

save money to pay for health care. This provision, Mr. Speaker, will drastically reduce the ranks of the uninsured in our country and will give patients more control over their health care decisions.

Secondly, the Fletcher bill holds the right people responsible when patients are denied care or receive poor care. If an insurer or health plan makes a decision that harms a patient, the plan or the insurer will be held accountable in Federal and in State courts.

Finally, the Fletcher bill provides increased access to health insurance through associated health plans, allowing small businesses to join together to purchase health insurance. This will permit them to receive the same benefits of uniform regulation, economies of scale and administrative efficiency that large companies currently enjoy.

As I said, Mr. Speaker, there has been and likely this week will continue to be a great deal of heat and just a little bit of light in the debate over a Patients' Bill of Rights. But I rise today to urge my colleagues to strongly support the Fletcher legislation, a Patients' Bill of Rights that will protect not only patients and physicians but also our employer-based health insurance system in America.

Mr. Speaker, I yield back the balance of my time.

#### ORDNANCE AND EXPLOSIVE RISK MANAGEMENT ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Oregon (Mr. BLUMENAUER) is recognized during morning hour debates for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, for over two centuries the United States has been the stage for military action in training, beginning with the Revolutionary War. As a result, bombs and shells that did not go off as intended litter the countryside. Unexploded ordnance is an issue that deserves great attention and priority by this Congress.

It is difficult to find a congressional district across America that does not have a problem with unexploded ordnance. Well over 1,000 sites are known or suspected to be contaminated. They range from extremely remote areas in Alaska to dense urban environments such as Spring Valley here in Washington, DC, adjacent to the American University campus where the gentleman from Washington, D.C. (Ms. NORTON) and I led a tour this spring.

The number of acres within the United States contaminated with UXO is estimated at 20 million acres to perhaps 50 million acres or more. One of the most unsettling facts is that there is no accurate estimate. Even so, we know the price tag for cleaning this problem up is huge. According to the

General Accounting Office in a report earlier this year, the Department of Defense estimates that its liability may be \$100 billion or more just for cleaning up training ranges.

Today, the gentleman from Alabama (Mr. RILEY) and I are introducing the Ordnance and Explosive Risk Management Act to help the Department of Defense do its job. The bill would establish a single point of contact for policy and budgeting regarding former military ranges and other sites around the country. It puts someone in charge by establishing a program manager for UXO who is directly accountable to the Secretary of the Army.

It requires an inventory of explosive risk sites at former military ranges. This provision requires the Department of Defense to complete and annually update an inventory it started as part of an earlier process and establishes criteria for site prioritization among these many sites that need our attention.

The bill protects the public with the requirement of enhanced security measures at former military ranges and public awareness efforts regarding the dangers associated with these sites. It requires the Department of Defense to develop education and site security plans for former ranges in cooperation with property owners and other agencies.

The broad interest in Congress has helped us shape this bill. The gentleman from California (Mr. FARR), who has been working with the Fort Ord cleanup for years, understands and has urged the provision in our bill that creates the separate Department of Defense account for the removal and cleanup. Because it is so fundamentally different, this provision enables everybody who cares to be able to follow the issue.

One of the most important elements of our bill is a result of the experience of the gentleman from Alabama (Mr. RILEY) in dealing with the chemical demilitarization program. He feels strongly, and I agree, that it is important to have an independent panel to be able to look at the problems associated with cleaning up these contaminated sites. This advisory and review panel will include the National Academy of Science, nongovernmental organizations, the U.S. Environmental Protection Agency and representatives of the States. They will report annually to Congress on the progress made by the Department of Defense and make further recommendations for program improvements.

I appreciate the contributions of people like the gentleman from California (Mr. FARR) and the gentleman from Alabama (Mr. RILEY). This is a problem that is not going away. At least 65 people have been killed as a result of accidents from this military waste. Recently, American University just filed

a lawsuit against the United States for almost \$100 million because of problems related to the contamination of that campus when it was used as a site for the development and testing of chemical weapons during World War I and still has not been cleaned up thoroughly.

We have a responsibility in Congress to address this issue. I strongly urge my colleagues to join me in co-sponsoring this legislation, along with the gentleman from Alabama (Mr. RILEY), and make sure that this Congress is not missing in action when it comes to dealing with the consequences of environmental military contamination.

#### THE REAL PATIENTS' BILL OF RIGHTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized during morning hour debates for 5 minutes.

Mr. PALLONE. Mr. Speaker, let me say this morning as I did last evening that I am very hopeful that the Republican leadership will bring up HMO reform this week. We are hearing this perhaps Thursday or maybe Friday.

My greatest fear is that the true HMO reform, the real Patients' Bill of Rights, the Dingell-Ganske-Norwood bill, will not have an opportunity for a clean vote.

What we are hearing is that the President is coming back from Europe today. He is going to make one final effort to try to convince my Republican colleagues who voted for the Dingell-Norwood-Ganske bill in the last session to come off that bill and to vote for what I consider a very weak alternative sponsored by the gentleman from Kentucky (Mr. FLETCHER), one of my Republican colleagues.

Let me stress again that there is a real difference between the Patients' Bill of Rights that almost all Democrats and a significant number of Republicans support that we voted on 2 years ago and would make the real reforms that are necessary to correct the problems and the abuses of HMOs, as opposed to this alternative bill that the Republican leadership is putting up sponsored by the gentleman from Kentucky (Mr. FLETCHER), which is a lot weaker and does not really achieve HMO reform.

Let me explain that a little bit. The two main focuses of HMO reform, one is to make sure that decisions about what kind of care you get, what kind of medical care you get, whether you are able to have a particular medical procedure, whether or not you are able to stay in the hospital for a certain length of time, these kinds of medical decisions should be made by the physician and the patient, not by the HMO, not by the insurance company. We need to switch that around.