CONGRESSIONAL RECORD—HOUSE
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SUPPORT FOR PATIENTS’ BILL OF RIGHTS

(Mr. OSBORNE asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. OSBORNE. Mr. Speaker, I rise today to voice my support for the patients’ bill of rights sponsored by my colleague, the gentleman from Kentucky (Mr. FLETCHER).

In evaluating the two bills providing for patient protections before us, I had to ask myself which of these bills will improve health care without creating a crisis. According to the Census Bureau 2000 current population report, in my home State of Nebraska, 179,000 people are currently without health insurance.

Mr. Speaker, the last thing I want is for this body to pass legislation that will significantly inflate the number of uninsured. I have received many letters and phone calls from small business employers in my district asking for leave from the high cost of providing insurance to their employees. Many employers in my district are facing double-digit increases in health care costs this year. The number of phone calls and letters has tripled in the last several weeks from these same employers.

Mr. Speaker, the goal of a Patients’ Bill of Rights legislation is to do two things: number one, reduce the ranks of the uninsured; and, number two, increase access to health care coverage. Unlimited lawsuits will accomplish precisely the opposite. They will drive up costs and increase the number of people without health care insurance. Mr. Speaker, please join me in supporting this bill.

LONG-TERM SOLUTIONS NEEDED FOR KLAMATH BASIN

(Mr. THOMPSON of California asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. THOMPSON of California. Mr. Speaker, I rise today to talk briefly about a problem, a serious problem, affecting the Klamath Basin in California and Oregon. The Klamath River was once the third largest producer of commercially fished salmon and steelhead in the United States of America. Today, the river’s coho salmon are listed under the Endangered Species Act, and other fish stocks are in terrible shape.

Since 1905, 80 percent of the Basin’s wetlands have been lost to agriculture.

While this has been good for agriculture, it has come at a tremendous cost. Since that time, we have seen massive decline in wildlife. The region’s Native American tribes have suffered as a result and so have commercial and sport fishing industries and so have waterlife and waterfowl and those who rely on healthy stocks of the aforementioned.

The commercial fishing industry that relied on the region for livelihood have suffered tremendously all up and down the California and Oregon coast. The region is still an important wetland habitat for the world’s largest concentration of bald eagles and migratory birds along and throughout the Pacific Flyway.

Mr. Speaker, we have to work together in a bipartisan manner using the best possible legislation.

The problems in the Klamath Basin are not about the Endangered Species Act.

The problems are not about farmers vs. wildlife.

We should not derivate the Endangered Species Act.

Instead we should work with the best available science to find a solution to protect our remaining wildlife and at the same time protect the economic viability of the region.

The bottom line is that we have over promised our water in that region.

We need to work together on a bipartisan basis, with the farmers, tribes, fishermen and local communities to form a long-term solution for the Klamath region.

NATIONAL ENERGY POLICY FOUNDATION ON CONSERVATION AND RESEARCH

(Mr. BALLenger asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BALLenger. Mr. Speaker, headlines earlier this month credited widespread consumer conservation with the recent drop in gasoline prices. Those headlines told all of us how much power we really had to reduce the energy demand through conservation.

The Republican energy package introduced next month will include incentives to encourage conservation wherever it is a cornerstone of our energy policy and will be a dominant part of our energy package. We are committed to helping this Nation meet its growing energy needs. We will implement a pragmatic and diverse energy policy that includes greater production of diverse energy supplies. But that package will place an equal reliance on bold and visionary conservation measures. It will include incentives that encourage research into energy efficiency no one has yet dreamed of.

Congress and the White House are committed to a national energy policy founded on conservation, research and the prudent increase in energy production. Together, these initiatives will help us meet our energy needs through the coming century.

TIME IS LONG OVERDUE TO PASS A PATIENTS’ BILL OF RIGHTS

(Ms. DeLAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DeLAURO. Mr. Speaker, the time is long overdue to pass a Patients’ Bill of Rights that puts medical decisions back in the hands of doctors and patients. It is time to put the public’s interest ahead of special interests.

We have a bipartisan piece of legislation. Ganske-Norwood-Dingell ensures that medical decisions come before business decisions. It is in stark contrast to the bill that the House Republican leadership has offered. That bill is an industry-written bill that is designed to stall and kill a real Patients’ Bill of Rights. It does not give Americans the right to choose their own doctor, covers all Americans with employer-based health insurance, ensures that all external reviews of medical decisions are conducted by independent, qualified physicians and not HMO bureaucrats.

Mr. Speaker, it is a bipartisan bill which has broad public support endorsed by the American Medical Association and the American Nurses Association. It is in stark contrast to the bill that the House Republican leadership has offered. That bill is an industry-written bill that is designed to stall and kill a real Patients’ Bill of Rights. It does not give Americans the right to choose their own doctor. It allows the HMO to choose the independent reviewer. That is like asking the fox to guard the chicken coop.

Mr. Speaker, Congress needs to pass the Ganske-Norwood-Dingell bill now. It provides sound, responsible managed care reforms and meaningful patient procedures.

HELP NEEDED FOR PATIENTS, NOT TRIAL LAWYERS

(Mr. HAYWORTH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. HAYWORTH. Mr. Speaker, we will have a decision in the days to come. Do we opt for a genuine Patients’ Bill of Rights, or do we instead follow the siren song of the trial lawyer’s right to bill. Make no mistake, when Americans are sick, they do not want to deal with Washington bureaucrats or with insurance company bureaucrats. They want help from medical professionals.

Mr. Speaker, the choice is simple. Are we going to allow patients seeking relief to end up in court or to be treated in a clinic? By the way, do we want to destroy health insurance as we know it? That may be the very serious unintended consequence of people who mean well but seem to put their faith