

PARLIAMENTARY INQUIRY

Mr. CONYERS. Mr. Speaker, a parliamentary inquiry.

The SPEAKER pro tempore (Mr. NUSSLE). The gentleman will state his parliamentary inquiry.

Mr. CONYERS. Does the Speaker have the authority to roll the votes in the interest of saving time tonight?

The SPEAKER pro tempore. The Chairman of the Committee of the Whole House will have the authority to postpone and cluster votes on amendments.

 QUALITY HEALTH-CARE
 COALITION ACT OF 2000

The SPEAKER pro tempore. Pursuant to House Resolution 542 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the consideration of the bill, H.R. 1304.

□ 2259

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union, for the consideration of the bill (H.R. 1304) to ensure and foster continued patient safety and quality of care by making the antitrust laws apply to negotiations between groups of health care professionals and health plans and health insurance issuers in the same manner as such laws apply to collective bargaining by labor organizations under the National Labor Relations Act, with Mr. SHIMKUS in the chair.

The Clerk read the title of the bill.

The CHAIRMAN. Pursuant to the rule, the bill is considered as having been read the first time.

Pursuant to the order of the House, the gentleman from Illinois (Mr. HYDE) and the gentleman from Michigan (Mr. CONYERS) each will control 10 minutes.

The Chair recognizes the gentleman from Illinois (Mr. HYDE).

□ 2300

Mr. HYDE. Mr. Chairman, I yield 5 minutes to the gentleman from California (Mr. CAMPBELL) and 5 minutes to the gentleman from Ohio (Mr. BOEHNER), and I ask unanimous consent that they be permitted to control that time.

The CHAIRMAN. Is there objection to the request of the gentleman from Illinois?

There was no objection.

Mr. CAMPBELL. Mr. Chairman, I yield 2½ minutes to the gentleman from Florida (Mr. WELDON).

Mr. WELDON of Florida. Mr. Chairman, I thank the gentleman for yielding me this time. I rise in support of the bill, and I wanted to relate to my colleagues in the Chamber my experience on this issue, the very issue we are discussing today.

Many years before I got elected to the U.S. House, and as most of my col-

leagues know, I am a physician; we had an insurance company come to the community offering a product, they called it a PPO, Preferred Provider Organization, or network; and it had a fee schedule in it that was substantially below what was the prevailing rates in the communities. So a whole bunch of the providers, the doctors in the community, were concerned about this because this was a big company, it insured a lot of people. So we all agreed to gather together in a hotel ballroom to discuss this issue, and we invited an attorney to join us and asked him to get up first and explain to us the antitrust laws so that we would not run afoul of antitrust.

So we allowed him to speak, and he got up and he said, if you want to stay out of trouble, go home. You can't talk about this. If you discuss it at all, you can be prosecuted. So we all went home.

Now, back in those days there was one group that had about 20 doctors, a few other small groups, and then a lot of solo practitioners. Now, in that community there are four large groups, my group, which had 20 doctors, has 100 doctors, and there is virtually no solo practitioners left. That is really what this bill is about.

We are talking about the solo pediatrician, the two-man group, the family practitioner who operates alone, being able to negotiate with these insurance companies.

There are some people who will argue against this bill and say it is going to tip the playing field. The playing field is overwhelmingly in the favor of the insurance companies. We have provided them antitrust exemptions. They can trade information amongst each other. They can trade information about providers, their pricing, but the doctors cannot talk amongst themselves at all.

So what we are really talking about here is evening out the playing field, and I think it is the right thing to do. I commend the gentleman from California for moving this legislation and the gentleman from Michigan.

Mr. CONYERS. Mr. Chairman, I yield myself 2 minutes.

In the spirit of us moving as rapidly as we can, is it correct that the Chair is now going to roll the votes? Has that been arrived at?

The CHAIRMAN. When we get into the amendment process, the Chair will exercise that discretion.

Mr. CONYERS. I thank the Chair.

Mr. Chairman, we are dealing with a trinity of health care bills, the Prescription Drug bill, the Patients' Bill of Rights, and this modest antitrust exemption for doctors.

Now, please remember, this is a labor exemption. The antitrust legislation was written for capital corrections and guidance. But what we are doing here is doing what the doctors need to be able to discuss how between HMO ad-

ministrators and other professionals that they are now being restricted in their ability to make decisions for their patients.

We all know about this problem. We now have the opportunity to deal with this question, and all I would like my colleagues to keep in mind is that the time has come. For several years now we have brought this measure forward. We are now debating it.

Most Americans receive their health insurance coverage through managed care plans, but we have seen the massive coalitions and consolidations of the managed care market to just a dozen health insurance competitors. As a result of this market concentration, we need to give some relief to these doctors. They are really feeling the pinch. They are depending on us. And, by the way, so are the patients. The decisions that the doctors make in the patient-doctor relationship are under a severe test at this present point.

So we respond to this problem by allowing medical professionals to jointly negotiate the terms of their contract with health care plans. There is a 3-year sunset on the bill. Please support it.

Mr. BOEHNER. Mr. Chairman, I yield 1 minute to the gentleman from Oklahoma (Mr. COBURN).

Mr. COBURN. Mr. Chairman, every doctor in this country, unless they work for an HMO firm as a company doctor judging other doctors, is frustrated in this country. What the gentleman from Florida (Mr. WELDON) just described to you is a situation that does, in fact, occur. One of the things that happens is the doctor is consolidated into a group. That group as a group can decide whether or not they will or will not take an HMO contract.

The problem is that in urban areas, we have way too many doctors, and the only way an HMO or an insurance company can take advantage of that is when there is an excess of physicians. So the real answer to this problem is to, in fact, allow the marketplace to work. The problem is the former bill of the gentleman from California (Mr. CAMPBELL), which we should be voting on, which takes away the exemption from the insurance companies rather than giving it to the physicians.

Mr. CONYERS. Mr. Chairman, I yield 30 seconds to the gentleman from Michigan (Mr. DINGELL), the Dean of the House of Representatives.

Mr. DINGELL. Mr. Chairman, I thank my old friend for yielding to me.

Mr. Chairman, this is a good piece of legislation. It shifts the balance back to the point where it is fair to the doctors and to the HMOs by whom they are employed. I think it is time that we do this. It is simple justice and simple equity, and it will improve a situation which has grown increasingly intolerable from the standpoints of doctors, of patients, and, very frankly, if