This is a quote from the Democrat leader, the floor leader for the Democrat Party here on the House floor on the notion of campaign finance reform back in February. This was reported in Time Magazine on February 3rd, and the quote is as follows: ''What we have is two important values in direct conflict: Freedom of speech and our desire for healthy campaigns in a healthy democracy. You can't have both.''

What are they talking about? Freedom of speech refers to the desire by the left wing of the United States Congress to impose laws under their sick version of campaign finance, which restricts the ability of free citizens, American citizens, business owners, school teachers, union Members, to speak freely and contribute as much as they want to the political process, whether it is cash or whether it is any other activity. Usually it is cash that they are talking about, those folks who think that we ought to place a cap on what somebody can contribute and participate in the political process, and the second part of this, our desire for healthy campaigns.

Well, we know from the Democrat side of the aisle what constitutes healthy campaigns for them is suppressing the ability of entrepreneurs, of capitalists, of business owners, of hard-working Americans to participate to the fullest extent in the political process and instead, allow for labor union bosses, for political operatives, sometimes from other countries in the case of the previous example from China, to participate to whatever extent they want, and to go unimpeded, to go unimpeded by the Paycheck Protection Act, which guarantees voluntary political contributions, to go unimpeded by a serious level of investigation here in the United States Congress as to whether Chinese campaign contributions have contributed to the signing of waivers that allowed U.S. targeting and satellite technology to make its way into the hands of Chinese Communist military leaders. Those folks have no restrictions under the Democrat ideas. Only freedom-loving Americans, rank and file citizens, taxpaying citizens, those are the individuals that they would propose to constrict the free speech.

Well, those are interesting ideas. They are awful ideas, if someone asks me, but nonetheless they are important to raise here on the House floor because they do draw a distinction in the vast difference, the huge conflicted vision of what freedom and liberty means in America, their vision of repression for American citizens, restriction on the ability to speak freely and our vision of full and honest and open political participation by Americans, by American citizens, by individuals who have earned the right under the status of citizenship to participate fully in the political process, and I am sorry if that does not involve Communist Chinese military leaders, or that does not involve union bosses stealing cash from unsuspecting wage-earners.

Mr. HAYWORTH. Mr. Speaker, indeed, this is a phenomenon where those who would claim to champion the rights of working Americans can do more for those working Americans by getting their uninvited hands out of their pockets. If that is done and if, Mr. Speaker, we as a people and those of us who would serve in public office at both ends of Pennsylvania Avenue would obey existing laws, we would see genuine campaign finance reform.

Mr. BOB SCHAFFER of Colorado. Mr. Speaker, I thank the gentleman from Arizona for joining me tonight. The others that were here, the gentleman from Texas, the gentleman from Arkansas, and the gentleman from California. Mr. Speaker, thank you for indulging the freshman class. We will be back one week from tonight.

HEALTH CARE REFORM AND THE PATIENTS' BILL OF RIGHTS

The SPEAKER pro tempore (Mr. PETERSON of Pennsylvania). 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, tonight, once again, I want to talk about the issue of managed care reform, and particularly the Democrats' proposal called the Patients' Bill of Rights.

Before I do so, though, I would like to mention that my colleague from Texas (Mr. GREEN) is here to join me in this debate about managed care reform or patient protections.

□ 2100

But I would like to yield to the gentleman at this point, because I know he would like to address some of the comments that were made by the previous speakers.

Mr. GREEN. Mr. Speaker, I thank my colleague for yielding, and the gentleman from New Jersey understands, we have waited here for our hour to be able to talk about managed care, and I think that is much more important. But I need to respond after listening to some of the debate.

We are in a long-term debate, I guess, on campaign finance reform. We call it ''death by amendment,'' because the seriousness of the campaign reform issue is so important, and yet our colleagues on the Republican side are the ones that have 300 amendments they want to bring up and they are really delaying it.

In real life out there, Republicans outspend Democrats two, three, four and five to one in campaigns. We need campaign finance reform to get the money out of politics. They are too busy attacking working people and not really talking about campaign finance reform.

But I want to talk about managed care and how important it is to the people that we represent. Maybe they will be serious about managed care reform, because that is something that affects people every day. I will be glad to work with the gentleman from New Jersey for the next 30 minutes or hour to talk about how important health care reform and managed care reform are to our constituents and all Americans.

Mr. PALLONE. Mr. Speaker, let me just say, because I came in at the tail end of the comments by our Republican colleagues, and I am just frustrated, as I know the gentleman from Texas is, because the Republican leadership continues to stall on this issue of campaign finance reform.

There is no doubt in my mind that the Democrats have been appealing to the Republican leadership for months now to simply allow an up-or-down vote on what we consider the most significant campaign finance reform that is likely to come up this session, and that is the Meehan-Shays bill.

I believe very strongly that if the Republican leadership allowed us to bring the Meehan-Shays bill to the floor today or tomorrow, any day, it would overwhelmingly pass, and we would have some significant campaign finance reform. But as the gentleman knows and mentioned, they do not want to do that. They just want to keep bringing up amendments, making it impossible for us to get to the Meehan-Shays bill.

My understanding is that today they were talking about a rule, which I guess ultimately they did not bring up, that would have allowed something like between 200 and 300 amendments, what we call nongermane amendments, to the campaign finance reform. Amendments that were not even relevant to the issue in an effort to try to stall a final vote on the Meehan-Shays bill.

So we are getting from the other side this constant effort by the Republican leadership to stall and stall and bring up amendments, as the gentleman mentioned, ''death by amendment'' on this issue; and I think they are going to try to let the clock run so that we never get to the Meehan-Shays bill and have some real campaign finance reform. We will have to hope that is not the case and keep at it and make it clear that we want this bill to come forward.

Mr. Speaker, the same is true for the issue that I would like to address now, and that is managed care reform. We know that this issue, without question, is one of the most important issues, I would say the most important issue, on the minds of Americans today.

I keep saying that when I have a town meeting or a forum, or when I see my constituents on the street, the most common concern that they have is about the quality of care or the lack of proper care that they may have because they are in an HMO or some kind of managed care system that limits their ability to receive quality care.

We, as Democrats, came up with a proposal, we have had it for some time now, called the Patients' Bill of Rights, H.R. 3605, which provides a number of patient protections to deal with the problem, some of the problems that managed care organizations have presented.

The problem though is that the supporters of managed care reform and the Republican leadership and the insurance industry are basically on a collision course. The Republican leadership, along with the insurance industry, is fighting tooth and nail to undermine the various managed care reform proposals that have been introduced. They basically again are trying to run the clock out, because with so few legislative days left in this Congress, those who support patient protections believe it is increasingly important that everyone come together on a bipartisan basis and allow us, demand even, that the Republican leadership allow us to bring the Patients' Bill of Rights to the floor for a vote.

Mr. Speaker, I would bet again, just like campaign finance reform legislation, that if the Republican leadership allowed this managed care reform or Patients' Bill of Rights to come to the floor, it would pass overwhelmingly. That is why they do not want to let it come to the floor.

There is widespread agreement in Congress for ensuring that medical decisions are made by doctors based on medical need and not by company bureaucrats whose primary concern is the company margin. We are all too familiar with the Republican leadership's preference for shortchanging the American people by cutting comprehensive health care initiatives.

Mr. Speaker, we tried to bring up expanding kids' health insurance and we got opposition from the Republican leadership. Gradually, we got Republican Members to join with the Democrats and eventually we had a majority. The leadership was forced to bring the kids' health care initiative to the floor and it passed overwhelmingly.

We had it with the Kennedy-Kassebaum bill. This was to deal with the problem for people who have health insurance, but have a preexisting medical condition and could not get health insurance or wanted to take their health insurance with them from job to job, the so-called portability issue. These were encompassed in the Kennedy-Kassebaum bill. These were addressed.

We could not get the Republican leadership to bring the bill to the floor. We finally got some Republican colleagues to join with us and it was brought to the floor and it was voted on and it passed.

This same precedent applies here today. What we are trying to do is to get more and more of our Republican colleagues to join with the Democrats to pass the Patients' Bill of Rights.

Let me just, if I could, because I do not want to talk about the Patients' Bill of Rights in an abstract way or managed care reform in an abstract way, I want to give a few concrete examples of the type of patient protections that we are talking about in our Democratic bill, H.R. 3605. Let me run through some of the main points to give an idea of the kind of patient protections that we are talking about.

Access to emergency services. This is very important. Because of the fear of denial of coverage, managed care patients have died in many cases, delayed seeking emergency care or been injured when driving past nearby emergency rooms to more distant network emergency rooms. What happens is a lot of times the managed care organizations require patients not to go to the hospital or emergency room close by, but to another one further away.

Mr. Speaker, what our bill does is to remove these major barriers to emergency care by prohibiting prior authorization for emergency care. Coverage of emergency care, including out-of-network care, is based upon what we call a ''prudent layperson'' standard, which means that a health plan is required to cover emergency visits based on the symptoms rather than the final diagnosis.

This prevents health care plans from being able to deny coverage for an emergency visit for a suspected heart attack that turns out to be severe indigestion. So if the prudent layperson, if the average person would assume that because of the condition they have to go to a local emergency room, if they go, the insurance company has to reimburse for it.

Let me give another example of the types of things, the patient protections that are in our bill. Under the bill, if an employer offers only one health plan and that health plan is a closed panel HMO, that plan is required to offer their employees the opportunity to purchase a point-of-service option in addition to the basic plan offered through the employer. So that means that my employer has to give me the option of having an HMO or a managed care plan that allows me to go to a doctor outside the network and choose any doctor, if I wish, and has to give me that option when I sign up for my health insurance. I may have to pay a little more, but nonetheless I have that choice.

Then I will give a third example with regard to specialty care and then I will yield to my colleague from Texas. This is access to specialty care. The bill establishes certain standards to ensure hassle-free access to appropriate specialty care. A lot of times when people want to see a specialist, they are not allowed to or they have difficulty doing it because of their managed care organization and the way that it sets forth access to specialty care.

But in our bill, women are able to select their OB/GYN as their primary care provider. If the plan does not have an appropriate specialist in network, it must provide a referral to a specialist. For example, if a child needed a pediatric neurologist but the plan only had an adult neurologist, that plan would refer the child to the outside specialist at no extra cost to the family than if the care had been provided in network.

Patients with serious ongoing medical conditions are able to choose a specialist to coordinate their primary and specialty care. So if the insureds have a chronic illness, their specialist can actually be, in effect, their primary care provider.

Mr. Speaker, I do not think we are really talking here about anything outlandish. I think most of these patient protections are very common sense. Most people probably think that they have these kind of protections, but they do not in many cases.

So we are really not asking for much. We are asking basically for a floor, that managed care organizations or HMOs have to provide certain patient protections at a minimum, regardless of the particular type of plan that an individual signs up for.

There is a lot more that we can talk about, but at this point I will yield to my colleague from Texas who has been someone who has really been outspoken on this issue and is very concerned about the need for patient protections and has joined with me and others from our Committee on Commerce, which has jurisdiction over this legislation, to make the case why this bill should be brought to the floor.

Mr. Speaker, I yield to the gentleman from Texas (Mr. GREEN).

Mr. GREEN. Mr. Speaker, I thank the gentleman from New Jersey (Mr. PALLONE) for yielding and I appreciate his request for this special order this evening so we can talk about managed care and bring it to the attention of the American people, although they know about it even better than we do because they are the ones who are being subjected to the harsh decisions being made every day. They brought it to our attention. That is our job as Members of Congress and elected officials, to respond to our constituents' problems.

The gentleman mentioned that we are not doing things that are outlandish or outrageous. There is an article that I would like to show that was in the Wichita Falls Times newspaper in Texas, and it said, ''Texas leads the way as States tackle HMOs.''

Mr. Speaker, our Texas legislature last year passed an HMO reform bill in 1997. They passed the bill in 1995, but the governor at that time vetoed them. But in 1997, he saw the error of his ways, I guess, like we all learn, and he let them become law. But Texas and New Jersey, the gentleman's home State, have passed legislation for HMO reform.

The reason we are having to do it in Washington, because I would love to be able to let the States take care of their own problems and our States are doing that, Texas, New Jersey, 40 States across the country, the reason we have to do something in Congress and why it

is so important is that so many of the insurance policies that are in effect for group insurance are covered by Federal law and not State law.

So no matter what the State law in Texas says or New Jersey says or anywhere else, if it is under ERISA exemptions and under Federal law, no amount of protections in State law will help them. We have to have those protections on a national scale to be able to supplement what the States are already doing.

So we are not talking about earthshaking legislation here. We are just talking about reforms that the States have done over the last few years. We have learned from both the success and also some of the errors in the States to be able to come up with the bills that are being considered. I know the Democratic Task Force, that the gentleman from New Jersey is a leader in, has legislation that we have worked on.

Mr. Speaker, I am concerned about this issue because the quality of medical care that our citizens are receiving has declined considerably. Some patients are not getting the best medical care that they have become accustomed to in our country. Medical decisions are being made by insurance company bureaucrats as opposed to their medical providers.

If we are badly injured or seriously ill, we should not have to worry about our insurance coverage. Our first concern should be our health care or, particularly if it is for a parent or a child, our first concern should be to get them to the health care that they need. These are just two of the examples of problems that patients are facing when they need medical care.

We owe it in our responsibility as elected officials to respond to the American people to give them access to top quality medical care. They should be able to obtain quality health care, whether or not they are required preauthorization for emergency room treatment.

One of the other problems, and I have used the example before and we have heard it, if I right tonight begin having chest pains, how do I know it is not a heart attack? It might be the pizza we had this evening waiting for our special order, but I cannot diagnose myself. I need to go to an emergency room. And yet we have had cases where the HMO has said, ''No, you had indigestion and not a heart attack. You should have called in first.''

□ 2115

Health care delayed can also be health care denied. So that is the worry that we have that is affecting all of our constituents. As a member of the Democratic Health Care Task Force, I have worked with the gentleman and a lot of Members on trying to establish guidelines and direction to improve managed care.

I currently cosponsor three proposals. One of them is the Patient's Access To Responsible Care Act, the Patient's Bill of Rights that the Democratic Task Force has put together, and also the Patient's Choice and Access to Quality Health Care.

These bills are all bipartisan bills. They are cosponsored by Republicans and Democrats, although predominantly Democrats on some of them, but we do have Republican Members who are leading in trying to get these bills passed, members of our Committee on Commerce on both sides of the aisle.

Each of these bills provides varying degrees of access to specialists, improved quality, and accountability of managed care and timely internal and external appeals process when a consumer feels a claim was denied inappropriately.

The focus of these bills, and we have developed five key concepts, that whatever bill we pass, it does not have to have GENE GREEN's name on it. I would be glad to have my colleagues on the Republican side have these concepts in their bill, and I will speak for it and vote for it. So there is no pride of authorship in needing to have these bills passed and the President sign it.

One is the antigag rule which would allow physicians to discuss with their patients the most appropriate course of treatment even if it is not covered by that HMO. A doctor or provider ought to be able to have a two-way conversation with their patients. That is just right.

Mr. PALLONE. Mr. Speaker, if I can just interrupt the gentleman, the gag rule to me, and what you pointed out was such an excellent example of the kind of common sense approach that I think most Americans would believe they already have.

I mean, I do not think most people could imagine that their doctor is not allowed to tell them something about their medical condition or possible treatment. It seems to go against the First Amendment, which it probably does if it ever went to court or ever traveled to the Supreme Court for an opinion on it.

To imagine that HMOs now are allowed to gag the doctors into telling their patients what they should know, it is inconceivable to me. That is the kind of common sense approach that we are talking about that the gentleman brings up.

Mr. GREEN. Mr. Speaker, that is so important just to open the lines of communication. Again, HMOs have cut the cost of medical care, and they have done a great job. But we can have some guidelines for them to where we can have better quality care and still have the cost controls that are there.

Another one of the five concepts is the internal and external appeals process. A lot of the HMOs already provide this. But that would be a reasonably timed appeals process, reasonably timed so you do not have to, again, have medical care delayed is medical care denied, both internal and external appeals process; the opportunities for the employee choice which would provide employees with the opportunity to get health care coverage outside their managed care system for an additional cost.

The gentleman and I know that the reason managed care is popular with a lot of our companies who pay for the insurance is that they have also placed cost controls on it. But if an employee in a company says, okay, the company says I can pay X amount of dollars per month, and that will buy you this HMO, a lot of employees, both government employees and private employees, private employers will do that.

But there ought to be a requirement that a health care provider would offer a little better plan. So that employee could say, yeah, the HMO is great, but I would really like to have a little better plan, and I will pay $10, $20, $30, $50 a month more to make sure that I can have more flexibility in my plan, a requirement that gives that choice to the patient and to the employee.

We are not asking for businesses to pay more money, we are just asking for insurance companies to be able to say, hey, I can sell you a better Ford and actually maybe make more money.

One of the other important parts of it is access to specialty care which guaranties the patient's right to see a specialist who can diagnosis and treat a patient's specific medical needs.

Again, I have some great examples of medical care delayed and denied in my own district and with my own family. They went to a doctor in February; that doctor, for example, in this one case drained the knee. There was a knee injury. Drained the knee and shot cortisone in it, did not request an MRI under a managed care plan until finally this constituent actually went back to the doctor at the end of May and had to wait 2 weeks for an appointment because there were only two doctors on the plan that were orthopedic, and finally got an MRI that said we need to have surgery.

So that constituent is having surgery this Friday morning to be able to correct that torn cartilage in the knee that could have been done in February if they would have taken the time and been able to have to go to a specialist.

The fifth important decision I think, and this is one that is very controversial, but, again, States have already done it, and particularly Texas, decision-maker responsibility. Make managed care plans that authorizes or fail to authorize medical procedures accountable as much as the health care providers.

So if my doctor or my provider is subject to a lawsuit because they do something wrong, then if a health care insurance company or an HMO denies coverage, then they ought to also be subject to the same responsibility that that health care provider is.

Again, this is not something that is a major change. The State of Texas, again, in 1997 passed that as part of the bill. Liability legislation is made. They

call it in this article the Doomsday Weapon because it makes the responsibility go with the person who is ultimately responsible. If someone says no to a procedure, then they may have to answer in a court of law just like a health care provider would have to.

Mr. PALLONE. Mr. Speaker, if the gentleman would yield, what we do in our bill is to basically leave that up to the States. So it would be up to the State.

If the State decides that they think that the HMO or the managed care organization should be liable in the circumstance, then they can. So we are not actually dictating to the States what they do in that respect, but we are leaving it up to States to make that decision. Right now, there is no liability under Federal law.

Mr. GREEN. Mr. Speaker, I think that is ironic, because the gentleman and I know, as Democratic Members of Congress, oftentimes we have been accused of not trusting the States and local control.

I bring to Congress 20 years of service in the Texas legislature, and I know that these halls do not have infinite wisdom, although there is not infinite wisdom in the halls of the legislature either, but I also like the idea of 50 States being able to make that decision on lots of things and particularly in this area.

Let us let the State liability law provide for the people that are covered by ERISA. Doctors and health care providers should be in charge of medical care decisions. When patients need immediate care, doctors need to be able to provide that quality health care.

I believe that these basic protections are fundamental to maintain a high quality medical care in our country. I do not believe that managed care is inherently bad. In fact, I think it has reduced a cost increase, as we have seen over the last few years, but I believe that, like any other system, you have to provide some protections, patient protections, so managed care does not just throw out the baby with the bath water, so to speak; that we have the benefits of managed care with the cost containment, but we also have the benefits of quality health care and physician and health care provider contact with their patients.

Let me give another example, and sometimes I know we are accused of passing legislation by analogy. But, again, as a Member of Congress or any elected official, you try and solve problems. That is our job is to solve problems.

We have a constituent like earlier, the knee problem, we have our constituents write us letters. I have a Houston police officer who, again, is under a managed care system, and let me just read his letter.

I want to thank you for your concern over the managed care issue, to many of us, the term NYL–Care, if it is appropriate. I worked for the City of Houston for over 30 years as a police officer and walked in harm's way more than once and I have not missed a day of work due to illness for over 20 years. I never worried about health care.

When the city took away any choice of doctors, I was concerned, but not too alarmed. Last August, my worst fears became a reality. I went for a routine screening, was told by a doctor at Baylor that I needed additional tests for cancer.

At this point, I found out what my HMO was really about. My very first attempt in getting medical help was a fiasco. My primary care doctor was out of town. My very first visit to a specialist was rejected because the referral was not the correct color.

I did get to see the doctor after several buck-passing phone calls and more trips to the primary doctor. I found that the toughest battle was not with the disease, but with the HMO. As I am writing this letter, I have been trying for 2 weeks to see another specialist. The mental strain is tremendous.

I offer you my experience and will testify and write letters to anyone that support your legislation.

That is by a 30-year Houston police officer. We can come up with lots of examples of how people are being denied health care today. A Houston police officer, a teacher at the Houston independent school district, these are people who are serving our children and making our community safer. Yet, he needed that specialist for cancer care.

The gentleman and I know that when you are diagnosed with cancer, you need to see that specialist immediately because the quicker the better. You need the treatment, but you do not need to wait another week or 2 weeks or 6 weeks or a month to be able to see that specialist or quality specialist.

That is why it is imperative that this Congress pass managed care reform, and it is imperative that my Republican colleagues quit denying that there is a need out there, the majority of them, because we have a great many of them who are really working and trying to pass legislation, but we need a majority of them to say, if we have to, let us take the discharge petition, let us get a bill here on the floor and pass it before this Congress leaves in early October, because it is so important for this Houston police officer and it is important for all our constituents who are being denied care right now.

Mr. PALLONE. Mr. Speaker, I agree with the gentleman. I am glad he brought up this issue of the discharge petition, because I think that that, in fact, is what we may have to resort to.

Our colleagues, of course, are aware of it, but the American people may not be aware of the fact that the way the House works, the Speaker and the majority, which is the Republicans, have the right to decide whether or not a bill comes up for a vote in committee and whether it comes to the floor.

What we are seeing with the managed care reform and our Patient's Bill of Rights is that we are not even being given the opportunity of a hearing in the committee let alone having it come up for a vote in the committee and come to the floor.

So our only recourse at this point is the discharge petition, where a majority of us sign this petition, and the bill is brought to the floor in effect by getting around the Republican leadership. I think we may be forced to that over the next few days, because time is running out in this Congress.

Following up on what my colleague from Texas said, I think it is important that we give examples. Over time I get up lately and do a special order like this. I try to give some examples of how the patient protections that we have in our bill would correct the situation.

I just wanted to give a few this evening if I could about some of the patient protections that I mentioned and what my colleague has mentioned.

With regard to access to a specialist, this is a good example that was in the New York Post in September of 1995 where a 12-year-old girl had to wait a half a year for a back operation to correct severe scoliosis.

The reason was that the HMO rejected the parents' bid to have a specialist perform the procedure, insisting instead on an in-network surgeon. After taking 6 months to determine that no one in its own network was capable, the HMO eventually relented and let her go to the specialist outside the network.

Of course, when we were talking before about the Patient's Bill of Rights, H.R. 3605, one of the provisions says that, if there is no specialist within the network, then the outside referral is mandated. So we would address the problem that this particular 12-year-old girl had to face a few years ago.

The other example, I think, with regard to emergency care, we have a couple of examples of that, and here is one example. This is from the Los Angeles Times on August 30, 1995.

A pregnant woman was rushed to a hospital emergency room in the throes of a miscarriage and bleeding profusely. After a quick exam, the ER staff put in an urgent call to her HMO with the question, ''How do you want us to treat her?'' It took nearly 3 hours for the HMO to call back and say it wouldn't cover the care because none of its doctors were available to treat the woman. After 6 hours of arguing, the HMO eventually relented.

Again, under the prudent layperson patient protection in our bill, that would not happen because if the average person would expect that when you go to the emergency room with a miscarriage and bleeding, profuse bleeding, that you would immediately receive care, you would receive it, and you would not have to give prior authorization or have the HMO approve it.

I mean, some of these cases that I have are really horrific cases. Here is another emergency room case, a New York man. This is from Long Island

Newsday, February of 1996. A New York man slipped as he was getting out of a taxi, falling and cracking his skull. The taxi driver called 911, and the victim was rushed to an emergency room where he was given stitches, had a fracture set, and received treatment for a possible concussion. The episode was not a preauthorized emergency, so the patient's HMO refused to pay the bill. Incredible.

□ 2130

This is another one from Long Island News Day, actually the same day. A 5-year-old boy, who fell from a balcony and hit his head on the concrete, was brought to an emergency room on a backboard. As hospital workers rushed to give him a spinal x-ray and CAT scan, the HMO requested he be put in a taxi and driven to its own medical center. In that case the emergency doctors ignored the request. Thank God they ignored the request.

So the cases go on and on. But, again, sometimes I think that when I read these patient protections they sound so simplistic that people say, well, of course, we have that right. But we do not, and that is why I think it is important to raise these examples. Because people are dying. People are being seriously injured. And it is not a common sense approach that the HMOs or the managed care organizations in many cases are making. They are not looking at things rationally from a common sense point of view.

Mr. GREEN. Let me give the gentleman another example. One of the concerns I have as to why we need to put these into law is oftentimes, as a Member of Congress, we have constituents call us and explain to us situations, and we treat them like constituent work and the staff calls the hospital or the HMO, and oftentimes we can get that decision changed. But we represent 600,000 people, and not everyone is going to call their Member of Congress to get it corrected. That is why these reforms needs to be in place for everyone.

I have an example of an elderly gentleman who was in a hospital in Pasadena, Texas, part of my district, and the doctor came around that the family did not know, and the patient was terminally ill with cancer. And the doctor said, you will have to be checked out and you cannot come back to this hospital. So the family checked with the other medical staff there and they called this person the HMO doctor.

And so the family called our office and I talked with them and I said, well, we will check and see. And this was within 2 days, and he was not out of the hospital yet. And in working through the bureaucracy, that HMO said, sure, that is not a problem; that they wanted him to go to a different facility but they actually worked out an agreement to where the facilities were the same cost. And that ''HMO doctor'' came in and apologized 3 days later.

This gentleman has since passed away. But to put a family through that, who already has a terminally ill father, or husband, and to say, no, you have to be checked out of here and go somewhere else, it is just inhuman. And not everyone will think to call their Member of Congress, and that is why these reforms are so important, so we can put a human face on managed care and make some rational decisions instead of what we are seeing out there in the marketplace now.

So that is why I would hope that this session of Congress that we would not only be able to vote this bill out of the House but also the Senate and be able to have it signed by the President so we can put these reforms into place for the benefit of the people we represent and people all across the country. This is one of the most important bills that we can consider this year.

And I want it to be a strong piece of legislation, too. I worry that because of the 80 percent support that the polls are showing for this, we might just see lip service paid to it and pass one or two. Let us make sure we do the job thoroughly and not just a partial job.

So I would hope that my colleagues on the Republican side would cosign some of the bills and ultimately make the decision, if we have to, to sign that discharge petition to bring that bill here to the floor. I do not like to do that, because I believe in the committee process. But we have seen time after time during this session of Congress bills coming immediately to the floor without the committee hearings anyway, brought by the leadership. So let us do something right for the American people and pass this legislation. It is a strong piece of legislation.

Mr. PALLONE. I appreciate my colleague's comments, and I would just like to say one more thing, too, before we close today, and that is that I believe, as the gentleman stated, that the support for these patient protections, this managed care reform, is overwhelming with the American people. And it does not matter whether you are a Democrat, a Republican, an independent, or whether you are from Texas or New Jersey or what part of the country. I know from talking to our colleagues that everyone is hearing from their constituents that we need to pass this patient bill of rights, or something like this bill we have been talking about this evening.

My fear is what we may see from the Republican leadership, which so far has been stalwart in its opposition to this and its refusal to bring this up, primarily because of the insurance companies and because of the special interest money that comes from the insurance companies that is backing the Republican leadership, what I am fearful of is that as the Republican leadership keeps hearing how much support there is for this legislation, that they will try to come up with what I call a cosmetic fix; that they will try to come up with a very watered down version of our patient's bill of rights that really does not address most of the concerns that we have raised this evening. I think we have to be very careful of that.

As the gentleman knows, the Republican leadership set up a task force, a Republican task force, to look into this issue. And some of our Republican colleagues who support our patient bill of rights, and have even cosponsored our patient bill of rights, are on that task force. And they were about ready, before the Memorial Day recess, to come forward with a proposal that included many of the patient protections we talked about tonight and that are in the Democratic bill. And what the Speaker did was basically pull the rug and say, no, no, go back to the drawing board and look at this some more.

So, now, the second or third week has passed since that time, and still this Republican task force has not come forward with a bill. And what we are hearing is that the Speaker and the Republican leadership are putting pressure on them either to not put forward a bill or to put something forward that is basically a very watered down version of what we are talking about, a sort of cosmetic fix that does not really accomplish the goals that we set out to accomplish.

So I think the worst thing that could happen, in many ways, is with all this impetus for a real managed care reform bill, if they were to just try on the other side of the aisle to bring something forward that looks like managed care reform but really is not. We have to be wary of that as well because we want to take this opportunity to pass something that really makes a difference for the average American; that really ensures quality health care. Nothing less will do.

I know the gentleman shares my concern about that and my view on that. So we are going to continue to be here on a regular basis doing these special orders, constantly bringing this issue up, giving more examples, getting more of our colleagues to join with us, because we demand and we will insist that Speaker GINGRICH and the Republican leadership bring the patient bill of rights up for a vote before this session ends.

I want to thank my colleague again for joining me this evening.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. HASTINGS of Florida (at the request of Mr. GEPHARDT) for Tuesday, June 16, through the balance of the week, on account of personal reasons.

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. FRANK of Massachusetts) to revise and extend their remarks and include extraneous material:)