

McGovern	Pelosi	Spratt
McNulty	Price (NC)	Stupak
Miller, George	Rodriguez	Tierney
Mink	Ross	Velazquez
Nadler	Sandin	Waters
Oberstar	Schakowsky	Watson (CA)
Obey	Shows	Waxman
Olver	Slaughter	

NAYS—355

Abercrombie	Doolittle	Kilpatrick
Ackerman	Doyle	Kind (WI)
Aderholt	Dreier	King (NY)
Akin	Duncan	Kingston
Allen	Edwards	Kirk
Andrews	Ehlers	Knollenberg
Armey	Ehrlich	Kolbe
Baca	Engel	Kucinich
Bachus	English	LaHood
Baker	Everett	Lampson
Baldacci	Fattah	Largent
Baldwin	Ferguson	Larsen (WA)
Ballenger	Flake	Larsen (CT)
Barcia	Fletcher	Latham
Barr	Foley	LaTourette
Barrett	Forbes	Leach
Bartlett	Ford	Levin
Barton	Fossella	Lewis (CA)
Bass	Frelinghuysen	Lewis (GA)
Becerra	Gallegly	Lewis (KY)
Bentsen	Ganske	LoBiondo
Bereuter	Gekas	Loggren
Berkley	Gibbons	Lowey
Biggert	Gillmor	Lucas (KY)
Bilirakis	Gilman	Lucas (OK)
Bishop	Gonzalez	Luther
Blagojevich	Goode	Maloney (NY)
Blumenauer	Goodlatte	Manzullo
Blunt	Gordon	Markey
Boehkert	Goss	Mascara
Bonilla	Graham	Matheson
Bono	Granger	Matsui
Boswell	Graves	McCarthy (MO)
Boucher	Green (TX)	McCarthy (NY)
Brady (PA)	Green (WI)	McCreery
Brady (TX)	Greenwood	McDermott
Brown (FL)	Grucci	McHugh
Brown (OH)	Gutierrez	McInnis
Brown (SC)	Gutknecht	McIntyre
Bryant	Hall (OH)	McKeon
Burr	Hall (TX)	McKinney
Burton	Hansen	Meehan
Buyer	Harman	Meek (FL)
Callahan	Hart	Meeks (NY)
Calvert	Hastings (WA)	Menendez
Camp	Hayes	Mica
Cannon	Hayworth	Millender-
Cantor	Hefley	McDonald
Capito	Hergert	Miller (FL)
Capps	Hilleary	Miller, Gary
Cardin	Hinojosa	Mollohan
Carson (IN)	Hobson	Moore
Carson (OK)	Hoefel	Moran (KS)
Castle	Hoekstra	Moran (VA)
Chabot	Holden	Morella
Chambliss	Holt	Murtha
Clayton	Honda	Myrick
Clement	Hooley	Napolitano
Clyburn	Horn	Neal
Coble	Hostettler	Nethercutt
Collins	Houghton	Ney
Combest	Hoyer	Northup
Condit	Hulshof	Nussle
Cooksey	Hyde	Ortiz
Costello	Inslee	Osborne
Coyne	Isakson	Ose
Cramer	Israel	Otter
Crane	Issa	Owens
Crenshaw	Jackson (IL)	Oxley
Crowley	Jackson-Lee	Pallone
Cubin	(TX)	Pascarell
Culberson	Jenkins	Pastor
Cummings	John	Paul
Cunningham	Johnson (CT)	Payne
Davis (CA)	Johnson (IL)	Pence
Davis (FL)	Johnson, Sam	Peterson (PA)
Davis (IL)	Jones (NC)	Petri
Davis, Jo Ann	Jones (OH)	Phelps
Davis, Tom	Kanjorski	Pickering
Deal	Keller	Pitts
Delahunt	Kelly	Platts
DeMint	Kennedy (MN)	Pombo
Deutsch	Kennedy (RI)	Pomeroy
Diaz-Balart	Kerns	Portman
Dooley	Kildee	Pryce (OH)

Putnam	Serrano	Thompson (CA)
Quinn	Sessions	Thompson (MS)
Radanovich	Shadegg	Thornberry
Rahall	Shaw	Thune
Ramstad	Shays	Thurman
Rangel	Sherman	Tiahrt
Regula	Sherwood	Tiberi
Rehberg	Shimkus	Toomey
Reyes	Shuster	Towns
Reynolds	Simmons	Traficant
Riley	Simpson	Turner
Rivers	Skeen	Udall (CO)
Roemer	Skelton	Udall (NM)
Rogers (KY)	Smith (MI)	Upton
Rogers (MI)	Smith (NJ)	Viscosky
Rohrabacher	Smith (TX)	Vitter
Ros-Lehtinen	Smith (WA)	Walden
Rothman	Snyder	Walsh
Roukema	Solis	Wamp
Roybal-Allard	Souder	Watkins (OK)
Royce	Stearns	Watt (NC)
Rush	Stenholm	Watts (OK)
Ryan (WI)	Strickland	Weiner
Ryun (KS)	Stump	Weldon (FL)
Sabo	Sununu	Weldon (PA)
Sanchez	Sweeney	Weller
Sawyer	Tancredo	Wexler
Saxton	Tanner	Whitfield
Scarborough	Tauscher	Wickert
Schaffer	Tauzin	Wilson
Schiff	Taylor (MS)	Wolf
Schrock	Taylor (NC)	Wu
Scott	Terry	Wynn
Sensenbrenner	Thomas	Young (FL)

NOT VOTING—22

Berman	Hunter	Peterson (MN)
Boehner	Hutchinson	Sanders
Cox	Istook	Spence
DeLay	Kleccka	Stark
Dunn	Linder	Woolsey
Emerson	Lipinski	Young (AK)
Gilchrest	Maloney (CT)	
Hill	Norwood	

□ 1225

Messrs. LEVIN, OXLEY, LEWIS of Kentucky, LAHOOD, SKEEN, Ms. BERKLEY and Ms. KILPATRICK changed their vote from “yea” to “nay.”

Mr. HILLIARD changed his vote from “nay” to “yea.”

So the motion to adjourn was rejected.

The result of the vote was announced as above recorded.

PROVIDING FOR CONSIDERATION OF H.R. 2563, BIPARTISAN PATIENT PROTECTION ACT

Mr. GOSS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 219 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 219

Resolved, That at any time after the adoption of this resolution the Speaker may, pursuant to clause 2(b) of rule XVIII, declare the House resolved into the Committee of the Whole House on the state of the Union for consideration of the bill (H.R. 2563) to amend the Public Health Service Act, the Employee Retirement Income Security Act of 1974, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage. The first reading of the bill shall be dispensed with. All points of order against consideration of the bill are waived. General debate shall be confined to the bill and shall not exceed two hours equally divided among and controlled by the chairmen and ranking minority members of the Com-

mittees on Energy and Commerce, Education and the Workforce, and Ways and Means. After general debate the bill shall be considered for amendment under the five-minute rule. The bill shall be considered as read. No amendment to the bill shall be in order except those printed in the report of the Committee on Rules accompanying this resolution. Each such amendment may be offered only in the order printed in the report, may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent, shall not be subject to amendment, and shall not be subject to a demand for division of the question in the House or in the Committee of the Whole. All points of order against such amendments are waived. At the conclusion of consideration of the bill for amendment the Committee shall rise and report the bill to the House with such amendments as may have been adopted. The previous question shall be considered as ordered on the bill and amendments thereto to final passage without intervening motion except one motion to recommend with or without instructions.

The SPEAKER pro tempore (Mr. FOSSELLA). The gentleman from Florida (Mr. GOSS) is recognized for 1 hour.

Mr. GOSS. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentlewoman from New York (Ms. SLAUGHTER), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate on this issue only.

Mr. Speaker, the legislation before us is a structured rule providing for the consideration of H.R. 2563, at last. It provides 2 hours of general debate equally divided and controlled by the chairmen and the ranking minority members of the Committee on Energy and Commerce, the Committee on Education and the Workforce, and the Committee on Ways and Means, the three committees of jurisdiction.

The rule waives all points of order against consideration of the bill and makes in order only the amendments printed in the Committee on Rules report accompanying the resolution. It further provides that the amendments printed in the report may be offered only by a Member designated in the report, shall be considered as read, shall be debatable for the time specified in the report equally divided and controlled by the proponent and opponent, shall not be subject to an amendment and shall not be subject to a demand for division of the question in the House or the Committee of the Whole.

The rule waives all points of order against the amendments printed in the report and provides one motion to recommend with or without instructions.

In fact, it is pretty standard and fair in terms of rules on this type of matter. What is unique is the long, long preparation, the participation of so many Members to bring this legislation to the floor. We believe on the Committee on Rules that we have crafted a

good rule to have full debate for the balance of the day and probably into the early evening.

We have three major amendments with time specified of 40 minutes for one, 40 minutes for another and 60 minutes for another. Members having done their homework will know what those are and we will get into them as we go along. I think this should be comprehensive and give every Member the opportunity to have their say.

□ 1230

Mr. Speaker, this truly is a red letter day, not just for the Congress but for the American people, because today, after 10 years of debate and compromise, we are finally having the opportunity to put forth patient protection legislation that will really change the way our health care system operates for the better.

A true patients' bill of rights must make our health care system more accessible. Health care insurance is no good if someone cannot get it. So accessibility of health care and health care insurance is critical. Obviously, it has to be affordable, more affordable. Affordable is an area we have focused on. And most importantly, more accountable, accountable to the Americans that health care serves.

This fair rule and the underlying legislation represents a reasoned, commonsense approach that allows people that disagree with health care providers an opportunity for just and impartial appeal. This is what Americans have been asking for.

I have worked on health care legislation with so many colleagues ever since coming to Congress, and I can tell my colleagues that this is something that matters a lot back in my district and every other place I go in the country when I talk about it. When I am back in my district, not one town hall meeting goes by without constituents registering concerns about their health care and questioning how things will be fixed, how much it will cost, can I afford it, will I be able to get it, and so forth.

It has always been a very delicate balance to come up with something that will be supported by the House, of course our colleagues in the other body, and the administration; and I commend the hard work of so many, but especially the diligent efforts now on a timely basis of people like the gentleman from Georgia (Mr. NORWOOD) and President Bush, who understood compromise is still better for the American people than nothing at all. Laws are better than unresolved issues.

Frankly, one of the reasons we can be here today is because of the respect our colleague, the gentleman from Georgia, has in this body. In the words of Senate Majority Leader TOM DASCHLE, and I quote him, "If Dr. NORWOOD, who I think knows the issue better than any-

one else does, feels that some of these proposals are acceptable, I would certainly entertain them." Well, we are entertaining them today in an amendment that every Member has had a chance to read, and we will have 60 minutes set aside for debate on that.

What is important is that when our constituents ask, will I have access to affordable health care, we can say forthrightly, look them right in the eye, and say yes. When they ask, can I sue my HMO if there is cause, the answer will again be yes.

With these positive reforms comes great responsibility, of course; and I commend my colleagues for entertaining the compromise that will not overburden the courts with frivolous lawsuits but will still allow justice under the law. We must be sure that the courts are the last resort and not the first. This bill provides for an independent review process that is immediately responsive to patients' needs.

My constituents in southwest Florida are tired of standing in lines, as I suspect Americans are elsewhere. The lines at the doctor's office is bad enough, to say nothing of waiting times. They certainly should not be waiting in additional queues at the courthouse. Instead of driving people to court, a true patients' protection plan will enable Americans to get the care they need and ensure the accountability of medical providers. And I think that is what this legislation does.

Certainly the rule is designed to bring out the debate on these points. Mr. Speaker, I urge my colleagues to continue the careful manner in which this legislation was drafted, and I urge them to support this rule.

Mr. Speaker, I reserve the balance of my time.

Ms. SLAUGHTER. Mr. Speaker, I thank the gentleman from Florida for yielding me the customary 30 minutes, and I yield myself such time as I may consume.

Mr. Speaker, I rise in strong opposition to this rule. I am opposed to the process the rule represents and the political cynicism it embodies.

Make no mistake, this rule is designed to kill the bipartisan patients' bill of rights. This is death by a thousand cuts. By slicing away at the bipartisan-based bill, the leadership today once again will bury one of the most important pieces of legislation to face this body in a generation, all in an effort to appease the insurance companies and the HMOs.

Mr. Speaker, there is no new agreement regarding the bipartisan patients' bill of rights. Yesterday's hastily arranged news conference by the administration was pure theater. Only one sponsor of the bipartisan patients' bill of rights, the gentleman from Georgia (Mr. NORWOOD), was included in the discussion with the administration. And

even the gentleman from Georgia admitted to the Committee on Rules last night that he did not have a deal. And, indeed, until he saw what was written in the Committee on Rules, he would not have one. And at that moment last night he had no idea what would be written.

And now with ink barely dry, the Republican leadership is demanding a vote. We wonder how many Members will see this so-called agreement before they have to vote.

A dangerous pattern is developing in the Committee on Rules. Knowing that they do not have the support to kill important measures, like campaign finance reform or a balanced energy program that maintains the environment, the leadership cloaks itself in the darkness of night. When daylight breaks, they emerge with procedural hurdles designed to obfuscate, confuse, and ultimately bury these measures that may mean life and death for many of our constituents.

The leadership knows the Senate will not agree to this version of the patients' bill of rights, and they know by passing the administration's version they can force a conference with the Senate, thereby relegating the patients' bill of rights to the legislative graveyard.

The rule today makes in order only those amendments designed to kill the measure. There are poison pills. Each one weakens and dilutes patients' protections. The amendments block legal remedies in State courts under State laws, they hand over to HMOs the right to choose which court to adjudicate in, and they stack the deck against anyone who tries to enforce the patient protections we have worked for so long to secure.

Moreover, the new Norwood bill fails to pay for any of the revenue losses it causes. In case Members are unaware, the surplus we worked so hard to secure the past 8 years is gone. In fact, the Treasury has had to borrow \$51 billion just to pay for the tax rebate mailed just last week. Now, for the second time in 24 hours, we have blocked amendments by Democrats who want to be responsible and pay for the cost of the legislation we are considering.

The House is now preparing to blow an additional \$25 billion hole in the deficit. Democrats did offer responsible offsets but were voted down unanimously in the Committee on Rules.

Where will this money come from? The only place left after the massive tax cuts enacted by Congress are the Medicare and Social Security Trust Funds.

I want to remind my colleagues this is about real people, about real lives, and as I stated earlier, a matter of life and death for many. H.R. 2563 would make a difference for the man who goes to the emergency room suffering a heart attack and the woman who has

to wait to get permission to see her OB-GYN for a gynecological problem and the parent whose child is being shunted from doctor to doctor by an insurer. It would help patients obtain speedy reviews when potentially life-saving treatment is denied or when a financially crippling bill will not be covered by the insurer.

The bipartisan bill would make a difference in the day-to-day lives of the people we represent. And for this body to treat this measure so cavalierly defies conscience and defies belief.

Make no mistake, this agreement is a win for the special interests and especially the HMOs and insurance companies who support with their contributions this new bill.

It is a loss for the American people on one of their biggest issues, and a sad day for America, patients, doctors, and virtually every family around the country.

One of the most egregious things is they have held HMOs to different standards than they are holding doctors and hospitals. The HMOs alone among the health care providers will be shielded from the consequences of their own bad decisions, but the doctors and the hospitals are left hanging out to dry. And I understood the AMA has just opposed this bill.

HMOs will also have an extraordinary care standard, not a medical standard, but what any ordinary insurance company would do. And in fact what is being given to them goes to no other industry in the United States. And by waiving away the State laws, many people in the United States where they have good strong State laws will be worse off than had this bill not passed.

Mr. Speaker, I reserve the balance of my time.

Mr. GOSS. Mr. Speaker, I yield such time as she may consume to the gentlewoman from Ohio (Ms. PRYCE), a distinguished member of the committee and a member of our leadership.

Ms. PRYCE of Ohio. I thank my good friend from Florida and colleague on the Committee on Rules for yielding me this time, and I rise in very strong support of this rule.

Mr. Speaker, I came to the House of Representatives nearly 9 years ago, and for the majority of my tenure here, Congress has been struggling with the concept of a bill of rights for patients. There are no policy arguments that have not been made, no statements left unspoken, and no new points to interject.

Mr. Speaker, 95 percent of the patients' bill of rights is agreed to by every one here. We all agree that patients should have access to emergency room and specialty care and direct access to obstetricians, gynecologists, and pediatricians. We agree that doctors should have input in the development of formularies for prescription

drugs and that patients should have access to health plan information.

All the players agree that gag clauses that prevent doctors from discussing certain health care options with their patients should be prohibited and that patients should have a right to continuity of care. In fact, I would like to remind my colleagues that the House has previously passed a patients' bill of rights. We have, we have done it here, and yet we still have no Federal protection to offer the 170 million Americans with private health insurance.

Well, help is on the way. We finally have a President committed to making this happen and a Congress which has worked long and hard to help him. Mr. Speaker, I understand this task has been a daunting and difficult one, and that is why the agreement President Bush forged yesterday is a giant step forward. An agreement that involved so many hardworking, committed Members on both sides of the aisle needs a chance to go forward today.

Mr. Speaker, we need a bill that will not penalize employers for offering health care benefits; we need a bill that will not drive up the cost of premiums; and we need a bill that will offer remedy to patients who have been wronged; and, most of all, we need a bill that can be signed into law.

There are many who would rather not see this happen today. They would rather the American people not have this benefit. They would rather have a political issue. And it is so easy to stand in the way. It is much harder to forge consensus. This time the Committee on Rules, which has met into the wee hours nearly every night this week, has forged a fair and good rule that will do all of this.

We have already spent too much time on solutions that go nowhere. This legislation, with the agreement offered by the gentleman from Georgia (Mr. NORWOOD), has been agreed to by the President. It will offer our best chance to provide real patient protection to those Americans who desperately need it and have needed it for far too long.

I urge my colleagues to support this rule. It is fair, it is very delicate, it is balanced, and it will bring a patients' bill of rights to our President for his signature.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. MENENDEZ).

Mr. MENENDEZ. My colleagues, make no mistake, this bill is a special deal for special interests. The patients' bill of rights went into the White House emergency room with the gentleman from Georgia (Mr. NORWOOD) and it came out as an "HMO Bill of Rights," an "Insurance Bill of Rights," a special set of rights no other industry in America has.

And speaking of rights, this bill kills State rights in protecting patients. Just this week in New Jersey, a Repub-

lican governor signed a bill passed by a Republican legislature which would provide for enforcing our patients' bill of rights. This bill we are debating today destroys New Jersey's patients' protections, and California and Texas and every other State's right to protect patients, by superceding it.

This bill is a huge step backwards in patient protections. This bill will not guarantee the care patients deserve and need but it will guarantee HMOs' abuses.

Let us vote for patients, for people, for our constituents, and against the special interests. Vote against the rule and the bill.

Mr. GOSS. Mr. Speaker, I yield such time as he may consume to the gentleman from Missouri (Mr. BLUNT), the distinguished member of our leadership, the deputy whip.

Mr. BLUNT. Mr. Speaker, I thank my good friend for yielding me this time, I want to use the last of the voice I have left this week to talk for a few minutes about this bill and the rule that allows it to come to the floor.

What we have a chance to do here today is to end 6 years of gridlock, 6 years of striving for a solution that has been outside of our reach. Today we can achieve that solution.

Lots of Members have worked very hard to try to find that solution on both sides of the aisle. My good friend, the gentleman from Iowa (Mr. GANSKE); the gentleman from Georgia (Mr. NORWOOD); the gentleman from Michigan (Mr. DINGELL); the gentlewoman from Connecticut (Mrs. JOHNSON); and the gentleman from Kentucky (Mr. FLETCHER) have all worked hard to try to find that ground that gets us to a solution that really does create parents' rights.

□ 1245

I think what this bill does, and the amendments that go along with it is, it puts patients first. It puts health care first. It puts the health care decision first, and that is a critical difference in this and some of the other concepts that we have talked about, such as the health care professional review panel that has an immediate answer. In fact, how they respond to that answer depends on the way that patients are dealt with in the future of this process.

If in fact an individual is provided insurance, and responds to what that doctor-driven health care professional panel says needs to be done, they have done the right thing and the law recognizes that.

This law talks about greater access to the system. It talks about liability, but it also talks about some ways to avoid that liability, which continues to encourage employers to provide health care to their workers.

For a generation now, one of the questions that workers first asked when they filled out a job application

was, Is health insurance provided? What we do not want to see at the end of our debate here is the answer to be, We used to have health care. We used to offer health care, but now we just give employees money because we do not know what our liability is. It was undefined.

Our bankers, if it is a small business, would not let us continue down that path. Our shareholders, if it is a large business, because of the responsibility we have to them, we decided not to have health care insurance any longer because we did not understand our liability.

That is one reason many of us thought it was so important to understand the limits of that liability. This bill sets a higher limit than many of us would have ever thought we could accept; but employers can work with it, the system can work it.

Most importantly, the results of the hard effort in the last 24 hours, the President's efforts, the efforts of the gentleman from Georgia (Mr. NORWOOD), the gentleman from Arizona (Mr. SHADEGG) stayed up all night to make sure of the language, to come up with a bill that this House can vote on this week that can be signed into law.

Mr. Speaker, 6 years of talking about this is too long. Now is the moment when we can reach a final decision. We can send a bill to the Senate that is a better bill than the Senate's bill. We can put a bill on the President's desk. He wants to sign a bill; we ought to give him the chance to do that.

This bill truly does protect patients' rights.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Michigan (Mr. DINGELL).

Mr. DINGELL. Mr. Speaker, the Senate last week spent a whole week in arriving at a decision on this legislation. It was a thoughtful debate, compromises were worked out on a bipartisan basis, and a good bill was sent here.

Let us look at where we are and why. A Member in this Chamber went to the White House in a closed meeting and worked out a deal. That deal was not reduced to writing until this morning. He did not know what was in the deal at the time he appeared before the Committee on Rules. Nobody else knew. I do not know now. None of you know. I seriously doubt that the Member who cut the deal knows what he has done.

I do not think that any Member can understand the ramifications of these curious transactions. In the Senate, the leaders were willing to forgo the Independence Day recess in order to work this legislation up. Here, without the vaguest understanding of what we are doing, we are now rushing to send a bill to the President.

The doctors have a way of describing this thing. They say, First, do no harm.

There is a plethora of amendments which have been added to this legislation under the rule. If Members vote for the rule, they are going to vote for a bill that has not been tested and that the author of the amendment cannot satisfactorily explain to himself or to us.

Mr. Speaker, this is a bad process. I would point out that it sets up a whole new Federal standard for torts and for jurisprudence, something which has not been done for 300 years in this country. I ask my colleagues to note whether they can explain this or understand it, or whether they or anyone, or the author of the amendment, can assure us that this amendment does not foster mischief and misunderstanding and the potential for real trouble for the American public.

I would note some other things for the benefit of this Chamber. This is an HMO bill. It is a step backwards in that it preempts State laws. It puts its finger on the scale of justice. Nay, it puts its whole fist or forearm on the scales of justice because it lays in place presumptions in favor of the HMOs.

The HMOs are smiling today. No one else is. Members who vote for this amendment will not be smiling in a little while because the end result of that is going to be that they are going to have hurt their constituents, and have done the wrong thing.

I will tell Members some additional things. The States are making fine progress in enacting patient protection laws. Those patient protection laws are making real progress. This bill would essentially preempt them and set aside all of that progress. States like Georgia, States like New Jersey, States like Texas, are going to see their laws superseded.

Mr. Speaker, the amendment to this bill is titled the Bipartisan Patient Protection Act. It should be entitled, the Partisan HMO Protection Act.

Mr. Speaker, I urge my colleagues to vote against the amendment.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Maryland (Mr. WYNN).

Mr. WYNN. Mr. Speaker, I rise in strong opposition to the rule and to the underlying bill. The fact of the matter is that without a right to redress, the so-called patients' rights are worthless. Today we will hear the Republicans talk about the rights that they give patients, but if patients cannot get into court in an easy, convenient manner, they cannot redress their rights.

Remember, it is the patient's back, the patient's knee, the patient's neck, the patient's facial scars that have to be corrected. If the HMOs deny a patient relief, they should have the right to go to court, and this bill does not do it. It guarantees every roadblock possible to benefit the HMOs; every presumption possible to benefit the HMOs. It wipes away State laws to benefit the

HMOs. The protections are not in this bill, the protections are for the HMOs. That is what is wrong with this bill.

They will say if we let patients go to court, they will not be able to get insurance. Studies have shown that the increase in costs are minimal; people are willing to pay it. In Texas, which has the right to go to court, they have not had a lot of lawsuits.

Reject this bill.

Mr. GOSS. Mr. Speaker, I yield 4 minutes to the gentleman from Iowa (Mr. GANSKE), a major player in this legislation.

Mr. GANSKE. Mr. Speaker, I thank the gentleman for yielding me this time.

Yesterday was an amazing day in the Committee on Rules. I have been to the Committee on Rules three times on the Patients' Bill of Rights; and I must admit when we were talking about the Norwood amendment last night and we did not have any language to talk about, and the gentleman from Georgia (Mr. NORWOOD), was saying I reserve the right to not agree with my own amendment, it was sort of bizarre. But I must say that I have been treated with respect and kindness by the Committee on Rules.

Mr. Speaker, I wish very much that we had more time to see the language of the Norwood amendment so people could fully understand it. We are going to have a chance to talk about the Norwood amendment, and I will go into it in more detail later. I intend to support the rule. I understand fully how my colleagues on the other side of the aisle very well are upset about this, but I feel it is time to move on with this debate.

Mr. Speaker, I thank my colleagues from both sides of the aisle who throughout the last 5 or 6 years have stood up as protectors of patients and have been very interested in this. I cannot remember the number of times I have given Special Orders late at night.

I have shown patients like this: HMOs Cruel Rules Leave Her Dying for the Doc She Needs; What His Parents Did Not Know About; HMOs May Have Killed This Baby. I have spoken about how, as a plastic surgeon, HMOs using medical necessity, unfair definitions, which have denied children care. I have spoken about this woman who lost her life because an HMO did not provide her with the treatment she needed.

I have spoken about how an HMO would not pay this young woman's emergency care and hospital bill because when she fell off a cliff, she did not phone ahead for prior authorization.

A couple of years ago when we had this debate, this little boy came to the floor. An HMO made a medically negligent decision which cost him both hands and both feet. Under Federal law, if that is an employer plan, the

HMO is responsible only for the cost of his amputations.

I think we now have bipartisan support that is not fair or just, and that we need to do something to prevent that from happening, and that is why the underlying Ganske-Dingell bill sets up a strong external appeals program, similar to what they have in Texas, to prevent this from happening, to prevent cases from going to court.

Mr. Speaker, there will not be that much debate on the patient protection part of the Ganske-Dingell bill because there are not any amendments coming up, but they are solid. We are going to have three amendments coming to the floor. One will be on access provisions, one will be on medical malpractice liability, and the third is a very, very important one, and that is, in fact, whether to provide additional protections to HMOs.

We will go into some details, how the Norwood amendment would provide affirmative defenses for HMOs that they do not have now, and how it would actually preclude State law. I will at that time recite the lines in the Norwood amendment that do that, and provide Members with information on that.

Mr. Speaker, I just urge my colleagues to have a civil debate. Let us get past the point of name-calling. Let us have a debate that is as enlightened as they had in the Senate a couple of weeks ago, move forward and defeat the Norwood amendment, and pass the Ganske-Dingell bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. FROST).

Mr. FROST. Mr. Speaker, let me start with the rule today. In a continuing effort to block Democrats from imposing fiscal responsibility on the House, Republican leaders have prevented us from paying for this bill. That fiscal irresponsibility is why Republicans are about to raid the Medicare and Social Security trust funds, as an internal Republican memo made clear recently, and it is why just 6 months after Republicans inherited the biggest budget surplus in history, the Federal Government is borrowing money again.

Now for the bill itself: For the past 5 years, Mr. Speaker, Democrats and some courageous Republicans have worked hard to pass a real bipartisan Patients' Bill of Rights, one that takes health care decisions out of the hands of insurance companies and puts them back into the hands of doctors and patients.

Mr. Speaker, the Ganske-Dingell bill does that. It protects patients' rights without reducing health care coverage. During those same past 5 years, Mr. Speaker, Republican leaders have fought the bipartisan Patients' Bill of Rights every step of the way. For the past 6 months, the Bush administration has joined them in fighting tooth

and nail to protect insurance companies and HMOs.

It should be so no surprise that the Republican plan, proposed by President Bush and the gentleman from Illinois (Mr. HASTERT), that is, the Norwood amendment we will debate later today, protects HMOs and insurance companies at the expense of patients. Make no mistake, Republican leaders are trying to turn the Patients' Bill of Rights into an HMO Bill of Rights.

□ 1300

The Republican plan creates special protection for HMOs and insurance companies, one that no other industry enjoys, and would override State HMO laws, including the patient protections that my constituents in Texas enjoy today and that President Bush bragged about in last year's campaign.

Mr. Speaker, the Republican plan would ensure that HMOs and insurance companies, not doctors and patients, keep making vital medical decisions.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Arkansas (Mr. BERRY).

Mr. BERRY. I want to thank the gentlewoman from New York for yielding time. I also want to thank the gentleman from Iowa (Mr. GANSKE) for his great leadership in this matter and, of course, the gentleman from Michigan (Mr. DINGELL) and all the others that have worked so hard for this.

Mr. Speaker, the only way I can describe this rule and the bill that is going to be offered as amended to this House today is ridiculous. Just to begin with, the Committee on Rules was asked to take up a rule for a bill they had not seen, that nobody had written yet. They had to declare Wednesday was Thursday. If you have got something planned on Thursday you very well may lose it, because we are going to skip Thursday this week. Today is Wednesday. Tomorrow is going to be Friday. That just shows you how ridiculous this whole thing has gotten. We have got an old Southern saying about politics that those that get on early get taken care of, everybody else gets good government. I think we have clearly seen the evidence that the insurance companies got on early in the last campaign. They have clearly been taken care of.

We have been presented with this so-called agreement between the White House and someone on Capitol Hill where we have said that we are just going to trample State law, do whatever you have to do to take the State courts out of it; we are going to take away any rights from the American people to deal with their insurance companies.

This whole bill should be called the HMO Protection Act, because they have got more protection now than they had before this bill was written. I do not think it will ever become law. I

think it will die in conference. But it is such a ridiculous idea that we would present this to the American people and try to hoodwink them into thinking that they are going to have a better deal.

Besides that, Mr. Speaker, it is not paid for. We are just going to issue a magic lucky card to pay for it. I am surprised that the lucky card is not described in the language.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to the gentleman from Texas (Mr. STENHOLM).

Mr. STENHOLM. Mr. Speaker, I rise in opposition to the rule. It is not a fair and it is not a good rule. I know that my friends on this side of the aisle are getting a little tired of Members on this side standing up and talking about that we are not paying for the legislation that we proposed. I certainly recognize and support the right of the majority to do as you wish regarding legislation, as you are proving day after day. But for the last several years, I have listened to my colleagues on both sides of the aisle speak with passion and conviction about their commitment to putting an end to the practice of raiding the Social Security and Medicare Trust Fund surpluses to cover deficits in the rest of the budget. I believe that all Members of this body who have voted time and time again to protect those trust funds are sincere in their desire to honor that commitment. Unfortunately, the manner in which we continue to consider legislation is making it impossible to keep that commitment.

The \$1.35 trillion tax cut recently signed into law, whether acknowledged or not, has taken up the available surplus. It is becoming increasingly clear that CBO and OMB when they offer their revised budget forecasts next month will show the facts. No point in debating whether it is or it is not; either it is or it is not. Those of us that believe that it is, those that say it is not, we are going to know.

But let me point out a few facts. Last week, this House voted to break the spending limits on the VA-HUD bill. There is a reasonably good chance that this body is going to break those limits on defense and on education. Last week, it was 8 billion additional dollars for the faith-based initiative. This week it was \$18 billion for the railroad retirement fund. Yesterday it was \$32 billion for the energy bill. Today it is at least 20, probably as much as \$30 billion for this bill.

I heard my colleague from Arkansas say a moment ago, "It's not paid for." I respect the right of the majority to bring legislation to this floor and not pay for it if that is what you wish. But why and how can you continue to come to the floor and say it is a fair rule when you do not allow the minority side the opportunity to pay for the bill in the legislation that we are for? What

is it that would let anyone stand on the floor and say it is a fair rule when you deny the opportunity of the other side of the aisle to work their will regarding the legislation as they see it and let you work the will of the body as you see it?

I really think we ought to defeat this rule, and we ought to send it back to committee with at least allowing our side of the aisle the opportunity to pay for that legislation that we propose. And if you wish to raid the Social Security and Medicare Trust Funds, I respect your right to do it.

Mr. GOSS. Mr. Speaker, I yield 4 minutes to the distinguished gentleman from Florida (Mr. FOLEY), a Member of the Committee on Ways and Means and a great contributor to this legislation.

Mr. FOLEY. Mr. Speaker, I appreciate the gentleman from Florida yielding me this time. Listening to the debate this morning is causing me some concern because I have heard phrases like "we are rushing this legislation to the floor." Yet it seemed to me weeks ago the other side of the aisle demanded action on this bill before the summer recess.

Let me just give you some quotes from National Journal's Congress Daily today that appeared in print. The senior Senator from Massachusetts says about the gentleman from Georgia (Mr. NORWOOD): "He has our complete confidence and he's demonstrated time in and time out his commitment to patients in our country."

The gentleman from Arkansas who just spoke a moment ago: "I don't think anyone at any time has ever questioned CHARLIE NORWOOD's sincerity or dedication to this mission. So the fact that he's out there working doesn't give me any heartburn at all."

That was yesterday, the wonderful gentleman from Georgia, and today they will have you think he has become Dr. Kevorkian. The gentleman from Georgia and I have worked on this bill since 1995. There is one person in this Capitol more concerned with patients than any of us here and that is the honorable gentleman from Georgia. But he recognizes one very important and cogent point of this debate, that if somebody is sick and somebody is ailing and somebody is hurt, they do not need to wait in queue for 5 years to get a court of law to render a verdict on their case, because regrettably if we wait for the court of law, likely the patient will have died.

A good friend of mine, a trial lawyer who is a personal friend and a supporter, called me yesterday. "Please support the Dingell bill. Support the right for patients to sue their HMOs."

So I posed the question: "You're a partner in a law firm. If you provide health insurance, do you feel you should be sued for the negligence of the managed care?"

He paused and said, "Well, no, we merely provide the health care policy."

And I said, "But you may in fact be drawn into liability because you didn't give them an option of several policies, you gave them the firm's policy. And should the firm be engaged in litigation with their provider?"

Mr. Speaker, we can rant and rave about bipartisanship and I have tried on several issues with the other side of the aisle, on several key issues that my leadership gets madder at me by the day, whether it is campaign finance reform or legislation that I think is important for Florida and I get taken to the woodshed for being too bipartisan. But on that side of the aisle, bipartisanship really truly means to me, "It is our way or the highway. And God forbid you interfere with our campaign plans for 2002 so we can deride the Republicans as a do-nothing Congress."

If we look in our hearts and search for the right answer and not try and pillorize anybody who has been participating since 1995, we have several good doctors working on this issue and I think they care desperately about patients. And if we rise from the din of this kind of conversation about simply the right to sue, which is really a nice club over the heads of the insurers and I agree with most of that; but we also recognize, too, that if anybody is being sincere, try filing an action and see how long before your case is heard in court. Try going down to a State or a local courthouse and find out not only what the fees are involved but how soon they may get to your case. And ask the person with breast cancer or lupus or some other disease that is struggling trying to get recovery and coverage whether the wait was worth it, whether hanging out at a courthouse with a bunch of lawyers waiting 3 years for somebody to maybe render an opinion is better than what is in the Norwood bill which is an expedited appeals process that gets you into the facility that you most need to be in which is a hospital rather than a jury box.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. ANDREWS).

Mr. ANDREWS. Mr. Speaker, I thank my friend from New York for yielding time.

Mr. Speaker, the House is about to embark on a travesty of procedure if it adopts this rule. The last speaker said that we wanted to hurry up and get the Ganske-Dingell bill to the floor, and he is correct. The Ganske-Dingell bill was filed in February. February. For the last 4 or 5 months we have all had a chance to read it, question it, understand it. The principal alternative to the patients' bill of rights that is going to be offered by the gentleman from Georgia (Mr. NORWOOD) this afternoon, the copy I read indicates it was printed at 7:18 a.m. today for the first time. We

were in the Committee on Rules last night, or this morning, excuse me, after midnight, nearly at 12:30 in the morning, I know it went on long after that, I commend the Rules members for their diligence, and they had not started writing the bill yet. So an immaculate conception occurred sometime during the night last night. Sometime between 1 a.m. and 8 a.m., we gave birth to a product here that purports to do in 6 hours what lawyers and scholars and judges have taken 300 years to accomplish, and, that is, to write a complete set of rules about proximate cause, affirmative defenses, contributory negligence, rules of evidence, rules of discovery, all the things that come into the process of adjudicating a legal dispute.

This is a travesty. Most of the Members who will consider this bill today will not know what is in it. We have a few hours to try to find out. Once this process goes forward, the American people will have a few weeks and a few months to find out. And when they do, they will recognize the deception that is about to be perpetrated upon the House this afternoon.

Oppose this rule. Support the Ganske-Dingell bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentlewoman from North Carolina (Mrs. CLAYTON).

Mrs. CLAYTON. I thank the gentlewoman for yielding me this time. I oppose this rule. I oppose this rule both on process and content. The process indeed should have allowed us to at least know what the amendments were. But even on content, all of us say that we want to have a Patients' Bill of Rights. When there is an amendment to undercut the very rights that you purport to have, I am not sure how you can say that we all are supporting a Patients' Bill of Rights. The right of enforcement of legislation is the integrity of your words when you say you have a Patients' Bill of Rights.

Do we need a Patients' Bill of Rights? Yes. Why do we need it? We need it because there are children who are sick who need to have the opportunity to see a specialist. There are women who need to go to the emergency room or to see their OB-GYN. There are sick older people who need to be rushed for cardiac treatment. All of these are things we know, that we experience from family members. This rule will not allow that to happen. Indeed, this is a fraud. We should make sure that we vote down this rule and allow us to have a more deliberative debate.

Mr. Speaker, this rule limits debate on one of the most important pieces of legislation Congress will consider this year.

The authors of the Ganske-Dingell-Berry-Norwood bill worked hard to craft a bi-Partisan Patient's Bill of Rights bill that would provide meaningful patient protection to consumers.

The authors also re-drafted portions of their bill to include enhanced measures provided for in the Senate Bi-Partisan Managed Care legislation by adding additional protections for employers. Rather than moving towards a bi-partisan bill that had a strong possibility of moving out of conference committee quickly, we are on the verge of passing a bill that may be stuck in a conference committee. The more we delay passing a bill that makes HMO's more accountable and that extends access to care, the longer the American people will have to wait before getting a full range of the kind of patient care they deserve.

Although we are now debating this rule, we have not been provided an adequate opportunity to fully examine the compromise legislation that came about as a result of the agreement between the President and Congressman NORWOOD. Legislation that affects so many Americans should not be thrown on the Floor of the House in an effort to win a battle of the words.

A Patient's Bill of Rights now means ready access to emergency services. Health Plans would be required to cover emergency care in any hospital emergency facility, without prior authorization, whether or not the hospital is a participating health care provider in the plan.

A Patient's Bill of Rights now means ready access to services provided by an OB-GYN. Women will have direct access to a physician specializing in obstetrics or gynecology, without having to obtain prior authorization or referral from their primary physicians.

A Patient's Bill of Rights now means ready access to Pediatric Care. Parents will be able to readily designate a pediatrician as their child's primary care provider.

A Patient's Bill of Rights now means ready access to Specialty care. Specialty care will be included as a benefit to ensure that patients receive timely access to specialists. If no participating specialist is available, the bill requires the plan to provide for coverage by a non-participating specialist at no extra cost to the patient.

These and countless other measures in the Bi-Partisan Patient's bill of Rights will be compromised because of the latest agreement with the White House to limit the accountability of HMOs. The Ganske-Dingell-Norwood-Berry Bi-Partisan Bill of Rights legislation is a meaningful patient's bill of rights that has been open to scrutiny and debate. This legislation should not be compromised because of late agreement that did not include all of the authors of this bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. PALLONE).

□ 1315

Mr. PALLONE. Mr. Speaker, I deeply resent the suggestions on the other

side that somehow what they are doing today is going to help a person who is denied care get the care, get to the hospital, get the operation. Just the opposite is going to happen here.

This rule allows for amendments to be brought up on things totally unrelated to care, malpractice reform, medical savings accounts. These are the kinds of provisions that, if they are included in this bill, when we go to conference with the Senate, will kill the bill, just like it did last time.

And then you have the other amendment that changes the liability and makes it almost impossible for someone who has been denied care to even have an independent review by an outside board. All sorts of roadblocks are put in the way so that a person can never have an actual review. Forget the court. They will never get to the court. They will never have that kind of independent review by an external review board that will let them have their care, let them go to the hospital.

Finally, most insidious of all, you change the State law so progressive States like my own of New Jersey or Texas or others that have put in place a real Patients' Bill of Rights, are now going to be preempted. That person will never get to the hospital. You are making the situation even worse for them than it is now.

Mr. GOSS. Mr. Speaker, I am very pleased to yield 2 minutes to the distinguished gentleman from Kentucky (Mr. FLETCHER), from the Committee on Education and the Workforce, who has also been a major player in this legislation.

Mr. FLETCHER. Mr. Speaker, I thank the gentleman for yielding me time. We appreciate the work the gentleman has done, as well as the Committee on Rules, on putting together a fair rule, and a rule that is very timely.

As a family physician, one of the things that you learn to recognize very early is that some things need to be done in a timely basis and other things can wait. This needs to be done, I think, in a basis that we can get this accomplished, because this has been debated for at least 6 years, even longer. I think the first Patients' Bill of Rights in this body was offered in 1991. Anyone, I say anyone and everyone who has been engaged in this debate, is familiar with all the language in all of these amendments.

I woke up this morning and got over here to read the bill very early, it is 30 pages long, very easy to read, very understandable for those folks who have dealt with this issue for a long time. It is something not uncommon here. Five hours is plenty of time for folks to understand what this bill does.

I commend the gentleman from Georgia (Mr. NORWOOD). He has been willing, and maybe let me say very willing, to finally say let us put patients above

politics, let us break away, let us stop the logjam, let us get a bill that the President will sign.

This rule allows the House to really express its will. We have an excellent opportunity to start with the base bill, that the other side prefers, and we allow for some amendments to that bill.

The bill certainly ensures us of quality. We are going to have some access provisions, because I think there has been a flagrant disregard for the uninsured from the other side. We address that.

But I think it is also important to realize that we do modify and reach a compromise on liability, so that HMOs are held accountable, but so that we do not allow frivolous lawsuits that drive up the cost and take money out of patient care and put it into personal injury lawyers' pockets.

I encourage Members to support this rule, and I thank the Committee on Rules for an excellent job.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to gentleman from New York (Mr. RANGEL).

Mr. RANGEL. Mr. Speaker, it is amazing how the leadership here can get hold of one or two Democrats and believe that everything they do is bi-partisan. It reminds me of the story that Jim Wright told about this wonderful Texas stew that everyone loved, and they asked what kind of stew it was?

He said it was horse and rabbit stew. They said, it tastes delicious. What is the recipe?

He said, oh, it is one horse and one rabbit.

They said, it tastes delicious, but how do you do it?

He said one-half horse, one-half rabbit is how we make it.

Except it is one whole horse and one small rabbit. And that is how the Republicans have moved forward in trying to get bipartisanship here.

But I tell you, the tax bill, the \$1.3 trillion tax bill, certainly was not bi-partisan. This bill is not bipartisan. And the rule which I stand to oppose will not even allow us the opportunity to provide the revenues to pay for this bill, if and when it becomes law.

There is a train wreck that is going to occur, and the train wreck is that we have signed more checks, or promised to sign more checks, than we have made deposits in the bank.

We have this \$500 billion contingency fund over 10 years, but we said we are going to have \$300 billion of it for defense, \$73 billion for agriculture, \$6 billion for veterans, \$50 billion for health insurance, \$82 billion for education, \$122 billion for expiring tax provisions, \$200 billion to \$400 billion to change the alternative minimum tax. And there is just not enough money in our account to pay for these things, without invading the Medicare trust fund or the Social Security trust fund.

Now, we know that there are some people on the other side of the aisle that wish that we did not have these programs, and we also know that they know that these programs are so popular that they cannot be legislated out. But what you can do is to do what the President said in his campaign, and that is get the money out of Washington, because they will spend it.

I think the answer is, if we are spending it for Social Security benefits, if we are spending it for health care and education, if we are spending it for a stronger America, to invest in our young people, then that is what we were sent here to do.

But if we are just getting the money out of Washington so that we can create a deficit, so that we leave to our kids indebtedness, that we do not repair the Social Security system, we do not repair the health system, then I do not think that is what we were sent to Congress to do.

In the middle of the night a deal was cut, after so many good Members on both sides of the aisle tried to present a bill to the President that was good for the men and women of the United States of America. It is not a day to be proud of, but it is a day that we are going to vote down the rule, I hope, and vote down this legislation.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Texas (Mr. PAUL).

Mr. PAUL. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, as you know, I am a physician. I practiced medicine for more than 30 years, and I can certainly vouch for the fact that medicine is a mess, managed care is not working very well; and, hopefully, we do something good to improve it. Unfortunately, I am not all that optimistic.

I support this rule because it is dealing with a very difficult subject and it brings the Democratic base bill to the floor. I do not see why we should not be able to amend that bill, so I do support the rule.

But the IRS code has 17,000 pages of regulation. The regulations that we as physicians have to put up with are 132,000 pages. Most everything I see that is happening today is we are going to increase those pages by many more thousands. So I am not optimistic that is going to do a whole lot of good.

I think we went astray about 30-some years ago in the direction of medical care when the government, the Federal Government, got involved. The first thing is we changed our attitude and our definition of what "rights" are. We call this a Patients' Bill of Rights. It has very little to do with rights, because most of what we do in medicine, we undermine individual rights.

We have a right in society, in a free society, to our life and our liberty, and we have a right to use that liberty to pursue our happiness and provide for

our own well-being. We do not have a right to medical care. One has no more right to a service than one has a right to go into someone else's garage and steal an automobile. So the definition of "rights" has been abused for 30 years, but the current understanding is that people have a right to services. So I think that is a serious flaw and it has contributed to our problem today.

The other serious flaw that we have engaged in now for 30 years is the dictation of contract. For 30 years now under ERISA and tax laws, we have forced upon the American people a medical system where we dictate all the rules and regulations on the contracts; and it causes nothing but harm and confusion. Today's effort is trying to clear this up; and, unfortunately, it is not going to do much good.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. BONIOR).

Mr. BONIOR. Mr. Speaker, the gentleman from Texas (Mr. PAUL) really said it well, probably one of the understatement of the day, when he said that the managed care system is not working very well.

In the last 2 weeks, 20,000 Michigan seniors have been told that they will lose their health insurance. They are being dropped by their HMO health insurers who are abandoning their commitments. Our seniors are getting broken promises instead of the care that they expected and the care that they deserve.

Now, on top of that, we get this double whammy that has come before us, yesterday and today. For 6 years the American people have been waiting for a Patients' Bill of Rights. For 6 years insurance companies have done everything they can to block it. Access to the nearest emergency room, insurance companies say no; give doctors the authority to make the medical decisions that are right; insurance companies say no; hold HMOs accountable for denying patients the care they need, the HMOs and insurance companies say no.

The deal cut yesterday, the deal that is being rushed through this House so we do not have to read the fine print, and, boy, if there was ever one area you wanted to read fine print, it is this area, is not a Patients' Bill of Rights, it is an insurance company bill of rights.

It is a radical betrayal of the public trust. Instead of protecting patients, it protects HMOs. Instead of helping patients get the care they need, it puts more roadblocks in that patient's way. Instead of giving injured patients the right to seek justice, it gives HMOs special immunity from the lawsuits and the standards and the laws that every other American business must uphold.

Mr. Speaker, it is time we hold the insurance companies accountable. Pass a true Patients' Bill of Rights. Defeat

all these poison pill amendments that this rule would make in order. Pass a good bill. Vote no on the previous question, vote no on this rule.

Mr. GOSS. Mr. Speaker, I am privileged to yield 1 minute to the distinguished gentleman from Indiana (Mr. PENCE).

Mr. PENCE. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, even though I am a new conservative Member of this institution, I came to Congress anxious to support a Patients' Bill of Rights. I became involved in the front end of this debate to preserve our free market health care system and to strengthen patient choice.

For too long, Mr. Speaker, I believe Congress has walked by on the other side of the road, leaving patients, doctors and well-meaning employers to fend for themselves in an increasingly complex health care economy.

What we have before us today is truly a bipartisan Patient Protection Act that will provide protections for all Americans, and trust doctors with the power to make medical decisions, and so it will also encourage employers to provide quality health insurance for their employees.

I urge all of my colleagues, regardless of your stripe or party, let doctors provide timely care, give patients choice, and let this Congress end the decade of walking by on the other side of the road, and speed this timely aid to patients, doctors and well-meaning employers.

Support the bipartisan Patient Protection Act.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. GREEN).

Mr. GREEN of Texas. Mr. Speaker, I looked forward to this day when we could have a Patients' Bill of Rights on the floor, but after seeing what happened, I am so disappointed and so frustrated, and I think that is what is going to happen with the American people.

Instead of a Patients' Bill of Rights, we have a patients' bill of wrongs. We have a Patients' Bill of Rights that is masquerading, but it is really the patients' bill of wrongs.

What it does is it transfers the decision-making from the State courts, where in Texas we have it now, to under Federal rules in State courts; and that is wrong, and nowhere in our jurisprudence history do we have that. So it is going to make it harder.

It gives a presumption for the HMO so they are right and you have to prove them wrong. We are actually going to increase litigation. My colleagues do not want more litigation. When you give that right to the insurance companies, you are going to make people hire an attorney just to go through the appeals process, and that is wrong.

□ 1330

In Texas, we had a Patients' Bill of Rights for 4 years, very few lawsuits, 1,400 appeals, 52 percent in favor of the patient. So more than half the time, the HMO was wrong; and they are wrong today.

Mr. GOSS. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Ohio (Mr. BOEHNER), the chairman of the Committee on Education and the Workforce.

Mr. BOEHNER. Mr. Speaker, I thank the gentleman from Florida for yielding me this time, and I congratulate the Committee on Rules for bringing to the floor the Patients' Bill of Rights.

Let us not make any mistake about what this bill is. It is the same patient protections that we have talked about for years. It is the base bill. There is only one real change in the bill that we are going to bring to the floor today, and that is in the area of how much liability we are going to impose on employers and insurers.

Many of us believe, under the base bill, that we will have unlimited lawsuits that will tremendously increase costs for both employers and their employees, and as a matter of fact, I believe will cause tens of millions of Americans to lose their health insurance because of these increased costs. That is unacceptable when we have 43 million Americans with no health insurance at all.

Under the rule, the gentleman from Georgia (Mr. NORWOOD) will offer a compromise that he struck with the President that does provide for greater remedies and greater access to courts for those who have been injured. But it will not unduly raise the cost of health insurance and it will not force employers out of employer-provided coverage.

I think it strikes the right balance for the American people and we ought to stand up today and think of the patients, not the trial lawyers and the politicians.

Ms. SLAUGHTER. Mr. Speaker, I would like to inform the gentleman from Florida (Mr. GOSS) that we have one speaker remaining, and I would ask if he has more and does he plan to close.

Mr. GOSS. Mr. Speaker, I thank the gentlewoman for her inquiry. The fact is, we have many speakers remaining, but we are only going to have time for 1 more to be on the floor to close, and that will be the gentleman from California (Mr. DREIER), the distinguished chairman of the Committee on Rules.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Missouri (Mr. GEPHARDT).

Mr. GEPHARDT. Mr. Speaker, I urge Members to vote against this rule. I urge Members to vote against the Norwood amendment if the rule is approved.

This is a bad rule, but more importantly, this is a bad bill. This is not a

Patients' Bill of Rights, this is an HMO and health insurance company bill of rights. If the Norwood amendment passes, we are giving HMOs and health insurance companies, who make many of the important health care decisions in our lives today, a different standard of accountability than doctors who make other decisions in our lives. We are treating HMOs and health insurance companies in a preferential way, as compared to doctors and nurses and hospitals that are held responsible for their medical decisions.

If the Norwood amendment passes, what started out to be a Patients' Bill of Rights becomes a dream bill for HMOs and health insurance companies. They will have achieved what they often try to achieve in making medical decisions, which is how to save money, how to make more profit, not how to give people quality health care.

Let us look at just three things that Norwood changes in this bill that are dramatic changes in our legal system as it applies to only HMOs and health insurance companies. First, there is a presumption, a presumption that if you lose at the arbitration level, at the board level of appeals, against the patient, there is no presumption against the HMO and the health insurance company; in no other area of our tort law do we have that kind of presumption. Why would we want to give a presumption against the patient, but not the HMO or the health insurance company? It is a stunning abdication to the HMOs and health insurance companies.

Secondly, and perhaps worse, this bill, if Norwood passes, will preempt State tort laws. Our friends on the other side of the aisle are fond of saying we need a Federal system; we need States to have discretion. We have to look to States to put these laws in place, but by the same token, when it suits them, because it suits the HMOs and health insurance companies, then it is fine to preempt the State laws; and for the first time in the history of this country, we will have a Federal tort law that applies to malpractice and injury caused by HMOs and health insurance companies. So States like Missouri or Texas or California who have passed a good patients' bill of rights will have all of that wiped out, and if a patient gets to court, can get through the maze to get to court, they will be faced with a Federal tort law, not the law of their State.

Thirdly, damages. We have \$1.5 million cap on noneconomic, on punitive, and that sounds like a lot of money. The problem with that is that in many cases, that will be less than what one would get if one was under State law. And even though it sounds like a lot of money, let us stop for a minute and think about some of these cases.

Let me give my colleagues an analogy. There are a lot of cases now about rollovers, Firestone cases. People have

been gravely injured. I heard of a woman who has two children; she rolled over and was badly injured. She is now paralyzed; she is what you call a "shut-in." She can only move her eyes. She is on a ventilator.

What if she were a victim of malpractice by an HMO or a health insurance decision? What if she were limited to \$1.5 million with the responsibility at her age to raise two kids? What if she were limited to a new Federal tort law for the first time in our history, rather than being able to use the law of her State to be justly compensated for being injured in this way?

This is a stunning reversal for the patients and the people of this country. This is special-interest legislation. This is doing the bidding of health insurance companies and HMOs over the interests of the people that we represent in our districts. This is a stunning abdication of what we should be fighting to protect for the people that we represent.

I defy any of us to go into a hospital room of someone who has been done in by bad decisions made by HMOs and health insurance companies and look them in the eye and say, I voted today to take away your rights, to preempt your rights, to set up a new Federal tort law that has never existed in this country.

In the name of God and common sense, I hope Members will vote against this rule and vote against the Norwood amendment if it passes. Stand for the people that you represent in this country. You have a solemn obligation to fight for their interests and rights and not the profit and the money for the health insurance companies and HMOs.

I beg you to vote against this rule, vote against the Norwood amendment if it passes; and if the Norwood amendment goes in, vote against this legislation.

Ms. SLAUGHTER. Mr. Speaker, I yield myself the remaining time.

I urge my colleagues to defeat the previous question, and if the previous question is defeated, I will offer an amendment that makes in order the Ganske-Dingell-Berry bipartisan Patient Protection Act substitute amendment. This amendment pays for patient protections and expanded MSA provisions provided in the bill by extending the regular customs taxes and closing tax loopholes for businesses set up solely for the purposes of tax relief.

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

Mr. GOSS. Mr. Speaker, it is my privilege and honor to yield such time as he may consume to the distinguished gentleman from California (Mr. DREIER).

Mr. DREIER. Mr. Speaker, I thank the gentleman for yielding time, and I want to congratulate him. He has worked for 12 years.

I would like to thank several other people, including the gentleman from

Iowa (Mr. GANSKE) who is here; the gentleman from Georgia (Mr. NORWOOD), the gentleman from Kentucky (Mr. FLETCHER), and the gentleman from Illinois (Mr. HASTERT), the Speaker of the House of Representatives, who has spent a decade working on this issue.

We are here with legislation which is designed to ensure that we have a Patients' Bill of Rights. We want everyone to have recourse. But as I listened to the arguments from the other side of the aisle, we are hearing the same old, tired and failed class warfare, us versus them, the haves and the have-nots. I have not heard much talk about the real reason that we are here beyond ensuring that there is a recourse for those who have been wronged.

There are a couple of important reasons. Frankly, they are going to be addressed in the amendment process that we have here. We want to make sure that we provide both availability, increase the availability of health care and increase the affordability.

Now, we have heard from witnesses before the Committee on Rules, and I would like to thank my colleagues of the Committee on Rules on both sides of the aisle for working until the middle of the night and then just a few hours later being here to report this rule out today. But we heard in testimony before the Committee on Rules that we have a very serious problem with the uninsured in this country. There are some who have predicted that we can see an increase by 9 million in the number of uninsured if we do not take action.

That is one of the reasons that the proposal of the gentleman from Kentucky (Mr. FLETCHER), which I believe is a very important one, along with a number of our other colleagues, including the gentleman from California (Mr. THOMAS) and others, dealing with medical savings accounts, is a very important provision. Last night the gentleman from California (Mr. THOMAS) told us how the 18- to 29-year-olds are increasingly drawn to the prospect of putting dollars aside to plan for their health care. This is a very important step that we can take to deal with the issue of the uninsured; and, of course, affordability. Affordability is something that we are all very, very troubled about. And how is it that we most effectively deal with it? Well, obviously, we have to have some degree of competition, and I think that we have a chance to do that as we move ahead with this legislation.

We have all worked hard. People keep talking about looking at the fine print. As the gentleman from Illinois (Mr. HASTERT) said on Meet the Press last Sunday, 98 percent of this bill was agreed to in a bipartisan way. We focused on a very small part of it that was an area of disagreement, and we have seen the President of the United

States step forward with a wonderful array of proposals.

This morning he talked to us in the Republican Conference about the wonderful successes that we have enjoyed over the last 6 months in the area of education, tax relief, his faith-based initiatives, the energy measure which we successfully passed here late last night, and now this issue on a Patients' Bill of Rights. It was a key plan of his platform when he ran for President. He said all along that he did not want to veto legislation.

Mr. Speaker, we have here the chance to, from the House of Representatives, pass legislation which the President of the United States can sign so that we can enhance those issues of affordability and availability that are so important and so badly needed, and so that we can ensure that we have a meaningful and balanced Patients' Bill of Rights.

Mr. Speaker, I urge my colleagues to support the rule, to support the Norwood amendment, and to support the other two very important amendments we have on medical malpractice and on the issue of accessibility with medical savings accounts. Support the rule and support those measures.

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

CALL OF THE HOUSE

Mr. GOSS. Mr. Speaker, I move a call of the House.

A call of the House was ordered.

The call was taken by electronic device, and the following Members responded to their names:

[Roll No. 324]

Abercrombie	Boswell	Cramer	Evans	Klecza	Putnam
Ackerman	Boucher	Crane	Everett	Knollenberg	Quinn
Aderholt	Boyd	Crenshaw	Farr	Kolbe	Radanovich
Akin	Brady (PA)	Crowley	Fattah	Kucinich	Rahall
Allen	Brady (TX)	Cubin	Ferguson	LaFalce	Rahall
Andrews	Brown (FL)	Culberson	Filner	LaHood	Rangel
Army	Brown (OH)	Cummings	Flake	Lampson	Regula
Baca	Brown (SC)	Cunningham	Fletcher	Langevin	Rehberg
Bachus	Bryant	Davis (CA)	Foley	Lantos	Reyes
Baird	Burr	Davis (FL)	Forbes	Largent	Reynolds
Baker	Burton	Davis (IL)	Ford	Larsen (WA)	Riley
Baldacci	Buyer	Davis, Tom	Fossella	Larson (CT)	Rivers
Baldwin	Callahan	Deal	Frelinghuysen	Latham	Rodriguez
Ballenger	Calvert	DeFazio	Frost	LaTourrette	Roemer
Barcia	Camp	DeGette	Gallegly	Leach	Rogers (KY)
Barr	Cannon	DeLauro	Ganske	Lee	Rogers (MI)
Barrett	Cantor	DeLay	Gephardt	Levin	Rohrabacher
Bartlett	Capito	DeMint	Gibbons	Lewis (CA)	Ros-Lehtinen
Barton	Capps	Deutsch	Gilcrest	Lewis (GA)	Ross
Bass	Capuano	Diaz-Balart	Gillmor	Lewis (KY)	Rothman
Becerra	Cardin	Dicks	Gilman	Linder	Roukema
Bentsen	Carson (IN)	Dingell	Gonzalez	LoBiondo	Roybal-Allard
Bereuter	Carson (OK)	Doggett	Goode	Lofgren	Rush
Berkley	Castle	Doyle	Goodlatte	Lowe	Ryan (WI)
Berman	Chabot	Doolittle	Gordon	Lucas (KY)	Ryun (KS)
Berry	Chambliss	Doyle	Goss	Lucas (OK)	Sabo
Biggert	Clay	Dreier	Graham	Luther	Sanchez
Billirakis	Clayton	Duncan	Granger	Maloney (NY)	Sanders
Bishop	Clement	Dunn	Graves	Markey	Sandlin
Blagojevich	Clyburn	Dunn	Green (TX)	Mascara	Sawyer
Blumenauer	Coble	Edwards	Green (WI)	Matheson	Saxton
Blunt	Collins	Ehlers	Greenwood	Matsui	Scarborough
Boehert	Combust	Ehrlich	Grucci	McCarthy (MO)	Schakowsky
Boehner	Condit	Emerson	Gutierrez	McCarthy (NY)	Schiff
Bonilla	Conyers	Engel	Gutknecht	McCollum	Schrock
Bonior	Cooksey	English	Hall (OH)	McCrery	Scott
Bono	Costello	Eshoo	Hall (TX)	McDermott	Sensenbrenner
Borski	Coyne	Etheridge	Hansen	McGovern	Serrano
			Harman	McHugh	Sessions
			Hart	McInnis	Shadegg
			Hastings (FL)	McIntyre	Shaw
			Hastings (WA)	McKeon	Shays
			Hayes	McNulty	Sherman
			Hayworth	Meehan	Sherwood
			Hefley	Meek (FL)	Shimkus
			Herger	Meeks (NY)	Shows
			Hill	Menendez	Shuster
			Hilleary	Mica	Simmons
			Hilliard	Millender-	Simpson
			Hinchee	McDonald	Skeen
			Hinojosa	Miller (FL)	Skelton
			Hobson	Miller, Gary	Slaughter
			Hoefel	Miller, George	Smith (MI)
			Hoekstra	Mink	Smith (NJ)
			Holden	Mollohan	Smith (TX)
			Holt	Moore	Snyder
			Honda	Moran (KS)	Soils
			Hooley	Moran (VA)	Souder
			Horn	Morella	Spratt
			Hostettler	Murtha	Stearns
			Houghton	Myrick	Stenholm
			Hoyer	Nadler	Strickland
			Hulshof	Napolitano	Stump
			Hunter	Neal	Stupak
			Hutchinson	Nethercutt	Sununu
			Hyde	Ney	Sweeney
			Inslee	Northup	Tanner
			Isakson	Nussle	Tauscher
			Israel	Oberstar	Tauzin
			Issa	Obey	Taylor (MS)
			Istook	Oliver	Taylor (NC)
			Jackson (IL)	Ortiz	Terry
			Jackson-Lee	Osborne	Thomas
			(TX)	Ose	Thompson (CA)
			Jefferson	Otter	Thompson (MS)
			Jenkins	Owens	Thornberry
			John	Oxley	Thune
			Johnson (CT)	Pallone	Thurman
			Johnson (IL)	Pascarella	Tiahrt
			Johnson, E. B.	Pastor	Tiberi
			Johnson, Sam	Paul	Tierney
			Jones (NC)	Payne	Toomey
			Jones (OH)	Pelosi	Towns
			Kanjorski	Pence	Trafficant
			Kaptur	Peterson (MN)	Turner
			Keller	Peterson (PA)	Udall (CO)
			Kelly	Petri	Udall (NM)
			Kennedy (MN)	Phelps	Upton
			Kennedy (RI)	Pickering	Velázquez
			Kerns	Pitts	Visclosky
			Kildee	Platts	Vitter
			Kilpatrick	Pombo	Walden
			Kind (WI)	Pomeroy	Walsh
			King (NY)	Portman	Wamp
			Kingston	Price (NC)	Waters
			Kirk	Pryce (OH)	Watkins (OK)