

take advantage of sick patients and distressed families.

It should be rejected in favor of a real patients' bill of rights, the kind we got in Texas over President Bush's veto.

DONATING BONE MARROW FOR EMILY KIM

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

Mr. BARTON of Texas. Mr. Speaker, I want to call a time-out on some of our other debate for today and bring to the attention of my colleagues a young girl, 6 years old, named Emily Kim. Emily is very bright, very beautiful, and unfortunately, she is dying of leukemia. This spring doctors gave her and her parents only 6 months for her to live.

There is still hope, though. A bone marrow transfusion could save her life, literally, and doctors are hoping to find a bone marrow donor, a genetic match that is almost like finding a needle in a haystack, 1 in 100,000. It is even tougher because Kim is an Asian American, and not many Asian Americans have signed up with the National Bone Marrow Donor Registry. So I am calling on my colleagues to contact their constituents in the Asian American community and ask them to take a simple test to see if they might be that one-in-a-one hundred thousand donor match for young Emily. You must be 18 to 60 years old and in good health.

I know how important this is, because my brother died of liver cancer last year. We could not find a liver match that would have saved my brother's life, but we might save Emily's life. Take a few minutes, go to www.marow.org, or contact your doctor or local office of the American Cancer Society. Working together, my colleagues, we may yet find that one-in-a-thousand donor match for young Emily Kim.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 2037

Mr. STEARNS. Mr. Speaker, I ask unanimous consent that the name of the gentleman from Wisconsin (Mr. SENSENBRENNER) be removed as a cosponsor of H.R. 2037.

The SPEAKER pro tempore (Mr. FOSELLA). Is there objection to the request of the gentleman from Florida?

There was no objection.

HMO HORROR STORIES

(Ms. EDDIE BERNICE JOHNSON of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I hope Emily does

not have membership in an HMO. Because if Emily is covered by an HMO, it does not matter whether or not we find a donor because the HMO will not support it.

Mr. Speaker, we came here to represent people like Emily, but instead we have a bill that has been transformed into representing the HMOs and insurance companies. That is a travesty on the people of this Nation.

It is clear that what is being said about these new proposals for the HMO simply does not have a history of being true. I am a native Texan. We have a patients' bill of rights. We do not want this bill to tear it up. Our premiums are below the national average, more people are insured, and only 17 lawsuits in the last 4 years for 20 some million people. Now, is that extreme?

Let us represent the people.

TRADE PROMOTION AUTHORITY FOR PRESIDENT

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

Mr. KIRK. Mr. Speaker, next month this House will consider granting trade promotion authority to our President. One-third of all American families depend directly or indirectly on trade for their family incomes. America is the number one exporting nation, but unless we act, that leadership may fade.

The European Union has concluded dozens of trade agreements with other nations. We have signed only two. In the center of America's heartland, my State of Illinois is home to our country's first and second top exporters. We are also home to half of all Internet sales on the World Wide Web, which in reality is the American exporting web.

Trade authority will lay the foundation for continued American leadership with the highest paying jobs in the economy. I urge Members, when they return, to master the export opportunities ahead and give the President his authority.

PATIENTS' BILL OF WRONGS

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

Ms. WOOLSEY. Mr. Speaker, yesterday, late in the evening, one of the authors of the bipartisan patients' bill of rights, a bill that the majority of the House of Representatives supports and the President does not support, the author of that legislation turned the good bill, under the pressure of the White House, into a patients' bill of wrongs.

Today, we will be voting on the President's idea of an insurance bill of rights, a bill that will kill the bill in the first place by putting impossible roadblocks in the way of patients get-

ting effective care in a timely manner. This patients' bill of wrongs would also roll back protections already provided by States right here in this country today.

Do not vote for the patients' bill of wrongs.

COLORADO WING OF CIVIL AIR PATROL

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

Mr. TANCREDO. Mr. Speaker, on Monday, I introduced a resolution, with the support of all five of my colleagues from Colorado, honoring the Colorado Wing of the Civil Air Patrol. The Colorado Wing was stabilized 60 years ago as a volunteer organization to conduct air and ground searches for downed or missing airplanes, hunters, hikers, and other missing persons across the State of Colorado.

Last year, the Colorado Wing was accredited with safely flying 1,216 air search and rescue hours and saving the lives of 15 people. It continues its efforts to aid the people of Colorado through annual camps, training Civil Air Patrol cadets in ground search and rescue, field and emergency skills, in leadership, and in self-discipline.

Having witnessed firsthand the invaluable and exemplary service the Colorado Wing of the Civil Air Patrol provides the people in the State of Colorado, I am extremely proud to introduce this resolution commending their excellent work and devotion to our community, and I urge my colleagues in support of this resolution.

VOTE DOWN BAD PATIENTS' BILL OF RIGHTS

(Ms. JACKSON-LEE of Texas asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. JACKSON-LEE of Texas. Mr. Speaker, it has been 5 long years that many of us have toiled and worked and collaborated and offered legislation that really puts the patient-physician relationship as a top priority.

There is not one of us in America that has not confronted the health system in a David-and-Goliath posture, with the HMOs being Goliath and the patient, David. Sometimes David has won, maybe other times David has failed.

I come from Texas, and I believe that this Congress should not do less for the American people than we did for Texas. Take this example. A loved one lying on a hospital bed, you in a hospital telephone booth confronting your HMO. And out of the bill that will come to the floor today, against the HMO, you will be in the wrong, they will be in the right. The presumption of

rightness will be with them, and your loved one lies dying on a hospital bed.

Vote down this bad patients' bill of rights.

SUPPORT PATIENTS' BILL OF RIGHTS

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

Mr. KELLER. Mr. Speaker, I rise today in strong support of the bipartisan patients' bill of rights. This bill has three key components.

First, it provides patient protections. For example, women in my district of Orlando can now go directly to their gynecologist, children can go directly to a pediatrician, and it provides for emergency room coverage.

Second, this bill holds HMOs accountable in a court of law for their decisions. This is critical because it places decisions back in the hands of physicians and patients, not in the hands of HMO bureaucrats.

Third, it protects employers from frivolous lawsuits by using a dedicated decision-maker model. In addition, it requires that patients first exhaust their independent appeals process before filing a lawsuit.

The bill has caps at \$1.5 million on pain-and-suffering damages as a way to hold down insurance premiums. Punitive damages are not available unless a decision-maker fails to follow the recommendation of the independent reviewer. If they do not follow that recommendation, they are subject to punitive damages at \$1.5 million.

It encourages HMOs to do the right thing and it protects patients. I urge my colleagues to vote "yes" on this important, bipartisan patients' bill of rights.

WHITE HOUSE PROTECTS INSURANCE COMPANIES, NOT PATIENTS

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

Mr. SANDLIN. Mr. Speaker, there is an old Charlie Daniels song that goes, "The devil went down to Georgia. He was lookin' for a soul to steal. He was in a bind, he was way behind, and he was willing to make a deal."

Well, Mr. Speaker, it seems that we have a similar situation in the House today. Only this time instead of betting a fiddle of gold, we are betting patients' lives in America.

The administration has been in a bind; they have been way behind. When the House took up the patients' bill of rights 2 years ago, it passed with 275 votes in this House, with 68 of them coming from the Republican side of the aisle. That was a bipartisan patients' bill of rights.

So the administration went down to Georgia and made a deal. In that deal, they sold out the patients. They tried to ensure that insurance company clerks made medical decisions in this country. They tried to ensure that insurance companies do not have responsibility for the decisions they make. They created a new legal standard in court that says, the insurance companies are right, the patient has to prove them wrong, and they increased the burden.

Mr. Speaker, we have had enough of these deals. It is time to enact a real patients' bill of rights, one that gives some protections.

There will be a Democratic caucus meeting at 11 o'clock, 345 Cannon, to discuss the patients' bill of rights.

GRATEFUL TO PRESIDENT FOR PATIENTS' BILL OF RIGHTS AND ENERGY POLICY

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

Mr. HAYES. Mr. Speaker, I rise today to thank President Bush for providing a patients' protection act, and to thank the gentleman from Kentucky (Mr. FLETCHER) and the gentleman from Georgia (Mr. NORWOOD) for protecting patients and standing up against the powerful trial lawyers.

I also rise to thank President Bush for giving us a comprehensive energy plan, which will provide protection for future generations against dependence on foreign oil.

□ 1115

Mr. Speaker, as I talked to some of the folks lobbying against drilling in ANWR yesterday, I asked them if they had ever been there, and they said "no." My family and I lived there for a year. The family we lived with, the Helmericks, perfected the ice pad drilling technique which allows us to drill safely and then remove virtually all evidence that drilling took place.

Mr. Speaker, I thank President Bush for providing leadership for this country.

MOHAMMED ALI, POETRY IN MOTION

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

Ms. CARSON of Indiana. Mr. Speaker, if anyone defined poetry in motion, it was Mohammed Ali. During his 25-year career in the boxing ring from 1960 to 1981, Ali danced, bobbed and rope-adoped into most of his opponents with early-round knockouts. It was a beautiful sight to behold. Mohammed Ali sits on anyone's short list of the greatest athletes and most dedicated hu-

manitarians of the 20th century. In fact, Time Magazine listed him as one of the top 20.

Mr. Speaker, I urgently request that my colleagues join me in the bill that I have to award Mohammed Ali a Congressional Gold Medal.

Mrs. CHRISTENSEN. Mr. Speaker, will the gentlewoman yield?

Ms. CARSON of Indiana. I yield to the gentlewoman from the Virgin Islands.

Mrs. CHRISTENSEN. Mr. Speaker, in the time that is remaining, let me say, let us keep the Ganske-Norwood-Dingell-Berry bill intact. The HMOs deserve no special privilege or protection. Let us protect the patients of America. Let us keep a strong, good Patients' Bill of Rights.

RECESS

The SPEAKER pro tempore. Pursuant to clause 12 of rule I, the Chair declares the House in recess until approximately noon today.

Accordingly (at 11 o'clock and 17 minutes a.m.), the House stood in recess until approximately noon.

□ 1203

AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. FOSSELLA) at 12 o'clock and 3 minutes p.m.

MOTION TO ADJOURN

Mr. McNULTY. Mr. Speaker, I move that the House do now adjourn.

The SPEAKER pro tempore (Mr. FOSSELLA). The question is on the motion to adjourn offered by the gentleman from New York (Mr. McNULTY). The question was taken; and the Speaker pro tempore announced that the noes appeared to have it.

Mr. McNULTY. Mr. Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 56, nays 355, not voting 22, as follows:

[Roll No. 323]

YEAS—56

Baird	Dicks	Hastings (FL)
Berry	Dingell	Hilliard
Bonior	Doggett	Hinchee
Borski	Eshoo	Jefferson
Boyd	Etheridge	Johnson, E. B.
Capuano	Evans	Kaptur
Clay	Farr	LaFalce
Conyers	Filner	Langevin
DeFazio	Frank	Lantons
DeGette	Frost	Lee
DeLauro	Gephardt	McCollum