spirit of exploration continues to provide to all Americans.

After sharing a meal of beans and cornbread with the crew, which is a traditional post-launch fare at NASA, we boarded a plane to Washington. As I drifted off to sleep, Mr. Speaker, the words of our national anthem rang in my ears, and I became more convinced than ever that the rockets' red glare still gives proof in the air that this is the land of the free and the home of the brave.

DIVERSE COMMUNITY GROUPS OPPOSE H.R. 7, COMMUNITY SOLUTIONS ACT OF 2001

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

Mr. EDWARDS. Mr. Speaker, today the House was scheduled to vote on H.R. 7, the so-called Charitable Choice Act. However, the House Republican leadership had to delay the vote because of objections from both Republicans and Democrats alike that this bill would allow discrimination in job hiring based on a person’s religious faith when using Federal funds.

Mr. Speaker, the truth is that we all support the good work of thousands of faith-based charities across this country. But the truth is also that, as more Members of Congress and more American citizens learn about what is actually in H.R. 7, the support for this bill is faltering badly.

Over 1,000 religious leaders, pastors, priests and rabbis have signed a petition urging this Congress tomorrow to oppose the President’s faith-based charity bill.

Why? Because it would harm religion, not help religion.

Why? Because it would not only allow discrimination in job hiring using Federal dollars, it would actually subsidize such discrimination.

Mr. Speaker, let me mention some of the diverse religious and education and civic groups and civil rights groups that stand firmly opposed to the passage of H.R. 7: The American Association of School Administrators; the American Association of University Women; the American Federation of State, County, and Municipal Employees; the American Federation of Teachers; the American Jewish Committee. The Anti-Defamation League opposes this bill, along with the Baptist Joint Committee on Public Affairs, the Leadership Conference on Civil Rights, the National Education Association, and the National PTA.

Mr. Speaker, the Presbyterian Church U.S.A. opposes this bill, along with the Episcopal Church U.S.A., the Interfaith Alliance and the United Methodist Church, General Board of Church and Society, along with many other religious and civic groups strongly oppose the passage of this bill on the floor of the House tomorrow.

Mr. Speaker, let me talk about what is wrong with this bill. Let me emphasize three points: First, the bill is unnecessary. Under long-standing law in this country, the Federal Government has been able to support faith-based groups under several conditions and several proper conditions. First, that they not be directly churches or houses of worship. That if churches want to do faith-based work with Federal dollars, they should set up a separate 501(c)(3) secular organization. Then those groups cannot pro-rate with tax dollars, and they cannot discriminate in job hiring with those tax dollars.

Under those limited but important conditions, for decades faith-based groups such as Catholic Charities and Lutheran Social Services have received Federal dollars to help social work causes without obliterating the wall of separation between church and State. So the bill is simply a solution in search of a problem.

Secondly, as I mentioned, this bill not only allows discrimination against American citizens based on their religion, it subsidizes it. Let me be specific. If this bill were to become law and a church associated with Bob Jones University were to receive a Federal grant under the program, that church could use our tax dollars to put out a sign that says no Catholic need apply here for a federally funded job. Mr. Speaker, that is wrong.

In the year 2001, over 200 years after the passage of the Bill of Rights, no American citizen should have to pass someone else’s religious test to qualify for a federally funded job. No American citizen, not one, should be fired from a federally funded job simply and solely because of that person’s religious faith.

Next, I would point out that this bill basically is built on a foundation of a false premise, the false premise that somehow if the Federal tax dollars of this government are not going directly to our houses of worship and our synagogues and mosques, that is somehow discrimination against religion. I think Mr. Madison and Mr. Jefferson would be shocked by that suggestion of discrimination against religion. I think they would have argued that the Bill of Rights for 200 years has not discriminated against religion. The Bill of Rights has put religion on a pedestal above the long arm and reach of the Federal Government, both Federal funding and the Federal regulations that follow.

Mr. Speaker, H.R. 7 is a bad bill for our churches, our religion, our faith and our country. I urge a “no” vote tomorrow.
Indeed, the Ganske-Dingell bill does provide for accountability, but that accountability extends only for insurance companies or individuals who interfere in the provisions of health care. It does not hold small businesses responsible or accountable if they indeed are not interfering in the decision.

All this Patients' Bill of Rights does give the patient the right to expect and to receive what they have contracted for in their health insurance. That is not too much to ask. That is expected in contract law. If you enter into an agreement, there is the expectation that one will receive the benefits for which they are paying. The reason we buy insurance is to have that assurance that, when we need it, those provisions within the insurance policy will be enacted.

That doctor would be able to make those decisions, that I would have a right in the case of an emergency to go to the nearest hospital, that I would have the right to get a second opinion or get the kind of expert medical care that I need, that I would not face punitive or proscriptive sense to be limited to the minimum health care service by putting a gag order on the doctors.

The doctors would be free to provide the kind of leadership in health services that they and they alone are capable of doing, and that a doctor would not be held in violation of his contract if he gave several options and prescribed, perhaps, the option best for me that may be a little higher cost than the health insurance desired.

This is a commonsense approach, and the scare tactics that we have heard indeed is unfounded. What this bill is really is an effort to increase greater liability on small employers and by and large small employers are held liable as well. They are paying part of the costs and these are provisions that they are paying dearly for and they expect that their employers will receive the benefits for which they are paying for.

My understanding as well is that this bill will amend, or is in the process of amending itself to conform with the Senate's bill, that the liability there would be, consistent here. Only in those cases where you are self-insured or indeed you make a decision would there be any case of liability. Furthermore, the external appeal system in the bill does provide for an orderly appeal process which suggests that before there is a remedy as a lawsuit, one would be expected that they use that appeal process before they indeed resort to the legal area.

Again, the consistency between States. I know the Senate bill, my Senator, Senator EDWARDS, has been working very hard with Senator McCaIN and Senator KENNEDY to make the bill that they pass consistent with States and where States had stronger views, stronger provisions, they would indeed be the ones that would govern.

Again, the second thing is that if you have been denied care and you think unjustly so, you have to have some ability to redress your grievances, to appeal that. What we suggest in the patients' bill of rights, what we guarantee, is that you can go to an independent review board, outside the realm of the HMO, not appointed by the HMO, and that you can overturn the decision and if they feel that you were improperly denied care, then they can overturn the decision of the HMO or the insurance company. Failing that, you can go to court and ask that it be overturned or sue for damages if you have been injured and there is no real recovery from those injuries.

These are just basic rights. Most people, until they get into a situation where they have been denied care, have no idea that what I am suggesting is not already the law. They think it is the law. They think it is fairness, which is essentially all we are asking for.

The other thing that my colleague from North Carolina mentioned that I think is so important is that we as Democrats and a significant amount of Republicans as well in this Chamber, we are simply asking for an opportunity to vote on this bill. This bill has been voted on in the other body. It is now over here. It should be taken up here in the House of Representatives; and we should be allowed a clean vote, not bogged down with all kinds of procedures so that we cannot vote on it, and certainly not have an alternative bill which the Republican leadership has put forward which is not protective in the same way of patients. To give us the opportunity to vote on that and say that is HMO reform and then not have the opportunity to vote on the real patients' bill of rights I think is a travesty. And I hope that that is not what the Republican leadership has in mind, although there is every reason to believe that, in fact, that is the case.

I see I was joined also by my colleague from Texas. I yield to the gentleman from New Jersey (Mr. PALLONE) for yielding. It is a pleasure to join him in this special order hour to talk about this very important issue for the people of America, the patients' bill of rights that we now seek to have voted on here.

It has been a tremendous success. It has not resulted in much litigation. People have been able to overturn denials of care on a regular basis without having to go to court. It works. and there is absolutely no reason why the same type of legislation should not be passed on a Federal level so everyone in every State can have the same benefits that the citizens of Texas have.

I yield to the gentleman. He has also been a very active member of our health care task force.

Mr. TURNER. I thank the gentleman from New Jersey (Mr. PALLONE) for yielding. It is a pleasure to join him in this special order hour to talk about this very important issue for the people of America, the patients' bill of
rights. We have been working on this bill for the last 4 years. Ever since I have been in this Congress, we have been working on this issue. The bill has been passed in both the Senate and the House and died in the Senate. This bill will be passed, and I hope that the President will sign it when it reaches his desk. And with more and more health care being delivered by managed care, we have got to make it work for everybody, not just the insurance companies, but for the patients, for the health care providers, for the doctors that are making the decisions about your health care and mine.

And if we fail to make this system work for everybody, then I hasten to think that we might come to the point where somebody will say, we have got to have a system like they have in Canada, we have got to have a system like they have in Europe; and I do not think we should go in that direction.

So we all have a stake in making this system of managed care work, and work for all of the parties in the system, not just the insurance companies. When we look at the Fletcher bill, we also see numerous other deficiencies. We are accustomed to going to Federal court that would require one when they do have the opportunity, which is rare, to appeal to the courthouse, that they have to go to Federal Court.

Most of us understand that most litigation regarding tort liability is handled in the State court system. Most of us are familiar, when we have an automobile accident, somebody has to go to court to recover damages, they go in the courthouse in their local county, where they usually have a State District Court. They do not travel hundreds of miles away to have to go to the nearest Federal court, they go to the State court. Traditionally, these kinds of matters are reserved for State courts.

The bill we passed in Texas in 1997 sets up a fair procedure for allowing the patient, if they are dissatisfied with the review process, to go into State court. The Fletcher bill will preempt that legislation. It will put these kinds of cases in Federal court. It will federalize these causes of action, take them out of the State courts where they have traditionally been.

I believe this is an important State right that must be preserved. We do not need to get into a system where these kinds of cases have to be dealt with in Federal court. Most of the lawyers in your hometown and mine are accustomed to going to State court, not to Federal court. So we remove by one step further the ability to get redress of grievance, if we require these kinds of cases to go to Federal court. So the Fletcher bill basically strikes down our current State law, like we have in Texas and many other States around the country.

We also know that the Fletcher bill creates some awkward time frames for
appeal, and in many respects the legislation makes it very hard for a patient to exercise their rights under the legislation. We know that the independent review process is much more tilted toward the insurance companies under the Fletcher bill than it is under the Norwood-Dingell bill.

I think that we must face the fact that if we are really for protecting patients, we need to support the Norwood-Dingell bill. Every major medical group, the American Medical Association, in my state the Texas Medical Association, hosts of patient groups, have endorsed the Norwood-Dingell bill. It is a bipartisan piece of legislation.

The gentleman from Georgia (Mr. Norwood), the gentleman from Iowa (Mr. Ganske), two of the Republican leaders, a respected doctor and dentist, have been fighting for this legislation for at least 5 years. Now is the time for action. I think that we can have a good bill, we can pass this bill, and we can hope that the President will see fit to sign it.

One other issue that I wanted to mention very briefly about this legislation is the fact that were it not for an arcane Federal law, we call it ERISA, the Employment Retirement Income Security Act that regulates health plans and retirement plans that operate in more than one state, is the only reason that we are in the predicament that we are in today, having to pass legislation to be sure that patients are protected. Because after we passed our good legislation in Texas, which, as I said, has only resulted in 17 lawsuits in the last 4 years, what we found is that a court decision handed down by one of our Federal courts in a suit in which the Aetna Insurance Company was involved, overnight made a large portion of our folks in Texas exempt from the State law and its coverage was preempted by this arcane Federal ERISA law.

So all we are trying to do is restore the accountability that was provided in the law in Texas and many other states for HMOs by passing a law that in essence repeals an exemption that most, thought was not even in the law until the court ruled, created by a law passed by this Congress way back in 1974.

All we are doing in this legislation really is putting the HMOs back in the same position as every other business in this country, which, under the laws of our land, if they commit a negligent act, if they wrongfully refuse to provide health care, if they wrongfully deny medical treatment, they are ultimately accountable in the courts of this land. So no longer will we allow HMOs to be exempt, the only entity that is exempt, from being responsible for their actions.

Mr. Speaker, I hope we have a good strong vote on this bill. I hope we pass the stronger bill. I am very pleased to join colleagues from New Jersey (Mr. Pallone) tonight in talking about this important piece of legislation.

Mr. Pallone. Mr. Speaker, I want to thank the gentleman, first of all, for explaining how, in his home state of Texas that this bill has been tremendously successful and has not brought the frivolous lawsuits that we keep hearing from the other side, and that really we have nothing to fear. It is just basically a success in every way.

I know sometimes when we talk about the Patients' Bill of Rights, maybe we sound a little too lawerly and technical about how one goes about appealing a denial of care. But the bottom line is, if there is no fair way to appeal a denial of care, if you have not been able to get the operation or procedure you need, if we do not set up a procedure to reverse that, then we might as well pass the law, it is necessary for us to go into how we go about letting people redress their grievances, and it is also important to point out that the Republican bill, the Fletcher bill, is not going to accomplish that, certainly not in any way that I think is meaningful.

I did not want to dwell upon it too much, but I just wanted to mention a couple other examples. We have to keep in mind when we talk about these procedures to overturn a denial of care that the people that are seeking to do that are ill. Oftentimes they are very ill. They need action fast. They cannot sit around forever if the HMO denies them an operation or procedure. So it is very easy, as I think they do in the Fletcher bill, in the Republican bill, to tweak the bill in a way so that the procedure becomes meaningless. I do not want to dwell on it too much, but this is one of the things I thought was so important, was in the Ganske-Dingell proposal, the real Patients' Bill of Rights, there is a requirement that decisions are made in accordance with the medical exigencies of the patient's case, and there is a requirement that patients have a right to appeal to an external review before the plan terminates care.

Those are not in the Fletcher bill. They do not take into account timeliness, the fact that you do not have a lot of time to appeal or to go to an external review board. There are little things like this. I am not going to get into them, but they make it very difficult. If you are in a situation where you are denied care and need the operation, that you can in a timely manner pursue your grievance.

So I just mention it, because I know a lot of times we talk about all these details, Federal versus State court, whatever, but these details are very important, because people do not have a lot of options when they are sick and ill and need to immediately have access to the kind of treatment that is necessary for them.

I see my other colleague from Texas has stood up, and I would like to yield to him. I know, once again, he has been very much involved in this issue for a number of years both on our Health Care Task Force as well as on the Subcommittee on Health.

Mr. Green. Mr. Speaker, I would like to thank my colleague from New Jersey for hosting this Special Order tonight on the need for a meaningful Patients' Bill of Rights.

Most folks may not know that we spent 11 hours today in markup in our Committee on Energy and Commerce on energy legislation, and my colleague from New Jersey probably got tired of hearing about Texas so often, but that is what we are going to talk about tonight.

The gentleman from New Jersey (Mr. Pallone) has been the leader for several years, and I am happy to join him in calling for immediate passage of a real Patients' Bill of Rights.

We have a real opportunity to pass a meaningful Patients' Bill of Rights this year. After 5 years of heated debate, the U.S. Senate passed a meaningful Patients' Bill of Rights with protections for both patients and employers. Opponents of this measure argue that the legislation will result in a landslide of frivolous lawsuits against employers, but that is simply not true.

We have a Patients' Bill of Rights in Texas for more than 4 years, now since 1997. In that time, we have had only 17 lawsuits filed. That is right, only 17 lawsuits. I know if you are watching this, you heard that from my fellow Texan (Mr. Turner) here just a few minutes ago. But, at the same time, we have had more than 1,000 patients cases where patients appealed a denied claim to an independent review organization, an IRO.

In more than half of those cases, the IRO ruled in favor of the patient. That independent review organization more than half the time ruled in favor of the patient.

I always use the example, I would like to have more than the luck of a flip of a coin when it comes to health care for myself, my family or constituents. In Texas, more than half the time the IRO found the HMO was wrong in whatever they said they would not cover for the patient.

These independent review organizations are important not only because they protect the patients, but they protect the HMOs as well. Under Texas law, the HMO that follows the recommendations of the IRO cannot be held liable for the damages in State court. That is right, an HMO who follows that Independent Review Organization recommendation cannot be held liable.
Mr. GREEN of Texas. We are asking for patients' rights and becoming impatient.

Mr. PALLONE. Exactly. I would like to yield now to the gentleman from Washington (Mr. McDermott), who is one of very few physicians that we have in the House of Representatives. I know that he, because of his background as a physician, probably more than any of us knows about the problems that patients have with HMOs and with denial of care.

Mr. McDermott. Mr. Speaker, first of all, my hat is off to the gentleman. I was sitting over in my office doing my mail, and I saw these gentlemen out on the floor talking about this issue. I thought, I have to go over and help them and also say some things that I think might be useful I think for people trying to understand this whole issue.

The first one is, why do we need a national bill? Why do we not just pass it at the State level? The gentleman from Texas (Mr. GREEN) sort of alluded to the need for Federal protection because of a law called ERISA.

ERISA was a law passed many years ago to protect pensions, and it is now used by many corporations to protect their involvement in health care so that it cannot be touched by insurance commissioners in States. They say the insurance commissioner has to go away. We are covered by the Federal law called ERISA, and you cannot monkey with how we do our health care. So the managed care companies are hiding behind ERISA all over this country, and that is why we need a national law. It is not sufficient to do it just in Texas or in any other State of the Union, the States are not responsible for that. We have to have a law that overrides what is done at the State level. Now, if we set a high standard at the State level, the patients are always being squeezed. The patients and the doctors were frustrated with this, so they came up here, and we passed another bill preventing the insurance industry. Anything they want to do is fine, because that is the free enterprise system. Let them squeeze the people and let them squeeze down health care as much as possible so that they can make more money.

There is nothing wrong with a managed care company, but it is very simple what they do. They take in premiums and then they pay out as few benefits as possible so they can give all the rest in dividends to their stockholders. Now, there is nothing wrong with that, except that it means that the patients are always being squeezed.

The first obvious one that came to the Congress back in 1994 was the fact that women would come to the hospital at 8 o'clock in the morning, deliver a baby, and by 5 o'clock they were in the car on the way home before the baby had ever had a feeding or there was time to observe whether the child had jaundice, or anything. And we called it drive-by babies. We passed a bill through both Houses that said we cannot have a drive-by baby system. We have to let the doctor and the patient decide how this is going to happen.

The second thing that is worrisome about these other bills that we see out here, the Fletcher bill and others, is the possibility that we will have a Federal law that overrides what is done at the State level. Now, if we set a high standard in the State and in comes a Federal law with a low standard, we lose; and that is why we need to have a provision in the bill that does not allow the Federal law that we pass here to override a higher standard that we might have in a State. The State of Washington, the State of New Jersey may decide to do something more than is done by the Federal law, and they should have that right. They should be able to do that.

Now, the history of this bill is sort of every Democrat, about a third of the Republicans, and the only problem we have is that the Republican leadership refuses to bring it up. All we are asking for is a clean vote on the bill.

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your shoulder and decide, that is too much, or they do not need this. I had the experience, because I am a physician; I had a patient on a ward in Seattle; and they came along and said, this patient has to be discharged. Well, this patient was suicidal. I have to make the decision about whether I am going to put a patient that is suicidal out of the hospital and send them home, risking that they may kill themselves, or fight with an insurance company. So I got on the phone. Here I am talking to some very nice woman in Omaha, Nebraska, from Seattle, and she is telling me that I have to justify to her why that patient can stay in the hospital another day.

Now, it is ridiculous. I am a psychiatrist. Surgeons go through that. Pediatricians go through that. Obstetricians, gynecologists — all kinds of physicians go through this all the time, fighting with insurance companies, managed care companies that are making decisions for patients that they have never seen. When the physician is standing there looking at the patient and they have to get on the phone and explain why to somebody who has never seen them, it shows us how ridiculous it is. It seems like this bill ought to go through immediately.

Mr. PALLONE. Mr. Speaker, if I could just interrupt a second, because we had a hearing a couple of years ago, I thought it was one of our task force hearings, and I do not remember the details, but it directly referred to psychiatry.

The problem was that the HMO was using a standard that was not really acceptable by those who certify psychiatrists and basically saying that, for a patient who had a mental illness, they would only be entitled to, say, three visits, or the psychiatrist society was 15 visits. They just made it up. I mean, they just made up the number of days that they would provide. The testimony showed that they were about to be acquired by another company, and so they were trying to show that they were making a lot of money. They just established that standard based on the cost, that they would save money.

One of the things that is in the Dingell-Gallegly bill, or what that, with regard to specialty care, that the standard has to be that which is typical for that specialty care. That use, I do not know what they call them, the diplomacy board or whatever as the standard. That is another major difference I think in terms of why the Patients’ Bill of Rights is such a good bill. I do not remember all the details, but I remember specifically that.

Mr. McDERMOTT. Mr. Speaker, the gentleman is absolutely right. In every profession, every specialty in medicine, whether it is pulmonary surgery or pediatrics or obstetrics or whatever, there is a board that gives people the right to say, I am an obstetrician, I am a psychiatrist, I am a pediatrician; and those boards look at all of these particular conditions and specify what is an appropriate standard of care.

Now, if an insurance company wants to just arbitrarily make their own standards of care in contradistinction to what the doctor has been taught, what he has agreed to as being an obstetrician, this is the way you handle these kinds of cases, and suddenly he is told by somebody who is not in the profession that they should do otherwise, you can see the conflict. I mean, it is terrible for doctors. That is why doctors hate this so much. Here you have been trained, gone to college, medical school, an internship and a residency, all this training, and here is somebody otherwise telling you you cannot do that; what you have to do is what we tell you to do.

Mr. Speaker, I think that the essence of this whole thing is bringing it back to a place where doctors and patients make the decision.

Now, the other part, and this is about deciding, what does the ordinary citizen know? The ordinary citizen is not a physician or a nurse or anybody in the health care profession. When they feel sick, when they feel pain in their chest or pain in their stomach or whatever, they go to see a physician or they go to see the emergency room in a hospital, because they are worried.

Now, it may turn out that what they thought was a heart attack is really related to eating spicy food or something else. It may turn out that it was not a heart attack. But to say that the average citizen is supposed to make that decision in their own home and diagnose themselves, put a stethoscope on the other part, we say, ‘‘You cannot even tell the patient that there is another treatment. If we only cover x, you cannot tell the patient there is y, or that there is another way to be treated. If you go over to see Dr. Johnson, he’ll give you another treatment.’’

Mr. PALLONE. If I could follow up on that, Mr. Speaker, that is one of the things that it is also a big difference with the Fletcher bill, with the Republican bill. The Republican bill, as the gentleman knows, that the leadership wants to bring out leaves out this basic right, if you will, or basic protection that we have in the real patient bill of rights that says doctors can communicate freely with their patients without fear of retaliation by the HMO. That guarantee, or the gag rule, is not in the Fletcher bill.

The other thing that is not in the Republican bill, it also fails to protect against HMOs when they have these financial incentives where they say to the doctor, if you do not provide a certain amount of care, or if you do not have your patients use the hospital or certain procedures and save us money, then you’ll get a financial incentive, sort of a rebate of some sort, there is nothing in the Fletcher bill that guarantees that those kinds of arrangements could not happen.

We primarily tonight have been talking about the patients. Of course, this impacts the patients as well, but there are a lot of protections for physicians
so they can practice freely that are in the Dingell-Ganske bill that are not in this Republican bill. Those are two important ones.

Mr. McDermott. The whole financial incentive of saying to the doctors that each month they get to make 80 referrals for consultation with outside consultants, and if they make more than 80 they will reduce the salary, and if they make less they will get more, well, that puts that initial early primary care physician in a very difficult position, because if we have a patient who has diabetes, for instance, we will say, well, I could handle diabetes. I learned about it in medical school. I am not going to refer them to a specialist in diabetes until they get into trouble.

So they are taken care of, and then when, when the trouble at that point, they are sent in a mess to a specialist. That is not patient care, but that is the kind of thing that physicians are put in if they are trying to stay within these limits, financial incentives that have been put there. They are under tremendous tension about how many people they refer to specialists when they think, this is something that ultimately could be a real problem. I want to have somebody with more experience in this area to see them now.

The same is true in gynecological things or in cardiac things or in psychiatric things. Why would he refer a patient to a psychiatrist if he could just give them some pills and see how they do. They might do that once and see if it works, but at a certain point it is better to send them to somebody better trained who has more experience. For physicians who are caught in that economic vice, that is a terrible way to treat people. I am going to hit you in your pocket if you do what you think is best for your patient.

If the patient knew what was in the doctor's mind, they would be afraid to go to him.

Mr. Pallone. I am not true that in many areas, and it depends on what part of the country one is in, but there are certain parts of the country, and New Jersey is certainly one of them, where you just get the trouble. You are forced to join the HMO. In other words, they have a difficult time staying independent and relying on traditional insurance, so they are in a situation where they have to sign up and take these contracts with gag rules and the financial incentives and all those things. They are not free necessarily to avoid all that.

Mr. McDermott. I was flying home to Seattle. Sitting next to me was a middle-aged woman. We got to talking as we were eating dinner.

I said, What do you do? She said, I run a neurologist's office in Vienna, Virginia. I said, Really? You are the one who handles the billing and all that kind of stuff? She said, Yes, I said, Has he joined any HMOs? She laughed and said, Oh, no, and said that he had a contract with HMOs. We would have no practice if we did not sign with all those operations.

I said, Have you read all the contracts? She said, Are you kidding? How could I possibly read 60 contracts and still do business? I do not know what we have signed, because we had no choice, because all of our patients came in with insurance cards from those plans. If we were not in the plan, we would not get paid.

That is a big part of what is going on out there, why it costs more money, because you have people who are having to bill all these companies with different rules. There is no single set of rules. Their stockholders make a decision. If he has made a decision because of the way he thought our plan worked and it is not the way the other plan worked, then he is wrong, and they send it back to him and do not pay him. Of course, then the patient gets all the bills, because they say, your doctor has not sent these in, or whatever. So there is this endless paper mill that gets caught up. Patients really should not have to worry about that.

I had surgery and I wound up at home receiving all the bills that came from the hospital. At one point they had not paid a bill. I said, Well, this consultant came in and saw me. Why have you not paid him? They said, We have not received any confirmation that you were in the hospital. I said, where did you think I had the surgery, out in the parking lot? Because until the bills came in in the right order, they kept coming back to me.

That happens to people all over this country and they have a lot of time and money filling out forms for their patients. There is no need for that. There is no need for the insurance company to do that.

The reason they do that is the longer they hold on to the money, the more they have to give to the stockholders. If they paid their bills right away when they came in the money would be gone, but this way they can invest it and hold on to it and give the profits to their stockholders.

This patient bill of rights, in my view, in a democratic society there should not be any question about this passing. It has taken us 5 years to get it to this point, and we have passed it again, again, and again. The insurance companies have killed it either in the Senate or in the House.

It is absolutely a crime. The American people ought to demand of their Members of Congress that they vote for the Patients' Bill of Rights.

I have to give great credit to the gentleman from Iowa (Mr. Ganske) and the gentleman from Georgia (Mr. Norwood). They are Republicans. But when one is sick, one is not a Republican or a Democrat, just a sick person. They have taken this very professionally. The gentleman from Georgia (Mr. Ganske) is a very good surgeon, and the gentleman from Georgia also has a medical background. They have taken this and said, We do not care what our caucus said, we are going to do what is right.

In my view, that is what Members of Congress really should do, and I think all of them ought to do it. If the leadership does not bring it out here pretty quick, we are going to have to make it bring it.

Mr. Pallone. I agree. And I know we are running out of time, so I guess we will finish off here; but I want to say two things.

First of all, I really appreciate the gentleman's joining me tonight, because I think a lot of the emphasis that we have talked about, not only tonight but sometimes in the past, has been more from the patient's point of view. And what the gentleman is pointing out is that basically the patients' bill of rights frees up the doctors to practice medicine, and that if we do not do this, in the long run we are going to lose a lot of good doctors. We already have. And, of course, that is a patient issue as well. Whatever helps the doctors certainly in these circumstances also helps the patients.

The other thing, of course, is my fear, and the reason we are here tonight is because we keep hearing that the Republican leadership, which does not want this bill and has done everything over the past 5 years to kill the bill, is trying to do that again. Basically, they are doing is going to the 60-odd Republicans who voted for the Patients' Bill of Rights in the last session and trying to get them to oppose that and support this Fletcher Republican bill, which does not accomplish the goal. My fear is that if they do not get enough votes to pass the Fletcher bill, the Republican leadership simply will not bring up the Patients' Bill of Rights.

So we are just going to have to keep holding their feet to the fire, so to speak. And as the gentleman says, if they will not bring it up, I guess we will have to resort to a discharge petition. But these procedural efforts are difficult. It is not easy to accomplish these things. So as the gentleman says, if we can get the American people to wake up sort of and say, look, this is something that has to be voted on; if we can accomplish that, that is really the way to go.

But we have to continue to speak out, as we did tonight and we will continue to, until we have a freestanding vote on this bill. It is that important.

Mr. McDermott. I think what people really need to understand, too, is...
that in a democracy there should be open debate. Both sides can make their case, and try to win put it to a vote and the majority should rule. We have the majority of votes. The leadership is just using all the maneuvers of the parliamentary system to keep it locked up. But the ones they are hurting, not themselves perhaps, maybe they have not had the hardship, but the ones they are hurting are the American people; and that is unconscionable, should not happen.

We have been too long on the road on this, and I congratulate the gentleman again for putting his time and effort into making this happen. Mr. PALLONE. I thank the gentleman again.

TRIBUTE TO VETERANS OF PACIFIC THEATRE DURING WORLD WAR II

The SPEAKER pro tempore (Mr. KERNS). Under the Speaker’s announced policy of January 3, 2001, the gentleman from Guam (Mr. UNDERWOOD) is recognized for the time remaining until midnight.

Mr. UNDERWOOD. Mr. Speaker, I rise today to pay tribute to the veterans of the Pacific Theatre during World War II, especially to those who participated in the battle for Guam; and I also want to take the time to honor the Chamorro people, my people, the indigenous people of Guam, for their show of courage during the 2½ years of enemy occupation, and most especially to pay homage to the many lives lost during World War II, both by men in uniform and by the civilian population in Guam, particularly the lives lost at the Fena, Tinta, and Chaguian massacres that occurred near the end of the Japanese occupation. I will be submitting a list of names for the record of those who suffered the fate of death at those massacres.

On July 21, 2001, at the end of this week, the people of Guam will be celebrating the 57th anniversary of the liberation of Guam. It is that day that commemorates the landing of the Third Marine Division on the shores of Asan and the First Marine Provisional Brigade, supported by the 77th Army Infantry, in Agat. I wish to extend a very warm Hafa Adai and sincere Si Yu’os Ma’a’se’ to the veterans of that conflict who liberated Guam. I would also like to honor and pay respect and remember the people of Guam and the suffering they endured for some 2½ years under the enemy occupation of the Japanese Imperial Army.

On the morning of December 8, 1941, Japanese troops bombed and invaded Guam as part of Japan’s attack on U.S. forces in the Pacific, including the attack on Pearl Harbor and the Philippines, both areas also having significant U.S. forces. They all occurred on the same day, except that Guam is on the other side of the date line. This commemoration, which I do annually, and try to bring a little honor and recognition to the people of Guam, is marked by a laying of the wreath at the Tomb of the Unknowns, which honors both the American veterans and remembers the sacrifices of the people of Guam.

This is also a tribute of the necessity for peace, for it is only in the remembrance of the horrors of war that we do really truly remain vigilant in our quest for peace.

I was privileged to lay a wreath at the Tomb of the Unknowns yesterday at Arlington National Cemetery honoring the liberation of Guam; and I was assisted by the gentleman from Arizona (Mr. STUMP), the chairman of the House Committee on Armed Services and a World War II veteran himself.

My purpose this evening, in the time that I have, is to give a historical perspective to the events we are commemorating on Guam at the end of this week, and to enhance the understanding of the Nation of the wartime experiences of the people of Guam and the postwar legacy which has framed the relationship of my island with the United States. It is a story that is both a microcosm of the heroism of soldiers everywhere and the suffering in particular of civilians in occupied areas during World War II.

This is encapsulated in these three pictures that I brought with me today, and it is part of a lengthy display that we have had called tempon gera, the time of war. And down here we have basically the cemetery, a temporary cemetery, in which servicemen were buried right after the battle of Guam. Here we have some servicemen entertaining a little girl right after the liberation of Guam. And this is the most poignant picture of all. Actually, these are a couple of kids from the Cruz family. This is a young lady and a young man, and this is probably the most remembered picture of the wartime period in Guam. Their mother has made a flag. Their mother was a seamstress, and she hand made this flag; and they carried it around at the time of the liberation of Guam.

Guam has a unique story all to itself. It is an island story in the midst of political and wartime machinations of larger powers over smaller peoples as well as a story of loyalty to America and a demonstration of loyalty that has not been asked of any civilian community, I believe, during the entire 20th century.

It is important to understand that Guam was an American territory since October 17, 1941. The insular force, which was a locally manned type militia, actually were the ones who faced the Japanese. The Japanese invasion force numbering some 5,000 easily overwhelmed these men in uniform. Ironically, the only ones who really fired any shots in anger were Japanese Imperial Forces, members of the Guam insular guard who had set up some machine gun posts in defense of the Plaza de Espana and at the governor’s offices.

Throughout the ordeal of the occupation, the Chamorro people maintained