Women are twice as likely to start a business as men, and we must encourage that and ensure that a level playing field is available to women for access to capital and information. In 1995, as a small business owner, I was a delegate to the White House Conference on Small Business where many of these issues were discussed. Now, as a Member of Congress, I have not forgotten the issues that we discussed then and I believe that we need to bring them again to the forefront.

I would like to take a moment to acknowledge the many women who fought so hard for the right of women to achieve economic self-sufficiency. Let us carry on that tradition by honoring the millions of women business owners today and by supporting the millions of business owners we have to come.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 992, TUCKER ACT SHUFFLE RELIEF ACT

Mr. HASTINGS of Washington, from the Committee on Rules, submitted a privileged report (Rept. No. 105–430) on the resolution (H. Res. 382) providing for consideration of the bill (H.R. 992) to end the Tucker Act shuffle, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 1432, AFRICA GROWTH AND OPPORTUNITY ACT

Mr. HASTINGS of Washington, from the Committee on Rules, submitted a privileged report (Rept. No. 105–431) on the resolution (H. Res. 383) providing for the consideration of the bill (H.R. 1432) to authorize a new trade and investment policy for sub-Saharan Africa, which was referred to the House Calendar and ordered to be printed.

REPUBLICAN LEADERSHIP NEEDS TO ACT NOW ON BASIC PATIENT PROTECTIONS

The SPEAKER pro tempore (Mr. JENKINS). Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, this evening I would like to discuss an issue which I have addressed on the floor of the House many times before and probably will deal with a lot more as we move through the session in this year, 1998; and that is the need for managed care reform.

I believe that the American people have the best health care in the world. Unfortunately, the quality of care is being limited by HMOs or managed care plans. I think that Congress must act now to enact basic patient protections, but to put the ''care'' back in managed care.

Many of us have talked for the last year or so about the types of things that should be included in an effort to reform managed care. The President had an advisory committee that issued a report that went through various patient protections that could be included. At the same time, in his State of the Union address the President talked about the need for patient protections and basically called upon the Congress on a bipartisan basis to pass managed care reform. I have actually introduced a bill, a number of our colleagues have introduced legislation that would put patient protections in effect in the context of managed care organizations.

But what has not happened and what needs to happen is that this House and this Congress must pass legislation and should get to doing so as quickly as possible. The time for talk is over. The time for action is now. We do not have a lot of time left because of a shortened legislative calendar in 1998, and I think we need to move in committee, we need to move on the floor and we need to move in both Houses towards managed care reform.

I have to say that I believe very strongly from every indication that I have received that the Republican leadership is not interested in moving forward on managed care reform. There has been a tremendous amount of money coming from special interest groups, from the insurance companies, in particular, that have been lobbying Members of Congress not to pass a managed care reform or patient protection act legislation in this session of Congress.

The Republican leadership has been out there saying that they do not want to do it, and I think what we have to do as Democrats and those Republicans that are willing to join us, is to push the Republican leadership. Because they are in the majority, we have to push them to bring this legislation through committee to the floor so that the President can sign it.

I have to say that this is a very important issue for our constituents. Every time I go back home and hold a town meeting, constituents ask me when Congress is going to provide common-sense managed care reform.

In New Jersey, the voters spoke loud and clear and the State legislature, along with Governor Whitman, a Republican, enacted model patient protections. It was not radical legislation in New Jersey. It has not substantially increased costs as the special interest lobbyists would have us believe. Instead, it was principled on choice, access and quality health care.

Let me just give my colleagues an idea, if I could, about the types of things that we are talking about when we talk about a Democratic managed care reform initiative.

Basically what we are saying is that individuals enrolled in managed care plans would be guaranteed that their health plan will have enough doctors and health providers in its network to ensure that they get the care they need on a timely basis, that they would have the right to choose to see providers outside their health plan, that they would have the right to see specialists when necessary outside their health plan, that they would be guaranteed that their doctor would be allowed to tell them about all their treatment options, that is, no plan would be able to use gag rules to restrict doctors' communications with patients, that they would have access to emergency care without prior authorization in any situation that a prudent lay person would regard as an emergency.

For women with breast cancer, they would be allowed to stay in the hospital following surgery for a minimum of 48 hours for a mastectomy, or 24 hours for a lymph node dissection. For a women to be guaranteed the right to direct access to their obstetrician-gynecologist and be able to choose their obstetrician-gynecologist as their primary care physician.

When a service and procedure is covered by their plan, that they be guaranteed that they and their doctor, not the insurance bureaucrats, would decide what care is medically necessary for their treatment, that they be able to get authorization for care from their plan in a timely manner based on clear, objective written guidelines, that they be guaranteed that if they were denied care by their plan, there would be a timely, reasonable and meaningful system of recourse for those with life-threatening illnesses allowing them to participate in a clinical trial for experimental therapies at no extra cost to them, that they have protections against discrimination on the basis of health status, genetic information and other factors, that for women who have had a mastectomy, guaranteed coverage for reconstructive breast surgery, that they have access to medically necessary drugs, that they be guaranteed that their health plan does not use discriminatory practices when choosing doctors or other health providers who participate in its network, that they be guaranteed that their health plan would be subject to these new protections regardless of whether it is licensed at the State or Federal level and that they be provided full, relevant information about their plan, including which benefits are covered and which are excluded, what the individual costs are, what the plan policies are regarding authorization and denial of care and what their plan's policies are regarding selection and payment of providers.

Mr. Speaker, these are a few of the common-sense provisions that the American people want enacted. New Jerseyans in my State are fortunate to have a responsive State legislature that addressed these issues but unfortunately not all in New Jerseyans will be able to enjoy the same level of patient protections. That is because the