. Everyone pays and everyone pays too much because we do not offer the proper care up front.

We need to look at the preventive care that is so very critical and very important and that can help prevent a lot of the diseases. The beauty of it now is that we can tell when youngsters are prone to have diabetes, type 2 diabetes, but what do we do with that information? Unless we do something to help prevent that diabetes as that youngster grows up, then we are defeating ourselves.

My colleagues will also hear me speak time and time again on the need for improving access for the uninsured, especially with regard to the health status of the most underserved population, the poor, the rural population, the children, and minority of this country. The current debate on patients' rights illustrates the access to service that does not necessarily guarantee quality of service.

We tend to associate barriers to care only with the uninsured, but even the insured in this country have a barrier to service. Those who have health insurance also, as my colleagues well know, face those barriers, and we need to make sure that those people at least have access. After all, they have been paying for that insurance, and when they get sick, it should be there for them.

Let me be clear. Managed care companies provide a valuable service for millions of Americans. Health care must be affordable and it must be available. HMOs do work hard to reach those goals, but there are excesses. There are situations where individuals lose out and there are situations where HMOs have not been responsive. For many, health care coverage has not been there when it is needed.

I recall a story that was told of LBJ, when he looked at establishing Medicare and Medicaid in this country back in the 1960s, and the story is that when he was having difficulty with the insurance companies who continued to bring obstacles on Medicare and Medicaid, he brought them into a room and he basically told them, and it is a very similar situation that we find ourselves in now, where he said, look, we all know that you are willing to take care of individuals when they are young and healthy, but as soon as they get old and sick, you are unwilling to expend what needs to be expended.

As the story goes, LBJ got those people there into that room that were part of the insurance companies of this country and he told them, look, I am willing to help you by taking and being able to support and establish a Medicare and taking care of the senior citizens. After all, the statistics and the data showed that a lot of the companies were basically dumping our seniors after they got sick, very similar to what we find now in a lot of areas.

So LBJ was able to convince them to support him on establishing Medicare for our seniors because, after all, those are the ones that are the most ill, those are the ones where the private sector is less likely to make a profit from, and they knew that they needed some help in that area.

For the same reason, for the indigent, who did not have the resources to buy the insurance, he asked them to allow him the opportunity to establish Medicaid for the indigent so that these people that do not have those resources to buy insurance that they can be able to have access.

So now we find a dilemma that in this country we somewhat take care of our seniors with Medicare and somewhat take care of our indigent with Medicaid, but in middle America we find people who are working hard, who are trying to make ends meet, in a bind, and yet not having access to good quality care. In fact, we have the largest number of uninsured in this country, over 42 million and growing.

So many of us have experienced the frustration of having also changed doctors because they are no longer a part of our plan. The patient bill of rights addresses this issue, where individuals should have the right to see the doctor of their choice. It does not make any sense for them to force an individual to see someone that they do not want to see, especially if they have their own doctor.

It also is troubling not being referred to specialists when a doctor says a person needs to see a specialist. That opportunity needs to be there and that opportunity is not there now with the private sector, some HMOs, who are giving individuals a rough time and giving those people who do pay their monthly premiums and should be able to have access to good quality care and to the specialists that they need. Such is the case with my constituent with

lupus who had difficulty getting access to good care.

We continue to hear these stories throughout the country. The passage of a Patient's Bill of Rights is important for all Americans and for members of the various communities that make up this Nation. As chair of the Congressional Hispanic Caucus, on the Task Force on Health Care, I would also like to highlight briefly how a Patient's Bill of Rights would help the Hispanic community in particular.

The needs of managed care reform is especially important for Hispanics. Fully two-thirds of privately insured Hispanics are enrolled in managed care while only about one-half of privately insured whites are in managed care. This is based on a study done by a medical expenditures panel survey. In addition, the health care system is complicated enough, but for Hispanics and populations with limited English proficiency, the task of dealing with managed care is even more difficult. We need access to good culturally competent, linguistically sensitive providers that serve our communities.

I want to share an example when we talk about culturally competent. This was a story that I continue to tell because it is a true story, a devastating story, of a woman who was told that she was positive for AIDS.

□ 2000

In Spanish when you say positive, just like in English, it is ''positivo.'' If you do not explain what that means, the lady when she was told she was positive, she felt everything was great, not realizing that she was positive for AIDS, and she had a child that contracted AIDS. So the issue of cultural competency and linguistic understanding is very important.

Hispanics, because they are more likely to be in managed care, are also more likely to have limited providers' options and limited treatment options. By having the right to choose doctors, patients can seek a doctor who speaks the same language. Managed care may be less likely to provide treatment and diagnosis that most affect these populations.

Mr. Speaker, I am joined tonight by my colleague, the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE of Texas. Mr. Speaker, let me thank the gentleman for his leadership on the question of health care, both as a Member of Congress as well as a member of the State legislature in Texas. I think this is an important enough topic to give a chronological history.

As I was listening to this debate in my office, I thought it was important to explain that people should not be frightened about this compromise. I am excited by the Senate bill and the compromise in the bill in the House, the Ganske-Dingell bill. I see no reason why this bill cannot pass from the House into the Senate and receive the signature of President Bush.

As the gentleman from Texas knows, Texas passed a similar initiative; and to my knowledge, we have not suffered in the loss of good health care. I am sure that we can work to even improve the concept of reasonable balance between patients and physicians. That is all we are talking about, is giving the American people the right to be able to make decisions about their health care along with their physicians, simply plain and straight to the point.

I am reminded of this debate, and I have been engaged in this debate it seems to be three sessions. I remember when we had a number of hearings about tragic situations which have occurred. I would like to bring back one in particular, and I think this young man if I recall, I do not want to add to the story, but I believe he was an amputee, at least two legs, I am not sure, I think he lost two hands as well. He was a youngster under the age of 12. He was an example of a youngster who had been picnicking with his relatives and had fallen and had gotten onto some dirty nails. His family was rushing him to an emergency room, but because of their insurance, their insurance was not accepted at that particular emergency room. Therefore, they had to travel miles away. It was a rural community. Just that distance caused the young man to be put in dire condition and therefore became an amputee on that basis because he could not be treated by the immediate emergency room. That is what the Patient Bill of Rights is attempting to do, to be able to ensure that the Hispanic woman who spoke Spanish, who understood everything is okay from the word ''positive'' versus that you are positive with HIV, that kind of lack of sensitivity would be no more.

That the idea of being turned away from an emergency room simply because you are in the wrong location simply has to stop. This is a powerful country, and although health care is not in the constitution, it certainly should be a right and privilege of Americans.

This particular bill as I understand it allows for the extra protection, I do not call it the right for a lawsuit, the extra protection to be able to, if you will, challenge and hold responsible any culprit, any particular entity that divides health care between patient and physician.

If the HMO tells the loved one while the patient is needing care I am sorry they cannot get it because your insurance does not cover or you have not paid enough, or we do not want you to have that because the doctor says you should have it, it is extra and something tragic happens, I believe that the American public deserves the right to hold that entity accountable. That is all we are asking for, is to ensure that those privileges are had and the Patient Bill of Rights reestablishes the privileges of the patient and reestablishes the right for medication and dialysis, reestablishes the right treatment for diabetes as opposed to being denied that right; and so many of my constituents have had that experience.

Mr. Speaker, elderly are living longer and the HMO is saying, I am sorry, they are at that limit, we are not going to approve it.

In closing, I had that experience with my father. Of course we do not come to the floor of the House to generate personal stories of our personal dilemmas or personal frustrations, but it is always good for people to know that we walk in their shoes. There is no special treatment and should be no special treatment for Members of Congress, and we do not want any special treatment. I want every American who has health insurance to feel the confidence that you can go in and assure that that physician is going to be the one between yourself and if it is a loved one, deciding the best health care, having the ability of the physician to be able to expand on health care or procedures, not frivolous procedures, we do not want that. We have been in a process of efficiency and management. I believe in that. I believe in bringing down the costs.

But, Mr. Speaker, I also believe that this bill is long overdue, that physicians can sit down and say I think he or she can try this treatment or I think you need this surgery and I have researched it and they need to have it.

Mr. Speaker, to see a patient on the phone lines trying to argue with the insurance companies is a frustrating process to watch; and I encountered that through the long illness of my father, talking in the hospital, in a phone booth, trying to talk to the insurance company to provide a certain coverage of someone who had paid insurance and was covered by insurance, and trying to make the argument that this is a kind of treatment that was needed or a transport that was needed because insurance companies pay for transportation from one hospital to the next.

I do not think that Americans should be subjected to that, and particularly those who adequately provide coverage for them or their loved ones. This is an important effort that we are engaging in. I hope this bill that is being debated in the Senate will quickly come to the House and we will find a way in our consciences and also in our representation of the American people to finally give them a Patient's Bill of Rights which balances patients, physicians, loved ones, and insurance companies.

I say to the industry of insurers that sometimes it looks frightening when you see something on the horizon, but it is interesting enough that a number of States, including the State of Texas, has now for at least 4 years had the kind of Patient Bill of Rights that we are trying to give to the American people.

I do want to refute the point that insurance costs are going up. We have already documented that corporations can find a way that they do not pass

those fees or suggested costs on to the insured, on to the employees. It can be done. It did not happen in Texas as we understand it; and, therefore, I do not think it will happen on a national level.

I thank the distinguished Member for having this time to talk about this important issue. I hope that our colleagues will move this bill quickly because I think it is an important step for America in improving the health care delivery system that is so much needed.

Mr. RODRIGUEZ. Mr. Speaker, I thank the gentlewoman for her participation. I know the gentlewoman mentioned specifically about the fact that there are people making decisions, and as we well know, sometimes it is the accountant making a decision whether the patient should have a specialist or not. The ones making the decision should be the physicians. They are the ones that know best. They should be deciding whether a patient should have access to a specialist or not, and it should not be based upon economics. As the gentlewoman knows, this bill will make sure that occurs.

As the gentlewoman stated, we want to see the doctors of our choice. It is a basic right that a patient should see a doctor that they want to see and that just makes all of the sense in the world. We want to make sure the patient feels comfortable. The gentlewoman mentioned the importance in terms of making sure that the language barriers and the competency is there. Nothing is worse than a patient being sent to someone that they do not feel comfortable with, that they do not feel secure with. That the patient feels maybe they are not making the right decisions. Maybe a patient has someone that they have been seeing all this time that they want to continue to see.

I have always had my own doctor, and I have continued to see him despite the fact that my insurance does not cover those visits, but I continue to see him because I want to see him.

Ms. JACKSON-LEE of Texas. Mr. Speaker, if the gentleman would yield, that is a vital point. That is the continuum of care. Over the last 5–10 years, we have seen the patient moved around like a shopping cart being moved around at the grocery store. One time you are in one aisle looking at cereal boxes. Another time canned meats, another time fruit juices, meaning that the patient cannot have that physician that they have a trust in that they have had for 10 or 15 years. We used to keep our physicians for a period of time. When the insurance came in and said I am sorry, you have to move on to Doctor So-and-so because your longstanding doctor is not on the list. Continuum of care is a vital part of health care in America.

Mr. RODRIGUEZ. Mr. Speaker, the gentlewoman has hit the nail right on the head. That is one issue that all Americans agree we need to push for. The Patient Bill of Rights allows us to have the doctor of our choice.

When we look at that and when we look at lawsuits, we have not seen that many lawsuits, but I will attest that if an accountant makes a decision whether you should see a specialist or not and that person dies, and that decision was made not for a medical reason but in terms of financing, then they have every right to be sued for malpractice. It is unfortunate that that is occurring in this country. We need to put a stop to that. I thank the gentlewoman for being here with us.

Mr. Speaker, I want to take this opportunity to stress a little more in terms of the language barriers that exist, both to services and to health care that we encounter. The experiences that a lot of people have, if they do not speak the language, it becomes very difficult. We need to continue to move forward on that.

Mr. Speaker, tonight I am joined by the gentleman from New Mexico (Mr. UDALL). I know the gentleman has been active on health care and has serious concerns about access to health care, and I thank the gentleman for joining me tonight.

Mr. UDALL of New Mexico. Mr. Speaker, I thank the gentleman from Texas. It is nice to be here with the gentleman this evening. Let me first say that the leadership of the Hispanic Caucus on the health care issues and on the Patient's Bill of Rights has been very impressive. I have a district in New Mexico that is 38 percent Hispanic, close to 20 percent Native American, and the leadership that the Hispanic Caucus has shown in terms of educating us on these issues has been very, very helpful to me.

The gentleman mentioned an issue that I wanted to say something about, until I go on to continue with the Patient Bill of Rights, and that issue is this issue of why we are giving patients the right to sue an HMO.

Mr. Speaker, we have two States which have passed laws very similar to the bills we are considering now. California and Texas have passed Patient Bill of Rights laws. To listen to the other side argue and to listen to the HMO community, the managed care community argue, one would think that we were going to have runaway lawsuits. You would think that juries are going to go crazy and award massive awards. In fact, those two laws which have been in place now a number of months, one of them in Texas, went through and was put in. President Bush did not sign it, but he could have prevented it and he allowed it to become law. I believe only a half dozen people have even filed a claim under that law.

□ 2015

And so the one thing that we have got to get the word out on is that this is not a situation that is going to jeopardize these companies. This is not a situation that is going to end up in runaway jury verdicts. This is a situation where we just give a patient an opportunity to have their day in court is really what we are talking about, if they are seriously injured, if someone is killed as a result of a medical decision, that they have that kind of opportunity. That is a very important point.

I think the same thing is true, as the gentleman knows in California. Only about a handful of individuals have filed. It has not been a situation that has fostered lawsuits. The important thing here is to protect the civil justice system.

A couple of words on the Patients' Bill of Rights. I believe that this is a very, very good bill because it protects patients and all of their various options. There is nothing more frustrating as a patient to have care denied and not understand why. There is nothing more frustrating as a patient to have an expert be turned down to look at your particular case. What we are talking about here is very simple, common-sense rules that make the HMOs produce quality care.

I will never forget as State attorney general when I heard this whole idea of managed care coming in, as the gentleman from Texas (Mr. RODRIGUEZ) knows, they sold it to us that it was going to be cost effective, which they have cut a lot of costs, there is no doubt about that; but they said the quality of care is going to go up. In fact, that has not happened. The quality of care has gone down, people have been denied care, patients find themselves dealing with these large bureaucracies, and they do not have any idea how to get through them. That is a big, big problem.

Let me just sum up by saying, the Hispanic Caucus has been a real leader on this issue. They have taught me a lot, the gentleman and the other members. It is a real pleasure to carry on this colloquy today with the gentleman about these issues.

Mr. Speaker, I rise today to address an issue that is important to and affects many people throughout the country, particularly many of my constituents who live in the 3rd Congressional District of New Mexico. As our colleagues in the Senate begin to take up the very important issue of a Patients Bill of Rights, it is important that we highlight the various and unique obstacles that Hispanics in the United States face when it comes to managed care.

Many Hispanics who belong to managed care programs often face obstacles that others do not. One obstacle is language barriers. At times, language barriers adversely affect not only their access to health care, but that of their children, as well. A recent report by the Agency for Healthcare Research and Quality showed that the inability of many Hispanic children to access care is a result of their parents' inability to speak English well enough to interact fully with the health care system. Furthermore, pamphlets and written information are sometimes available only in English, which presents another set of challenges for many Hispanics in the United States.

Moreover, the difficulty of navigating through the bureaucratic managed care system is often complex and burdensome. This can

often present a challenge to anybody, but can be compounded by unfamiliarity with the managed care system and difficulty with the English language.

In addition to these specific problems faced directly by some Hispanics accessing and obtaining managed care, there is also a general lack of data that outlines the specific Hispanic needs pertaining to managed care programs.

While these issues I just mentioned are faced by Hispanics on an individual basis, there is another more systemic problem, that being the lack of Hispanic representation at the administrative level. It is important that more Hispanics are able to participate in the decision-making processes in managed care. There are many reasons why this is important, one of which is that individual's from similar backgrounds can better related to the challenges faced at the individual level.

As this Congress takes up a Patient's Bill of Rights and help guarantee the safety and care of patients, it is important that we not forget the unique challenges that Hispanics face when dealing with managed care. The issues that have been discussed tonight must be addressed in order to insure that Hispanics are able to receive the care they need and deserve.

Mr. RODRIGUEZ. I want to thank the gentleman from New Mexico (Mr. UDALL) for his service. I know he has been working real hard in this area, too. He mentioned the lawsuits. He is right and correct in the fact that we have not seen those lawsuits in Texas. It just gives that right. They know that the decision should be made by the medical profession and not by the accountants. In addition, he also represents a State that has a lot of rural community, a lot of Hispanics also that are uninsured. I know he has worked hard in representing them. I want to thank him for what he has done in that area. And also the fact that rural America, such as rural New Mexico and Texas, find themselves without access to health care. A lot of the managed-care systems are not operating in rural America. We have a great deal of difficulty in getting access to managed care in those areas. It has created a lot of problems for us. I want to thank the gentleman personally for what he has done on behalf of New Mexico and everyone in New Mexico including the Hispanics there.

Mr. UDALL of New Mexico. The rural part of this, as the gentleman knows, is a huge issue. Rural America does not have the opportunity to take the benefits that managed care provides, and we are especially seeing that in my district and in rural New Mexico in regard to Hispanics. I thank the gentleman once again for his leadership. I see we have another of our distinguished colleagues here that I know he is going to talk about, a real champion of health care issues for Hispanics.

Mr. RODRIGUEZ. I thank the gentleman from New Mexico for joining us tonight. I thank him for coming out. I know it is kind of late.

We are also joined tonight by the gentlewoman from California (Ms. SANCHEZ). I want to thank her for coming out here tonight. I know it is kind of late. She was also working on an issue today on the House floor. I thank her for coming back and joining me.

Ms. SANCHEZ. I thank my colleague from Texas very much. This is such an important issue. I want to take the opportunity to thank him as a Hispanic sitting on the Hispanic Caucus, which is the nonpartisan official working group of this House of Representatives that talks to the issues that in particular affect Hispanics. Of course the gentleman and I both know that health and health care is one of the largest problem areas for our population for a lot of reasons, lack of knowledge in particular. And so when we look at something like a Patients' Bill of Rights, when we look at the effect that policy can have on giving right information, giving all the information, explaining better the information to a potential patient becomes very important for Hispanics in particular. Or just the convenience factor. Most of us, we run around and we think it would be difficult to schedule different appointments with different doctors. For someone in the working class, it is very difficult to take time off from work in order to go and see their doctor, and so to make multiple visits becomes a very difficult thing.

I just want to take the opportunity to thank the gentleman for the type of work he has been doing, heading up the health care task force within the Hispanic Caucus.

Mr. RODRIGUEZ. I thank the gentlewoman for joining me tonight. She has worked hard in the caucus on various task forces. I know she is interested in health also, and I know she is very interested in the Patients' Bill of Rights. We have talked tonight about the importance of seeing the doctor of our choice, the importance of making sure that physicians make the decisions and not accountants, the importance of making sure that we hold the managed-care system accountable when that person needs a specialist and the physician says that they need a specialist, then that person should be allotted that specialist.

We have a variety of cases that have been brought, I know, to her office. The gentlewoman has had letters from people who have had difficulty with managed-care systems. I shared with the public a particular person who had had lupus, a disease that required a variety of specialists and had not only had to fight with her illness but also had to fight with our managed-care system.

Ms. SANCHEZ. And in particular with respect to diseases, it is really troublesome when we see that the Hispanic population in particular in the United States is having such a problem. They are one of the largest, fastest-growing segments of the population with respect to HIV. Not enough testing gets done there. They have the highest, probably three or four times out of the general population, ability or propensity to get diabetes.

We not only see that they need to see doctors but why it becomes so important to see the doctor of your choice. In some cases, there can be language barriers, not getting exactly the right communication going between doctor and patient. Think about how we feel. Once we find a doctor that we are comfortable with, it is almost like we do not want our insurance ever to change because we want to be able to have always the same doctor. You feel comfortable going to that doctor. Imagine how somebody feels who may not completely and totally understand the English language as well as a natural-born citizen here. I think of my own parents. My mother has a master's degree in Spanish and English. She is a teacher. Yet she always feels more comfortable hearing, especially difficult things, complicated things, complex things, in her native language of Spanish than she does in English.

Think about if you have ever been to the doctor, and they come out to tell you something, most of the time these doctors do not even know how to tell you in layman's terms what the heck is wrong with you and they are talking English. Imagine if you have the barrier of a language, it becomes even more important for people to have choice of doctor, to have portability if they go to a different job, of taking that insurance. And also a lot has been said about, oh, my God, this Patients' Bill of Rights is just about lawyers who make lots of money being able to sue HMOs.

That is not the case. First of all, if you are working class or lower income, even if you are middle class, actually, and you have a problem and you go to do these types of suits, you go to do a type of suit like this, it is a very long and expensive process. And so these contingent fees, if this goes nowhere, those lawyers, they lose all the expense money and all their time and effort. They do not get paid one dime on that. I think those who saw ''Erin Brockovich,'' for example, understood that comment, that these people really only take a case if they think that there is something there most of the time. And so for someone, especially in the Hispanic population, a majority of the people who are Hispanics, we fall in that category. We do not have a lawyer on retainer. How do we know what to do?

Mr. RODRIGUEZ. The gentlewoman is right. I think one of the realities is that we need to make sure that everyone has the right to have access to health care. In so doing, she talks about the importance of those barriers and cultural competencies. If you are a woman, you might want to see a woman, depending on the type of illness. There is no doubt that in terms of feeling more comfortable, sometimes even a Hispanic might not make you feel comfortable. And so it is important that you see the doctor of your choice. Once again, she mentioned the issue of lawsuits. I think it is important that the judiciary is always the

last resort. If you are doing the right thing, you should not be afraid of that. But when you do have people that are not physicians making the decisions whether you should see a specialist or not, then you need to be liable. I think it is important that the decision is based on money.

What we found in Texas that has the same rights as we want to establish here, we have not seen the lawsuits. We have not seen the abuse. Where we have seen the abuse is where they feel they can do and undo as they please because of the fact that you cannot do anything about it. It reminds me of that story, of that person who finds themselves having to fight both the disease and the system.

I want to thank the gentlewoman for joining me here tonight. We have a few more that have come over, a young lady that has also talked about coming and talking, so we will continue to do that. I do not know if she wanted to make any other comments.

Ms. SANCHEZ. That is fine. I know you have a couple of more over here to talk about their feelings and what people in their districts are feeling with respect to the Patients' Bill of Rights. We really need to do something about righting this situation. People should have choices. They should be comfortable that they have choices, and they should feel that they have been dealt a fair hand in dealing with the insurance coverage that they have. I thank the gentleman for doing this Special Order.

Mr. RODRIGUEZ. I thank the gentlewoman from California (Ms. SANCHEZ) for joining us.

We are pleased to be joined by several other Members. I want to ask them to go to the mikes as they get comfortable, and then later on we will be dialoguing as they come in. I want to ask both of them to join us as we bring closure to the comments of tonight. I thank them for coming out here tonight as we talk about the Patients' Bill of Rights and the impact and the importance of having access to the doctors of our choice, making sure that if the physician says that we need a specialist, that we do have a specialist. I thank the gentleman for being here.

Mr. STRICKLAND. I thank the gentleman for sharing these few moments with me. I will be very short. I was watching the gentleman on C-Span. I thought of one of my constituents that I wanted to come over and share with him. Tonight in Hillsboro, Ohio, in Highland County, Ohio, there is a constituent of mine who is 31 years old. Her name is Patsy Haines, she is a wife and a mother, and she has chronic leukemia. This Saturday we are going to have an auction. We are going to auction off items that neighbors and friends have contributed to get money to try to help Patsy Haines and her family afford the medical care she needs.

I would like to explain something else briefly. Patsy Haines worked for a particular company that had a self-insured policy, insurance plan. She worked there for 5 years, until she became too ill to work. Her husband has worked at that company for 7 years. Patsy Haines has a brother who provides a perfect match for a bone marrow transplant. Her doctor says if Patsy Haines receives this transplant, the chances are she will be cured and live a long life and rear her child and be a wife to her husband.

This is the problem: the insurance company refuses to pay for the transplant, saying that it is experimental. I went to the James Cancer Hospital in Columbus, Ohio, where some of the world's leading cancer experts work. I talked to the transplant team there. I talked to a young, very inspirational physician, degrees from Stanford and Harvard and a leading expert in bone marrow transplant.

□ 2030

He confirmed that this is exactly what Patsy Haines needs. He said it is the standard treatment.

I went to the Ohio Department of Insurance and I shared Patsy Haines' story with them and they were sympathetic but they said we really have no jurisdiction over this situation.

So we find ourselves in the United States of America, in the year 2001, where a young woman, a wife, a mother, is facing a situation where she may lose her life. It is shameful. All of us in this Chamber should be ashamed that we have not passed a Patients' Bill of Rights long ago. It is beyond belief almost that we would actually stand in these Chambers and debate whether or not an American citizen should have the right to go into a court of law to have their rights defended when they are denied necessary and needed medical care.

I thank the gentleman for this special order. The American people need to know what is going on. If they do know, I believe we will be forced to do the right thing even if we choose not to. So I thank the gentleman for this special order and for this time that has been given to me, and I hope that we can move together in the days and the weeks to come to accomplish this good thing for the American people.

Mr. RODRIGUEZ. Mr. Speaker, I want to thank the gentleman very much for sharing that story. As we see, each Congressman that has come has shared a story from their constituents; and I want to thank them for that.

As we start bringing closure, I want to make sure I recognize my fellow Congresswoman, the gentlewoman from California (Mrs. NAPOLITANO), who is joining us tonight.

Mrs. NAPOLITANO. Mr. Speaker, I came in at the tail end of this; and I certainly want to add my two cents. I have been in the labor market, so to speak, over 50 years. It may seem kind of crazy, but I have been. In those years, I have seen the different types of coverage that employees have had because during my work period I can remember when an employee would have an illness or a need to have surgery. There was never any question about the services to be rendered to that individual by the coverage the company afforded them. There never was a question about whether or not it was legitimate or not. It was assumed that if the employee was determined to have a need, that need would be filled by the provider.

Well, things have changed. And through the years, we see that the companies have put in place deterrents for people to get the type of care that they are entitled to, because the insurance company provides it for them and they determine that they are the ones who are going to determine whether or not it is going to be treatable.

Well, that affects us all. I have had numerous phone calls from constituents just recently, a gentleman, a business owner no less, who has been in business many years, diabetic, had a foot infection. He was waiting for the provider to tell him whether or not he could get services in a hospital to take care of an infection. That is a very serious thing for a diabetic to have a toe infection. So I asked him to go to the top and make his wishes known. He was a businessman that should have been able to reach somebody besides an accountant telling him, well, wait until the decision is made.

We have many people whose lives hang by a thread and the more that they are made to wait the chances for their survival diminish. I think it is important for the people to understand that we want to have the ability to pass such legislation so they should also be aware that as we go through this session that we would like to have their input so that we can then be more cognizant of what we need to do.

We already have all kinds of information. However, it is not happening; and I think it is time that we move forward and get through Congress this year an effective bill of rights that allows any individual, legitimately needing a service, to be able to obtain it.

Mr. RODRIGUEZ. Mr. Speaker, I thank the gentlewoman from California (Mrs. NAPOLITANO) for her comments. The Ganske-Dingell piece of legislation allows this opportunity. By the way, this particular bill has been passed by the House and we will have an opportunity to pass it again and hopefully pass it through both Houses and be able to make it through.

Once again, I want to thank all the Members that have come out today to provide their testimony of the importance of the Patients' Bill of Rights and the importance of passing this to be able to see the doctor of one's choice.

WE ARE ALL FOR A PATIENTS' BILL OF RIGHTS

The SPEAKER pro tempore (Mr. JOHNSON of Illinois). Under the Speaker's announced policy of January 3,