

pediatric specialists. Holding HMOs accountable, we must provide patients with the ability to appeal treatment decisions through both internal and external grievance procedures, and we must give patients the right to hold insurance companies legally accountable when their treatment decisions result in injury or death to a patient.

Pass a comprehensive Patient Bill of Rights. It is the only way we will ever be able to once again put patients before profits.

EXCHANGE OF SPECIAL ORDER TIME

Mr. BERRY. Mr. Speaker, I ask unanimous consent to have the special order time of the gentlewoman from Nevada (Ms. BERKLEY).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Arkansas?

There was no objection.

MANAGED CARE REFORM

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

Mr. BERRY. Mr. Speaker, I stand here this evening in support of real managed care reform. We have all heard the stories, the countless stories, about people who have suffered because they were not allowed to make their own health care decisions in consultation with their doctors or other health care professionals, stories from people who have lost loved ones because someone behind a desk, not a doctor, made a bad decision. Congress needs to take action on passing bipartisan legislation to provide the American people with basic protections and basic guarantees when it comes to managed care.

Eighty percent of Americans with private health insurance, Mr. Speaker, are enrolled in managed care plans. In many cases, Americans are required to be enrolled in managed care plans because their employers have contracted with managed care companies to achieve cost savings. Congress should act this year to enact a law that contains the following five principles. Here is what we should do, and here is what the American people want:

As I have said before, patients and their doctors, not insurance company clerks, should make decisions about what care is medically necessary. The American people want insurance reforms to be overseen by the States, not by a federal bureaucracy. The American people want real reform that keeps their medical records confidential. They want real reform that includes meaningful protections, like the right to emergency room treatment as defined by any prudent lay person. They want real reform that includes meaningful accountability for a right without a remedy is no right.

Too many people have been denied care under their HMO policies or their managed care policies, and that should not be the way it is in this country. We have quality health care in America, but people have to be sure if they need a particular procedure, a particular operation or particular health care service, that they can have it.

There is widespread support on both sides of the aisle for some type of managed care reform. Every Member of this body voted for some type of reform last year. The American people want and support patient protections. It is imperative to the American people that they see action on managed care reform. Let us give the American people what they want, real managed care reform.

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EXCHANGE OF SPECIAL ORDER TIME

Mr. THUNE. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Kansas (Mr. MORAN).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from South Dakota?

There was no objection.

IT IS HIGH TIME WE RESTORE THE TRUST AND CONFIDENCE OF THE AMERICAN PEOPLE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from South Dakota (Mr. THUNE) is recognized for 5 minutes.

Mr. THUNE. Mr. Speaker, this past weekend I was very disappointed to see our friends on the other side start down the same old track, and that is to try and turn Medicare into a political game. It became clear to me, and I hope that all of our friends will change their mind on that, but that they want to travel down the same old road we traveled before 2 years ago, when Republican proposals to reform Medicare were relentlessly attacked by our colleagues on the other side, only to be supported as part of the balanced budget agreement in 1997 and subsequently signed into law.

The very same reforms that were attacked as a matter of the fall campaigns were then agreed to later on in the year because it became clear that that was the only real solution and responsible thing to do to try and save Medicare for the next generation.

Here we go again. Our friends do not seem interested in a solution. They only want to inflame and scare the American people. How do I know that? Because last week the Medicare commission which was appointed by the President made its recommendations.

Interestingly enough, the two Democrat senators on the commission, Sen-

ators KERREY and BREAUX, led the way and then were sold out by the President's appointees on that very commission and blocked the reform proposals that had been laid out.

Why? Because, as the two of them said in a news report last week, it did not spend 15 percent of the surplus on Medicare. The Medicare commission came out with recommendations and proposals that would save \$100 billion in Medicare over the course of the next 10 years, but because it did not spend 15 percent of the surplus on Medicare, the President's appointees blocked the commission's recommendations.

Why? I do not know. That is a good question, and I think the American people ought to ask the same question because there is a real matter of trust here when one looks at trying to solve a problem and come up with a sincere genuine solution rather than to demagogue an issue, as we saw again 2 years ago.

The Senate Committee on the Budget had a vote last week on the President's budget, the so-called proposal that would set aside 62 percent for Social Security, 15 percent for Medicare. The Senate Committee on the Budget voted down that proposal by a vote of 21 to zero. Even the President's allies in Congress in the Senate did not want to vote for the budget proposal that he had submitted.

This week, the Republicans will submit their own budget proposal which sets aside for the first time since 1969 all of the Social Security surplus, 100 percent, to be used for Social Security and Medicare and for retirement issues.

I think it is high time that we were honest with the American people. The President's budget spends the Social Security surplus, \$220 billion over the course of the next 10 years. We preserve it by setting aside and walling off 100 percent of the Social Security surplus to be used for that purpose. I think this is a significant milestone in American politics, and it is high time that we did it.

It is high time that we restore the trust and confidence of the American people, and I hope that the American people are wise to the charade. Two years ago it was tried, perhaps to some degree it worked, but make no mistake about it; check the fine print, because I think that the American people will find that when they do that they will see that they have been sold a bill of goods.

This week when we debate this proposal that would set aside and preserve 100 percent of the surplus that we are going to see in this country over the course of the next 10 years for Social Security and Medicare, and not buy into the myths and the same old same old *deja vu* all over again tactics that have been tried by the other side, I hope we can work together constructively to find reforms in Medicare that

will preserve that program and make it viable not only for this generation of Americans but for generations of Americans to come.

PATIENT BILL OF RIGHTS

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

Mr. RODRIGUEZ. Mr. Speaker, it is long time past that the Congress needs to act and act quickly on managed care. Individuals and families are increasingly apprehensive about how they will be treated when they are sick.

A survey last year found that an astonishing 80 percent of Americans believe that their quality of care is often compromised by their insurance plan to save money, and too often their beliefs are well founded.

The Patient Bill of Rights introduced by the gentleman from Michigan (Mr. DINGELL) and Senator KENNEDY last Congress would have ended these particular problems, but we had some difficulties and were not able to pass a particular piece of legislation.

The managed care plan needs to be passed and we need to look at it this year and not allow it to continue. Managed care reform is needed by all Americans, especially those in minority communities.

Let me just highlight one area of concern, access to specialists. The need for specialists is critical for individuals who suffer chronic illnesses. Diabetes, for example, is a disease rampant among a lot of individuals but specifically disproportionately hits Hispanic populations. Many do not know that it is a truly treatable disease and that one needs to have access to specialists in order to be able to treat some of those items.

I do not know if everyone recognizes it, but diabetes is a treatable disease. It is something that can be prevented. With some recent studies, we can identify some of the problems early in life, but we let it go. One of the greatest causes of this particular disease is blindness and loss of limbs.

According to the Center for Disease Control and prevention, every year approximately 16 million people suffer from diabetes alone. Of these, 1.2 million alone are Mexican Americans.

We see the same problem with cervical cancer. Hispanic women especially are disproportionately affected by the disease that is completely preventable also, yet there is limited access to the proper specialists in this area.

We all recognize the growing population of elderly in this country and the need to look at coming up with some appropriate managed care systems.

Without adequate care and medical supervision, diabetes and those with

cervical cancer suffer grave consequences. It is a shame because these illnesses can be treated and prevented.

Too often today, managed care is mismanaged care. Decisions on health care should be made by doctors and their patients, and not the insurance company or their accountants or those individuals that are looking at the profit margins.

We appeal to the Republicans, and we appealed last year and this year we again appeal to the Republicans, to allow us to go back to the constituency and allow us to do the changes that need to take place.

The Republicans will say that the Congress passed managed care reform last year. I would ask, what have we had? No real reform, but it is a simple truth. The fact is that we need reform and it needs to happen now.

What we passed here on the House floor was only the fleeting shadow of real reform. Real reform would have included guaranteed access to needed health care specialists and, as I mentioned before, access to emergency room services, continuity of care protection and access to a meaningful and timely appeals process, both internally and externally.

We should take a page out of the book of the Texas State legislature. At the State legislature in Texas we passed managed care reform legislation that addressed the real needs of Texans. There was a scare that this reform would drive up insurance rates. In fact, insurance rates were raised a modest \$2.00.

Contrary to popular belief, the HMO liability law has not flooded the courthouse with new lawsuits. It has actually diverted lawsuits and saved money by using an independent review process and solving problems before they go to the Court. About half of the cases in Texas that are reviewed have led to partial or complete overturns of the HMO decisions.

Now it is time for us to pass real managed care reform. It is up to us to come to the plate. It is up to us to make sure that those individuals have access to health care the way they should. It is up to us to make sure that they can see the doctor that they choose to see and not who they want to send them to. It is up to us to make sure that we have a system that is responsive and addresses the needs of those individuals that are hard-hit.

For too long we have waited and we have recognized the problem of the HMOs and the fact that they have not been responsive at all. So it is time for us to come to that point.

EXCHANGE OF SPECIAL ORDER TIME

Mr. WELDON of Pennsylvania. Mr. Speaker, I ask unanimous consent to claim the time of the gentleman from Ohio (Mr. KASICH).

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

TECH TRENDS 2000, AN HISTORIC EVENT TO TAKE PLACE ON APRIL 6 AND 7 IN PHILADELPHIA

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

Mr. WELDON of Pennsylvania. Mr. Speaker, as chairman of the Subcommittee on Military Research and Development and a senior member of the Committee on Science, I am extremely concerned about our Nation's investment of public money into research and development and new technologies.

In fact, Mr. Speaker, the R&D accounts for defense are expected to decline by about 14 percent. Part of my goal in this session of Congress is to make the need for research and technology real for all of our colleagues, for our staff, as well as for the American people. To that end, an historic event will take place on April 6 and 7 of this year in Philadelphia at the brand new convention center.

Working with Mayor Ed Rendell and the entire delegations of the four States of New Jersey, Delaware, Pennsylvania and Maryland, all 41 House Members and 8 Senators, we have assembled what in fact will be the largest technology conference of its type in the history of America.

For the 2 days of April 6 and 7, every Federal agency that spends research money in America will be in attendance. They will exhibit the kinds of technologies that they are buying today and will give us a look at the kinds of technologies and research that they expect to be funding over the next 10 years. This will truly be an opportunity for all of America to see where we are investing tax dollars in new technologies.

It will be an opportunity for scientists and academics and young people to look at the emerging technologies that we should be funding in the future that they perhaps can compete for. For the 2 days in Philadelphia, we will have Dr. Neil Lane, the White House's top point person on science and technology; from the Department of Defense, Dr. John Hamre, Deputy Secretary; we will have Jack Gansler, in charge of acquisition and research; Frank Fernandez, who heads DARPA; Admiral Lyles, who heads missile defense; Admiral Gaffney, who heads naval research. We will have Dan Golden, the head of NASA, who will talk about NASA's investment. We will have Dr. Varmus, the head of NIH; Jim Baker, the head of NOAA. We will have the head of the National Institutes for Science and Technology and the deputy