

The bill seriously restricts the rights of injured patients to be compensated for their injuries, while rewarding insurance companies for bad investment decisions and doctors for practicing bad medicine. In the 13th District of Michigan and in many districts across the country, physicians have either retired prematurely or relocated their practices. The supporters of this bill claim their proposal would reduce insurance costs for doctors. This bill does not lower premiums for doctors, contains no insurance reforms, and would not address the rising cost of health care.

Mr. Speaker, I urge all of my colleagues to support the Democratic substitute, which would directly address rising premiums by reforming malpractice insurance and stopping frivolous lawsuits. The Democratic substitute does not restrict the rights of injured patients who file meritorious claims. It requires certification, with civil penalties, that a pleading is not frivolous, factually inaccurate or designed to harass. It includes a 3-year statute of limitation; establishes an alternative dispute resolution process; limits suits for punitive damages; and applies 50 percent of awards from any punitive damages to a patient safety fund at HHS. Finally, it requires insurance companies to develop a plan to give 50 percent of their savings to reductions in medical malpractice rates for doctors.

It is unfortunate the Democratic Substitute was not adopted. H.R. 5 in its present form does not address rising premiums and denies justice to injured patients and their families.

Vote against H.R. 5.

HELP EFFICIENT, ACCESSIBLE,  
LOW-COST, TIMELY HEALTHCARE  
(HEALTH) ACT OF 2005

SPEECH OF

**HON. CORRINE BROWN**

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Thursday, July 28, 2005*

Ms. CORRINE BROWN of Florida. Mr. Speaker, we need a fix for our healthcare system, but H.R. 5 is not it. Limiting patient's legal redress and compensation is not it. The punishment should fit the crime and if a doctor or drug company does harm knowingly or negligently to a patient they should be compensated to make them whole. That is the standard and it should be decided on a case by case basis according to the facts of each case. It makes me very uncomfortable to place a cap and effectively a dollar amount on what an impact an injury has on an individual's life.

The main group that benefits are big drug companies who will be able to evade their responsibilities injured parties.

The bill will seriously restrict the rights of injured patients to be compensated for their injuries, while rewarding insurance companies for bad investment decisions and doctors for practicing bad medicine. It will do almost nothing to make insurance more affordable or available for doctors. That is the bottom line. In a State like Florida where topic of healthcare is on the tip of every tongue it is important that we take the right steps to solve our mounting healthcare costs.

I am sensitive to the physicians and medical students who plead with me to make it afford-

able to practice. I know that physicians are now being forced to make specialty choices based on how much malpractice insurance costs, but let's be honest to our colleagues if not these poor students, the Republican leadership has trotted this bill out for purely political purposes—no hearings were held on the measure, nor did either committee with jurisdiction mark up the bill. This bill was only introduced last week.

If H.R. 5 becomes law, this bill would have serious consequences for sick and injured patients. The measure's \$250,000 cap on non-economic damages will hurt those at the bottom of the income scale the most. While corporate chief executive officers would receive economic damage awards that could easily reach into the millions of dollars, minimum-wage workers and stay-at-home moms would receive a pittance. The cap on punitive damages is similarly unjust. It imposes an impossibly high standard of proof, completely eviscerates the deterrent that effect punitive damages have on egregious misconduct of defendants, and would not affect how large drug companies test and market their products.

When investment income decreased because of stock market declines, insurance companies hiked premiums, reduced coverage and then blamed the legal system for a "liability insurance crisis." This bill also contorts the American legal system, first by taking the issue of tort litigation out of the hands of the states, where it has traditionally resided, and by severely limiting juries' abilities to adequately compensate victims of malpractice. We place our trust in juries every day to judge the facts and to decide what constitutes justice. If we can trust juries to make life and death decisions on death-penalty cases, we can surely trust them to decide the appropriate level of compensation for those injured by medical malpractice.

Our current tort system is the great equalizer in the civil justice system—it allows ordinary citizens to take on billion-dollar companies and millionaire doctors defended by \$500-an-hour lawyers so they can get the compensation they deserve. The contingency fee system also deters frivolous lawsuits—no lawyer would agree to take on a case he believed would result in no award for his client and no payment for himself.

Tort reformers often ridicule million-dollar jury awards, saying that the plaintiffs must feel like they have won the lottery. Tell that to the parents of the 17-year-old transplant patient who died after being given organs with the wrong blood type, or the Wisconsin woman who had a double mastectomy, only to discover after the operation that the lab had made a mistake and she did not have breast cancer after all. It is doubtful that any family that loses a loved one or suffers years of pain and suffering because of a medical error feels like celebrating after fighting their way through the court system and finally receiving compensation.

The Institute of Medicine estimated in 1999 that as many as 98,000 people are killed by medical errors every year—that is as many people as live in the president's old hometown of Midland, Texas. Instead of penalizing innocent victims of medical malpractice, Congress should be focusing on reducing the number of mistakes made. According to data from the National Practitioner Database, 5 percent of all doctors are responsible for 54 percent of mal-

practice claims paid. The medical profession needs to crack down on these repeat offenders. It is disgraceful that the House leadership is using this bill as filler round out its "health care" theme for next week's floor schedule. Medical malpractice insurance rates and medical errors are important issues that reserve the full attention of Congress. These issues need to be studied by Congress in a bipartisan manner to address both problems and should not be used as political fundraising tools.

HONORING THE TENTH ANNIVERSARY  
OF MONTGOMERY COLLEGE

**HON. KEVIN BRADY**

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

*Friday, July 29, 2005*

Mr. BRADY of Texas. Mr. Speaker, I rise today to honor the tenth anniversary of the opening of Montgomery College, part of the North Harris Montgomery County Community College District, NHMCCD.

The beginnings of Montgomery College started long before August 14, 1995 when Governor George W. Bush presided over the grand opening of the 315,000-square-foot campus nestled in 100 acres of pine forest between The Woodlands and Conroe, TX.

Residents of Montgomery County who dreamed of having an institution of higher education in their midst had sought unsuccessfully in the 1970s and 1980s to establish a branch campus of an existing institution. But it was not until 1991 that voters approved a plan to join the nearest community college district, North Harris County, and to build Montgomery College.

Dr. Bill Law, the founding president of Montgomery College, led the college from its first days with a mere 1000 students meeting at local high schools. By the time the new campus opened in 1995, Dr. Law could say, "The sun is always shining at Montgomery College. It shines because we have the tremendous opportunity to help people improve their lives."

As Montgomery County experienced rapid population growth and business expansion during the 1990s, it found itself one of the fastest-growing community colleges in Texas, as well as the entire U.S. As the college grew, so did the number of programs and services that it offered. In spite of the rapid growth, the college maintained its focus on the hiring of excellent faculty members, ensuring that students' classroom experience would prepare them for the next level—whether it be a new career or transfer to a 4-year university.

During the college's third year, a partnership between NHMCCD and six area universities, The University Center, debuted, offering bachelor's and master's degrees to area residents who desired to pursue higher education closer to home. The University Center, located on the Montgomery College campus, only served to strengthen the college's role in providing an avenue toward a higher degree for its students.

The college enhanced its continuing education program during this time by kicking off an annual summer camp for youth and establishing the Academy for Lifelong Learning, which provides educational programs for the burgeoning senior population in the area.