

just a few like are covered in the Senate bill. Every American ought to have access to patient protection so they are not abused by their HMO. That is one of the issues.

Another issue has to do with who determines medical necessity. Well, in the House-passed version, we passed a bill that said, you know, if there is a dispute you can go to an internal review, then an external review, an independent panel, and the panel can make a decision free of conflict of interest with the HMO and that that decision would be binding on the HMO, they would have to follow it. And if they did not follow that recommendation on a denial of care, then they could be subject to a fine. And if a patient was injured because of their not taking the advice of that panel, then they could be subject to liability.

Nothing like that in the Senate version, nothing has been dealt with on that issue in conference.

Now, some people are starting to think, well, maybe we ought to include some provisions from a substitute that was debated on this House floor and lost in regards to the liability. And that was the Goss-Coburn-Shadegg managed care liability provision. It is full of flaws and loopholes. I sincerely hope that the conference committee would correct these loopholes and flaws if they are looking at this. But more importantly, they just ought to adopt the provisions that were in the bill that passed the House.

But let me just read a couple of them. The Goss-Coburn-Shadegg HMO liability provision creates a Federal cause of action. Now, that is something we did not do. We simply said, if there is an injury, it goes back to be handled in the State, like all other insurance disputes do.

The Goss-Coburn-Shadegg says other related claims could be brought in State court but not at the same time. That would create a procedural nightmare. Patients would be forced to bring actions in both State and Federal related to the same wrong, wasting judicial resources and posing an undue burden on them.

The provision is unclear as to whether patients would be shut off from bringing related causes of action between various courts. The provision is vague whether a Federal court would have supplemental jurisdiction of State law claims, thereby taking a patient's State law claims away from a State jury.

That is one example. Here is another problem with it. There was a provision in that Goss-Coburn-Shadegg liability bill that required a certification of injury by an external review panel that could deny a patient's Seventh Amendment constitutional rights. A defendant HMO could apply to a second external review panel under the Goss-Coburn-Shadegg bill not involved in

the external review decision to determine issues of substantial harm and proximate cause. These are traditional jury issues.

If the external review panel, which could be completely devoid of any legal expertise, determined that either substantial harm has not occurred or that the HMO did not proximately cause the injury, then the patient's action would be dismissed unless the patient could overcome such a finding by clear and convincing evidence.

Further, if a patient fails that burden, he or she is responsible for the HMO's attorney's fees. The use of an external appeal entity to establish causation or harm is unconstitutional. A patient's Seventh Amendment right to a trial by jury cannot be superseded, and external review panels cannot make decisions about injury and causation, which are reserved for our judicial system.

There are many other problems with that substitute. But one of them is this, and that is that the Goss-Coburn-Shadegg bill would force a patient to exhaust internal and external review. To bring an action, a patient would have to exhaust current ERISA administrative remedies and all internal and external review processes, get this, even when he or she has already suffered an injury or even die due to the HMO's negligence.

Let us go back to Mrs. Utterback. Mrs. Utterback started her problem at 8:15 in the morning when she phoned, goes through the day, how many times did she phone the HMO to try to get some resolution, did not get any help, was not treated properly, finally ended up dying, being taken to surgery about 9 and dying the next day.

You know what? She would have no legal recourse under the Goss-Coburn-Shadegg liability provision because, well, you know what, she had not gone through internal or external review. It is just unfortunate for Mrs. Utterback, I guess, that she died before she could bring it to review. But that does not mean that that HMO should not be liable.

That is why the California Department of Corporations fined that HMO \$1 million because of their negligent actions.

We need to fix this problem. We need to address this. That is why we should have had a debate today on the Campbell Quality Health Care Coalition Act, which is one way to approach the problem; and that is why the conference committee on HMO reform really ought to get something done and soon.

If they cannot move to some real substantive decisions and agreements, then we need to start looking at other ways to move this legislation. This is just too important for us for this to languish.

There are millions of decisions being made every day on people's health care

that are being interpreted to the disadvantage of patients because of an HMO's ability to determine "medical necessity."

I hope it does not happen to a member of your family or to a loved one of yours or to you. Unfortunately, it could. All our constituents should be phoning and writing their congressman and they should say, please, enough is enough. Do not let this go anymore. Come to a resolution. Work with the President. Get a strong Patients' Bill of Rights passed this year, or we will hold you responsible at the voting booth.

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#### ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. SHIMKUS). Members will be reminded that their remarks in debate should be directed to the chair and not to the gallery or the listening audience.

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#### POLICE BADGE PROTECTION ACT OF 1999

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

Mr. HORN. Mr. Speaker, I rise today to call attention to this morning's headlines in the National Press about the use of counterfeit badges in and undercover investigation conducted by the General Accounting Office at the request of our colleague the gentleman from Florida (Mr. MCCOLLUM).

The General Accounting Office is the arm of investigation on both financial matters and programmatic matters on behalf of the Congress. They are part of our legislative branch. Agents from the GAO's Office of Special Investigations used fake badges purchased over the Internet to get through security at two airports and 19 Government offices, including the Central Intelligence Agency, the Department of Justice, the Federal Bureau of Investigation, the State Department, and the Department of Defense.

The relative ease with which the General Accounting Office agents penetrated security shows the vulnerability not only of these Government offices but of the public.

The American public recognizes the authority of the badge. They know they can count on those men and women in law enforcement.

The American public needs law enforcement when they are in times of trouble and they are in need of help. However, misuse of the badge reduces public trust in law enforcement and endangers the public.

Although there are State statutes against impersonating law enforcement officers, the threat of counterfeit badges reaches across State lines. Criminals can purchase fraudulent