aircraft with a maximum certified takeoff weight in excess 15,000 kilograms or more by December 31, 2002. Cargo industry representatives say they are currently developing a collision avoidance system using new technology and expect it to be installed in such cargo aircraft by the deadline, even if no legislation is enacted. CBO estimates that this mandate would impose no additional costs on owners and operators of cargo aircraft.

Estimate prepared by: Federal Costs: Victoria Heid Hall, for FAA provisions and NPS overflights; Christina Hawley Sadoti, for DOL penalties; Hester Grippando, for FAA penalties. Impact on State, Local, and Tribal Governments: Lisa Cash Driskill. Impact on the Private Sector: Jean Wooster.

Estimate approved by: Robert A. Sunshine, Deputy Assistant Director for Budget Analysis.

JERUSALEM

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Nevada (Ms. BERKLEY) is recognized for 5 minutes.

Ms. BERKLEY. Mr. Speaker, I rise today to urge that the administration immediately move forward to establish a United States embassy in Jerusalem. It has been 4 years since Congress passed the Jerusalem Embassy Act of 1995. That act requires that the U.S. embassy must be moved to Jerusalem from its current location in Tel Aviv no later than May 31, 1999. That deadline passed last week. It is most regrettable that the administration is in the process of considering exercising its waiver option to again delay moving the embassy to Israel's capital city. Jerusalem is the capital of Israel. Around the globe, it is the policy of the United States to place its embassies in capital cities. But Israel is the glaring exception to this policy. There is no plausible reason for this glaring exception. It is vitally important that the administration act now to move the embassy, because the final status negotiations of the Middle East peace process which are in their initial stages will include talks about Jerusalem. It is imperative to establish now the U.S. conviction that realistic negotiations must be based on the principle that Jerusalem is the eternal, undivided capital of Israel and must remain united forever. If the embassy remains in Tel Aviv, it would encourage the Palestinians to persist in unrealistic expectations regarding Jerusalem and thus reduce the chances of reaching an agreement.

I urge the administration to follow the lead of Congress and establish the U.S. embassy in Jerusalem where it rightfully belongs now.

MANAGED CARE REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, the managed care issue was left unfinished in the last Congress. On the House side, the Patients' Bill of Rights was defeated by just five votes when it came to the floor and it was considered on the floor as a substitute to the Republican leadership's managed care bill which did pass and in my opinion was a thinly veiled attempt to protect the insurance industry from managed care reform.

I want to say, Mr. Speaker, that support among Democrats for passing the Patients' Bill of Rights is as strong as ever and it certainly needs to be. The Republican leadership in the House has reintroduced a bill that is virtually identical to what it moved last year, and on the Senate side earlier this year a Senate committee approved what I considered a sham managed care bill that does not allow patients to sue insurance companies but does allow insurance companies, not doctors and patients, to define medical necessity.

□ 2100

Mr. Speaker, what the Democrats are trying to do in the next week or so is to bring the Patients' Bill of Rights to the floor, and because of the fact that we have been unable, as in the last session of Congress to get any hearings or committee action on the bill in the House, we have already put in place a procedure known as a discharge petition which will probably ripen next week and which will allow Members to come down to the floor and sign the petition to essentially force the Republican leadership to bring up a vote on the Patients' Bill of Rights.

In many ways it is unfortunate that we are reduced to that. The bottom line is that the Republicans are in the majority in this House, not the Democrats, and if the Democrats cannot get a bill brought up in committee because they are not in the majority, they do not chair the committees, then the only recourse they have is to resort essentially to the discharge petition process and hope that we can get a majority, all the Democrats and some Republicans, to force a vote on the Patients' Bill of Rights.

I wanted to say, Mr. Speaker, that another disturbing development has apparently taken place in the House over the last week, and that is that a few months ago we had heard that there were rumors that instead of moving a comprehensive managed care reform bill, the Republicans might try to bring up bits and pieces of patient protection. In other words, instead of bringing the comprehensive Patients' Bill of Rights to the floor, they would bring up bills that only deal with emergency room care or external appeals or whatever.

I just wanted to say that this approach should concern anyone who really cares about managed care reform. I think it is being considered as a means by which the Republicans hope to avoid the debate, a real debate on the whole comprehensive issue of managed care reform, particularly the right to sue and the issue of medical necessity.

What I think the Republicans may try to do is to bring up these individual bills in this piecemeal approach and then give the impression that somehow they are doing something on the issue of managed care reform or patient protection, when in fact they are not.

If this piecemeal approach is adopted, I think the concerns of the American people are certain to be ignored, the issues they care about the most will be left off the table in order to appease the insurance industry, and those pieces of patient protection that do get to the floor will be riddled with loopholes and all kinds of escape clauses.

Healthcare problems and the deaths and the serious injuries and serious problems that we have seen that have occurred because of the inability of patients to get a particular procedure, an operation, to be able to stay in the hospital, these things will continue to happen unless we have comprehensive managed care reform like the Patients' Bill of Rights.

I have a number of my colleagues here with me tonight to join in this special order, and I should say that every one of them has been involved in a major way, either as a member of our Democratic Health Care Task Force or members of the Committee on Commerce, or one of my colleagues from New Jersey's case, the ranking member on the Subcommittee on Education and Labor that deals with managed care reform, and I am pleased they are with me.

Mr. Speaker, I yield to my colleague from Arkansas, who has been one of the leaders on the issue of managed care reform. He is a cochair of our Health Care Task Force. It was he who last year brought up the Patients' Bill of Rights as a substitute on a motion to recommit and allowed us to consider the bill on the floor of the House.

Mr. BERRY. Mr. Speaker, I thank my distinguished colleague from New Jersey for yielding.

Mr. Speaker, once again we are here asking the Republican leadership to bring patients rights legislation to the floor for a vote, once again. We need this reform so we can make managed care work. We need managed care.

We are only asking the leadership to do the job the American people want them to do, to bring up a bill to guarantee all Americans with private health insurance, and particularly those in HMOs or other managed care plans, certain fundamental rights regarding their healthcare coverage.

Today approximately 161 million Americans receive medical coverage through some type of managed care organization. Unfortunately, many in managed care plans experience increasing restrictions on their choice of doctors, growing limitations on their access to necessary treatment, difficulty in obtaining the drugs they need and should have and must have to stay alive, and an overriding emphasis on cost cutting at the expense of quality.

Patients rights legislation would guarantee basic patient protections to

all consumers of private insurance. It would ensure that patients receive the treatment they have been promised and paid for. It would prevent HMOs and other health plans from arbitrarily interfering with doctors' decisions regarding the treatment of their patients and the necessary healthcare that they require.

Patients rights legislation would restore the patient's ability to trust that their healthcare practitioner's advice is driven solely by health concerns and not cost concerns.

HMOs and other healthcare plans would be prohibited from restricting which treatment options doctors may discuss with their patients. One of the most critical patient protections that would be provided is guaranteed access to emergency care. We would ensure that patients could go to any emergency room during a medical emergency without calling their health plan for permission first. Emergency room doctors could stabilize the patient and focus on providing them the care that they need without worrying about payment until after the emergency had subsided.

HMO reform legislation would also ensure that health plans provide their customers with access to specialists when they are needed because of the complexity and seriousness of the patient's sickness.

Let us bring patient protection legislation to the floor. Let us give the Americans the patient protection they are asking us for.

Mr. PALLONE. Mr. Speaker, I thank the gentleman, and just again reiterate that the only way we were able, as you know, to get the Patients' Bill of Rights to the floor in the last Congress was because of the discharge petition that we filed. I think we ended up with almost 200 signatures on it. Even with that the Republicans brought their essentially sham managed care reform bill to the floor, and it was only through the efforts of the gentleman from Arkansas that we were able to do a motion to recommit and have full consideration of the Patients' Bill of Rights.

We need to do that again, unfortunately, because again the Republican leadership in the House has refused to have hearings or any kind of a markup in committee of managed care reform, so once again we are forced to go the route of the discharge petition in order to have the bill considered.

Mr. Speaker, I just want to stress again, if I could, how this is an extraordinary procedure. As elected members of the House of Representatives, we should not have to resort to signing a petition essentially to get a bill considered, but that is where we are.

Mr. Speaker, I now yield to another colleague on our Health Care Task Force and a member of the Committee on Commerce and has been dealing with this issue for a long time as well.

(Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, I would like to thank my colleague from New Jersey, who is our Chair of the Democratic Health Care Task Force and also serves on the Committee on Commerce and the Health Subcommittee. The reason I asked to move to the Committee on Commerce two years ago was, one, because of the complaints and concerns about managed care, along with Medicare and lots of other issues, prescription medication for seniors and everyone.

It is frustrating, because we now, after the experience of the last two years, we have a bill that has a huge number of cosponsors on it, bipartisan cosponsors working on it, and now to have to go to the discharge petition route that will be ripe next week for us to begin working on that.

Again, it is only because we are having to do that, it is literally taking the bill away from the committee, because this year, here we are almost in the middle of June and have not had hearings on managed care reform. So we obviously know what the priorities of our colleagues on the other side, who are very honorable and I enjoy working with them, but they do not have the same priorities as we do.

Again, managed care reform is one of the top Democratic agendas this year, so that is why we have had to go through the discharge petition to try to get on this floor a fair hearing on real managed care reform.

I say that, and I want to make sure we use the word ''real'' in quotes, because our experience last year was that the managed care reform bill that was written in the Republican task force, or in the Speaker's office actually, turned back the clock, actually was worse than passing no bill at all. That is why when it passed this House, it died over in the Senate.

The reason I say that is because in Texas, and my colleague from Dallas and I know that Texas passed a law in 1997 that would do what we are asking to do on a national level. All we are trying to do is learn from our State's experience and say okay, the states have done their job on insurance policies issued in the states; now we need to do our job on policies, insurance policies, issued nationally, that come under ERISA.

Last year's experience, the bill that passed on this floor would have reversed the success in the State of Texas. That is why I have some concern about my colleagues on the Republican side saying, well, we are going to pass legislation now on a piecemeal basis, whether it is 5 issues or 9 issues or whatever they come up with, because I watched last year and they would have reversed the successes of our individual states, and that is why we need real managed care reform this year.

Let me talk a little bit about the Texas plan. It has been in effect for 2 years now. We have seen no ground swell of lawsuits. In fact, there are very few. I knew the first one was filed by one of the insurance companies challenging it. There may have been one more filed. But we actually have a great experience in Texas on there not being any huge costs associated with these real reforms that have been used, a lot of times saying we don't want to build in costs. In Texas we have not had the costs.

In fact, on the outside appeals process, it is one of the issues that actually 50 percent of the appeals have been found in favor of the patient, so that is a .500 batting average if you are a baseball fan. But let me tell you, if I was one of those 50 percent that had been denied some type of health insurance coverage for a procedure, I would be glad that I had that 50 percent percentage.

Now, sure, 50 percent went against the patient and their request, but that shows how important it is to have the appeals process, which is just one of the issues.

The no-gag clause is important again. That was part of the Texas bill. Medical necessity, the emergency room care, the accountability issue, there are so many things that have to be in a real managed care reform bill, and they have to be drafted correctly. They cannot be drafted to where, sure, we are going to give you the accountability or medical necessity, but they will leave a loophole that you can drive an 18 wheeler truck through. That is what happened last year.

So I have to admit coming to this floor I do not doubt the sincerity of my colleagues, but I saw what happened last year, and it does not take too much to show us from Texas that maybe your intent is not as good as what it should be on real managed care reform. Again, an outside appeals process is not going to break the bank. The experience in Texas is very small cost.

No gag rules, let a doctor or provider talk with their patients. Even if the insurance policy does not cover certain procedures, that doctor ought to be able to tell that patient that. Just like Medicare does not cover everything, that doctor ought to be able to tell that patient ''Medicare does not do this, I will do it, but you have to pay for it.''

Accountability, if the doctor is held accountable for a certain procedure, then whoever tells that doctor they cannot do that procedure should also be accountable.

Again, medical necessity is so important for those of us who realize that we really want healthcare, and managed care is going to be with us.

We just want to make it work. I think my colleague from Arkansas said, let us reform it. It is here, we are going to have to do the it.

In closing, let me touch on one issue that came up during the break. I had an opportunity to speak to the National Association of Manufacturers group in my district. I have to admit there are not a lot of times over my

legislative career that I spoke to the National Association of Manufacturers. But during the question and answer period, one of my business owners said he did not understand the managed care debate. He said he has insurance for his employees. He said, ''I am afraid. I don't want my employees to sue me.'' I said, ''Let me tell you, that is not my intent as a cosponsor of this bill and a signatory on the discharge petition. Our intent is not to have employees suing employers. Our intent is to just make sure that employees have that ability to go to that person who makes that decision.'' Maybe it is in Hartford or Des Moines or wherever it is, or Dallas, Texas, but they ought to be able to go against that person who is making that decision.

Employers do not make that decision. I was a manager of a business and had the job of finding insurance coverage for our company. I spent a lot of my time as a manager listening to my employees complain about the insurance coverage, so I would contact the insurance company and say, ''This is not what you told me when we bought this 3-year policy.''

□ 2115

Some employers can afford a Cadillac plan. Maybe they have a union contract and they bargained for their benefits. Some employers can only afford a Chevrolet. That is not the issue. We do not mandate. Whatever the employer can afford, we want to make sure that employee receives that care and what the employer is paying for.

So there is no intent on that. Hopefully the National Association of Manufacturers will realize that we do not want their members to be sued. We want their members to get their money's worth out of what they are paying for insurance coverage today and in administering their plan. Hopefully they will realize that and we will see some support, because employers want to do the right thing by their employees.

Hopefully their trade association here in Washington will do the same thing, and let them know that that is not our intent as Democratic members to have that happen.

Again, I thank the gentleman. I am glad to see our other colleagues from other committees, the Committee on Education and the Workforce, where I served for 2 terms, because we have joint jurisdiction on this bill.

Hopefully we will see some hearings, real hearings and a markup before we get our 218. But if not, we will work hard to get our 218 signatures to have that discharge petition.

Mr. PALLONE. I want to thank the gentleman in particular for bringing up what has happened in the gentleman's own State's legislature in Texas. As we know, some of the criticism which is really coming from the insurance company about the Patients' Bill of Rights or any kind of managed care reform is that somehow it is going to cause all those lawsuits. The Texas experience shows that is not the case. What we want to do is preventative. If these are in place, people do not have to file lawsuits because the protections are there.

In addition, the gentleman pointed out there has been very little cost increase. We always get the criticism that this is going to cost a lot of money. It has been a matter of pennies, from what I understand.

Mr. GREEN of Texas. If the gentleman will continue to yield, again, it is such a small cost, and the people are more than willing to pay it to get adequate health care.

Mr. PALLONE. The other thing, too, is the insurance industry keeps saying, why do we have to do this if the States are doing it? Why do we have to do it on the Federal level?

Of course, as the gentleman points out, most plans do not come under the State law because a lot of plans are preempted by ERISA. So if the company basically has its own insurance, which a lot of big companies do, they are not covered by the State law. So we do need the Federal legislation.

I want to thank the gentleman again for his input.

I yield to the gentleman from New Jersey (Mr. ANDREWS), the ranking member on the Subcommittee on Employer-Employee Relations. I know the gentleman is going to give us some information about this piecemeal approach we think some of the Republicans are trying to pursue right now, which goes very much against the comprehensive approach of the Patients' Bill of Rights.

I yield to the gentleman from New Jersey.

Mr. ANDREWS. Mr. Speaker, I thank my friend from New Jersey for yielding to me.

Mr. Speaker, I did want to speak tonight about the efforts of the members of the Committee on Education and the Workforce to bring to this floor a vote on our ideas of how managed care health insurance companies can be made more responsible and accountable to people.

If we travel the country and listen to people of every neighborhood, every region, every economic group, every racial and religious background, there is one common refrain. That is that the managed care industry is out of control.

The stories are legion. It is the story of the person who cannot get a referral to a specialist, a cardiologist or neurologist or an audiologist; stories about people whose children need another 6 weeks of speech therapy, but cannot get an extension under the contract because the managed care company will not interpret the contract that way.

It is about people who travel out of town and find out that their out of town health benefits are meaningless because you basically have to travel back to wherever you came from for anything short of a dire emergency room problem. It is a matter of people going to emergency rooms and being treated for very serious problems, like collapses or chest pains, and then being told weeks or months later that it was not really an emergency, that they have to pay the bill themselves.

It is about people being referred to specialists who may not be appropriate for the care that they need for mental health services or for other kinds of services.

There are stories of women being discharged from hospitals 30 hours after giving birth by C-section, people being discharged from hospitals 30 hours after having hip replacement operations. We are not making these stories up. I have heard them myself from people in my district in New Jersey.

Now, how is this, that in this country an industry could become so autocratic and so unresponsive to consumers? I think the reason is that in our economy, there are three ways that institutional behavior is controlled. There is regulation, there is competition, and there is litigation.

Regulation is obviously a set of rules that tells people and institutions and corporations what they can and cannot do. It applies to supermarkets, it applies to airlines, it applies to homebuilders, it applies to just about everything in American society.

Under present law, regulations like those in my State, in our State of New Jersey, that say you have to give a woman at least 72 hours after she has given birth by C-section, do not apply to most Americans because they are covered by a Federal law called ERISA, the Employment Retirement Income Security Act of 1974, that wipes out the effect of those State laws. So most people are not protected by regulation in their health insurance plan.

Then there is a matter of competition. If you do not like the Big MACK, you can buy a sandwich from Wendy's, Burger King, or one of the other chains. It does not work that way in health insurance. In most markets in metropolitan areas around the country, one or sometimes two major managed care plans control 75 percent or 80 percent of the people who live in an area.

In the Philadelphia area in which I live, two plans cover about 85 out of every 100 people. When there is that much domination of the market by that few people, there is no meaningful competition. If you do not like what one plan is doing, you really do not have a meaningful choice to go to someone else, which leads you to litigation. If you do not like what someone is doing, you sue them.

I understand that some people feel that lawsuits have gotten out of control. Perhaps some of them have. But if you mow lawns for a living or build houses for a living or sell groceries for a living or paint houses for a living, if you do something wrong, you can be held accountable in a court of law.

If you hire someone to paint your house and they do a lousy job and your

shutters fall off, you can sue them for all the damage they cause you as a result of their incompetence.

But if an insurance company insures the health of your daughter and they deny her the right to see a specialist, and she gets very sick as a result of it, you cannot sue the insurance company because they are protected by this 1974 Federal law called ERISA that we are talking about.

The only two businesses in America that are effectively immune from responsibility in a court of law are managed care plans and nuclear power plants. Everyone else is held accountable in a court of law, and we believe, I believe the majority of us in this Chamber believe, that that should stop in the case of managed care companies. They should be held accountable the same way everyone else in American society is for their decisions.

That is the heart of the real Patients' Bill of Rights that was introduced by the gentleman from Michigan (Mr. DINGELL), the senior member of the House of Representatives, and cosponsored by many of us at the beginning of this session.

We are not so fixated in our beliefs that we believe that we are a thousand percent right and no one else can disagree with us. I think we are right. I think the Dingell bill should be enacted. President Clinton has said he would sign it. I think it would be good for the American people because it would for the first time hold the managed care companies accountable in the same way that everyone else is held accountable.

But the majority here is not content to just say they disagree with us. The majority will not even let it come to a vote. So we can vote on naming Post Offices; we can vote on what should happen in Kosovo, as we should; we can vote on what we ought to do to regulate pharmaceutical products or to regulate the Y2K problem; we can vote on nuclear policy with the Peoples' Republic of China, all of which we should be talking about and doing.

But for some reason, we cannot vote on this. We cannot bring this idea to the floor and let those of us who believe it is the right thing vote yes and those who disagree with us try to amend what we say or vote no. There has been no meaningful movement of this legislation to the floor.

As a result of that, on Wednesday many of my Democratic colleagues, and I hope some Republican colleagues, will join us in signing a petition that forces this bill to the floor so we can have our day in court, we can have our debate, we can either win or lose.

There is some other action on this which the gentleman from New Jersey (Mr. PALLONE) made some reference to. There is an attempt by majority members of the committee on the Committee on Education and the Workforce to break up the Patients' Bill of Rights into little pieces and have us consider a little piece at a time.

My subcommittee, which is the Subcommittee on Employer-Employee Relations of the Committee on Education and the Workforce will begin that process next week. I am glad we are starting the process, but I would say this, if we are going to start it, let us really do it right and let us finish it.

Tomorrow at 10 o'clock members of our committee will be making an announcement. It is a strategy that we have to try to compel the Committee on Education and the Workforce to consider all of the issues on this; not just little pieces of it, not just the icing but the cake as well as the icing; to really talk about the central issues that are involved.

So I would say to the gentleman from New Jersey (Mr. PALLONE), I am looking forward to joining with the gentleman, the gentleman from Michigan (Mr. DINGELL) and scores of our colleagues, I hope 218 of our colleagues, a majority, in marching to that podium next Wednesday to sign a petition that would force this issue to come to the floor.

In the meantime, the members of our subcommittee, which I am privileged to lead from the Democratic side, will be doing whatever we can to use all the rules at our disposal to compel a vote, first in our committee and then on this floor, on this very, very important issue.

I can certainly accept the fact that there will be those who disagree with us that the health insurance industry should be held to the same standard that everyone else in America is held to. That is not a universally-held view.

But I would challenge, Mr. Speaker, those who disagree with our view to let us have our day in court. Let us bring our bill to the floor. If Members disagree with our bill, try to amend it. If Members believe it cannot be amended, then vote against it. But do not deny the will of the people of the country, and I believe the will of the majority of Members of this Chamber, when push comes to shove, to enact a law which is a real Patients' Bill of Rights which says to the health insurance industry that you are an important part of our economy, we value what you do, we encourage your continued development, but we do not hold you open to special treatment. We do not exempt you from responsibility for the decisions that you make and the wrongs that you sometimes cause as a result of your decisions.

I assure the gentleman from New Jersey (Mr. PALLONE) that the Democratic Members, and I hope we will be joined by Members of conscience from the other side of the Committee on Education and the Workforce, that we are going to knock on every door, pursue every road, and use every rule at our command so that the will of the majority can be done.

Mr. PALLONE. I want to thank my colleague, the gentleman from New Jersey, and particularly for the references he made to this effort in the gentleman's subcommittee to do this piecemeal approach, if you will. I understand what the gentleman is saying, which is that finally at least there is going to be some discussion or perhaps some action on HMO or managed care reform in the subcommittee.

But the gentleman rightly points out that this piecemeal approach is really not the right way to go. The problem is that it would allow the Republicans to essentially pick and choose what kind of patient protections they want us to consider.

My fear is that they will ignore important parts of the Patients' Bill of Rights, such as the right to sue, or even, just as important, the really good definition of medical necessity.

We have talked about medical necessity a little tonight, but I do not know that we have really described it that much. Basically, the core of the Patients' Bill of Rights is this idea that the doctor, or I should say the health care practitioner, because our next speaker is of a nursing background, and I want to make it clear, we are not just talking about physicians but also nurses. But the core of the medical necessity idea is that the decision about what kind of procedure, operation, or length of stay in the hospital, as the gentleman from New Jersey (Mr. ANDREWS) mentioned, is determined by the patient and their health care practitioner, their doctor or nurse, not by the insurance company.

That is one of the things that I am convinced would never see the light of day if this piecemeal approach were adopted. So I am glad to see that the gentleman as the ranking member and the other members, the Democrats on this committee, are taking this position and going to have this press conference tomorrow. I thank the gentleman.

I yield to the gentlewoman from Texas (Mrs. EDDIE BERNICE JOHNSON). She is a nurse by background, and I think that brings a lot to this whole debate, because once again we are looking at this from a practical point of view.

One of the things that I notice when I go and talk to my constituents is that the reason there is overwhelming support for the Patients' Bill of Rights is because people understand that on a day-to-day basis that this is what is needed.

□ 2130

This is real. This is not pie in the sky. This is not ideological. This is what is happening day-to-day.

Mr. Speaker, I yield to the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON).

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, let me express my appreciation to the gentleman from New Jersey (Mr. PALLONE) for taking the leadership and making sure that we get a chance to discuss such an important issue.

Mr. Speaker, I am delighted to participate tonight in this special order.

This is a very, very important issue. As I have sat and listened to the various presentations here, it occurs to me that, when a patient is admitted to a hospital, one of the first things that happens is that we take the history, and we want to know all of the individual signs and all of the individual differences of that patient.

I wonder how the HMOs and the insurance companies can reconcile deciding that one size fits all after one goes to the extent of trying to determine what the individual differences are. Because it makes a difference in the way one begins to treat that patient.

We have forgotten that in this industry. As a matter of fact, I am beginning to wonder if we have forgotten the patient altogether, because the insurance companies will place the physician out there with their instructions and almost dare them not to do anything else.

The physicians are held accountable, not the insurance companies that dictate what they must do. That is not American. Nothing in the history of medicine in this country has allowed something like that to happen.

In the past, when a physician graduated and met the standardized test and assured the Nation that they had that body of knowledge mastered, they had permission to practice medicine. They no longer have that under the HMOs. They have to take the dictation from that HMO. Yet, they can be held accountable by the patients and the patients' family, but not the HMO that dictates it.

That is the most unfair thing that I have heard of. I cannot even imagine this being something that is happening as a routine way of doing business in health care delivery in this country, the super nation, the number one nation in the world, the 911 for the rest of the world, the Nation that every other nation expects to come to their rescue, and yet we cannot respect the patient as an individual. That is beyond my comprehension. This really has gone too far.

The mere fact that we do not have the opportunity to bring back a course of doing business, this measure to the floor for honest debate is again un-American. It is unfortunate that we have to sign a discharge petition. I do not like the process of signing a discharge petition. We are placed in a position to do that.

All 435 Members of this body will acknowledge that this is a problem in this Nation; and yet, we have to go to discharge petition signing to bring this measure to the floor. That is very difficult to believe. But, yet, I will proudly join the group next Wednesday and sign this discharge petition because this is a number one concern of the people of this Nation.

No one wants to feel that, if they had an emergency and go to the emergency room, they might be rationed in what might be the approach if it is felt that it might cost the insurance company too much if they began a procedure that might be too expensive.

We have had testimony that there have been times when physicians were actually complimented because a patient died in the emergency room which saved money for the insurance company. Does this sound like America? Does this sound like the Nation that has brought forth some of the most innovative measures and approaches to any disease, more so than anywhere else in the world; and, yet, the people of this Nation have no access to that success. Yet, all of us have participated in paying for it because all of us pay for medical research.

We simply must address this issue for what it is. If all of us went into a department store to get a suit, we would not want a suit that would fit anybody, we would want a suit that would fit us. That is what we want when we get sick. We do not want a one size fits all. We do not want it to be just a diagnosis that must follow the script verbatim.

We have to get back to looking at patients as individuals and making sure that they get the treatment they deserve. All that we can say about this when it comes right down to it, people pay for their care. They pay for their care, and they do not pay for it for the purpose of insurance companies having a lot of money to invest so they can take a lot of money home. They pay for it because it is a service, a service that members of that insurance company of that particular plan should have access to the needed care.

We are not talking about abuse of care. There are many measures that can determine that. We are talking about essential basic care that an individual deserves to have when that individual becomes ill. We are talking about looking at that patient's history and making sure that that is considered when the doctors orders are written, not just to pull out a preprinted sheet and follow it simply because that is what the insurance company dictated. Yet, the biggest frightening scare is to be held accountable for what their dictating brings about.

There is something simply not right. This is a basic fundamental right that every patient ought to have is access to care where they are considered as an individual. There is a difference between a 25 year old and a 75 year old; and, therefore, often the approach to that patient's diagnosis, although it might be the same, might be a little bit different.

When we get away from that as a Nation, we have forgotten where we started, what this really is. This is really the health care industry. This is the industry that we are supposed to be able to have confidence to put our very lives in the hand of professional providers and feel certain that we can trust it, not just a simple sheet of paper that, if the doctor not follow it verbatim, then they are out a good stead with the insurance company. It is out of control, and we simply must do something about it.

I thank the gentleman from New Jersey (Mr. PALLONE) very much for having this special order. I do not think we can talk enough about this subject. This is basic and fundamental to every human being being seen as a human being in this country.

Mr. PALLONE. Mr. Speaker, I want to thank the gentlewoman from Texas and particularly when she points out that, from the practitioner's point of view, whether it is the physician or the nurse, that essentially they cannot practice medicine because of the straight jacket essentially that has been put on them many times by HMOs, managed care organizations. I think a lot of people do not understand that. It is important.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, the responsibility is still there, but they cannot make an independent decision.

Mr. PALLONE. We cannot have it. We have to have an end to that. I agree with the gentlewoman.

Mr. Speaker, I yield to the gentlewoman from Illinois (Ms. SCHAKOWSKY), who is a member of our Health Care Task Force and been working very hard to try to make sure that we are able to vote on this Patients' Bill of Rights and to articulate to our constituents what this is all about.

Ms. SCHAKOWSKY. Mr. Speaker, I thank the gentleman from New Jersey very much for the opportunity to participate in this discussion and look forward to the successful efforts for all of us on this floor to be able to debate and vote on a comprehensive Patients' Bill of Rights.

It is hard for me to imagine that there is anybody in this body who has not received lots of mail from their constituents about the abuses that are taking place every day. I have been hearing both from people who give care, nurses and physicians, and people who receive care, who are seeking the care, the patients.

I want to give my colleagues one example of a heartbreaking letter that I received. It starts,

DEAR REPRESENTATIVE SCHAKOWSKY, I am a 31-year-old nurse with breast cancer. Because I am an HMO member, I have had recurrent problems with receiving health care. As a patient, I have not yet received compromised care, but I have been denied services or have been told where to get care and who could give me care. I recently also was made to change primary doctors, giving up one that I had for 8 years because of my HMO.

I heard you speak on behalf of the Patients' Bill of Rights, and I need you to know that, as a health care provider and receiver and HMO member, I am certain that care is being compromised and restricted and refused to us.

I am knowledgeable about the health care system, and I am still able to be my own advocate, but I am sure 1 day I will not be able to make telephone calls endlessly pleading for standard of care. Who will do it for me? Why do I need to beg for treatments or for the right to remain in the care of my own doctor?

I am receiving follow-up care from my oncologists after having a stem cell transplant for metastatic breast cancer, and I am

worried that continuity of care will be compromised. And I will only be treated if the HMO sees fit rather than being able to rely on the judgment of a physician who had known me for 8 years and an oncologist who has seen me every month for a year. I want managed care to stop making medical decisions. I have a right to health care.

As a nurse, I also know that quality health care is the issue. Having cancer has changed my life. Having adequate health insurance was a wise choice I made 10 years ago. Today I am fearful that I have no rights as an HMO member. That is one battle too many for me to take on.

It frustrates me so much after having received this letter, and it is one of many that I have received, probably one of the most articulate descriptions of the problem, that we have to go through such a cumbersome process of marching down and gathering enough signatures for a petition simply to have the right to debate this issue fully in the House.

One would think that all the Members would jump at the opportunity to do that on behalf of our constituents. The only thing I can think is that the concerns of the health care industry, of managed care companies, of insurance companies has superseded concerns for ordinary patients and consumers in our districts.

I do not think it is sound health care policy to force a breast cancer patient to give up a physician of 8 years. It is not sound health policy to force a breast cancer patient like my constituent to beg for treatment. It is not sound health policy for insurance companies to make medical decisions. It is not sound health policy for the United States Congress to delay action on preventing these abuses.

We have a number of excellent proposals, H.R. 358, the Patients' Bill of Rights, and as a prior colleague of mine said, there may be many who disagree with that, but we certainly should be able to discuss a bill that has provisions such as providing full and fair access to specialists and to emergency care, giving patients the right to timely appeals, including the right to appeal to an external and independent entity, holding managed care plans accountable for all their decisions, including the decision to deny care, and letting medical professionals and their patients make the medical decisions.

So I am hopeful that next week when we do engage in gathering the signatures for this discharge petition that we are going to have a majority of Members of this body, both sides of the aisle, who say it is time now, it is more than time now to fully debate this issue.

I am hoping that we will be able to provide the relief that our constituents are begging for and deserve.

Mr. PALLONE. Mr. Speaker, I want to thank the gentlewoman from Illinois. It is funny when we talk about this discharge petition process. It is extraordinary to think that here we are as the elected Representatives, normally petitioning is something that I think of as the citizens have grievances so they have to sign a petition and send it to us as their Representatives. I do not think most people ever imagine that their elected Representatives from Congress have to sign a petition to get a vote on a piece of legislation, because I think most of our constituents figure that is the normal procedure, that we get to vote on bills, not that we have to petition to vote on them.

□ 2145

I wanted to just compliment the gentlewoman also because I think that that letter that she brought forward really says a lot about why this Patients' Bill of Rights is so important.

One of the things I think about the most is how difficult it is when a person is seriously ill or has cancer, as is the example that the gentlewoman gave, and how difficult it is for them at that time when they are not feeling well to have to go through all of the hoops that these managed care companies often make them go through. Like if they are not allowed to have a certain treatment, they are not strong, in a position to appeal that or to try to seek redress because they are not feeling well at the time. And it is really like the worst time for a person to have to worry about whether they are going to have access to treatment or how they can get access if it is denied. And I think that letter really points out why it is so important to have these protections that we are seeking. So I thank the gentlewoman again.

Now I see that my colleague from the district next door to my west is here tonight, the gentleman from New Jersey (Mr. HOLT), and one of the first things that that gentleman did when he was first elected and took office in January was to come to Monmouth County and have a town meeting on the Patients' Bill of Rights because, obviously, he thought it was so important. So I want to commend him for all he is trying to do in his district and here on this issue, and I yield to the gentleman.

Mr. HOLT. Mr. Speaker, I wanted to join my colleagues, the gentlewoman from Illinois (Ms. SCHAKOWSKY), and thank my colleague from New Jersey for highlighting this issue and for pushing to get a comprehensive Patients' Bill of Rights to the floor, not bits and pieces but a whole thing, an integral piece, and that is what we want. That is what the public needs.

Each of us would like to have a relationship with a Marcus Welby kind of physician, a kindly understanding doctor who really ministers to our whole being, and works with us on medical decisions that often include ethical decisions as well as scientific decisions. I have spent a lot of time, particularly since I have been in office now, talking with doctors, and it is interesting to think of it from their point of view. What doctors are about to lose or what they feel in many ways they have lost is the reason that they became doctors, the doctor-patient relationship; the ability to make medical decisions with the patients.

And a lot of people say, well, the Patients' Bill of Rights, as it is set up, will just bring lawyers into the picture and we will end up having a medical system that is run by lawyers. Well, I do not think that is true at all. And the way it is now, who has the last word? It is not the doctor. If a patient can sue a hospital and can sue the doctor but cannot sue the insurance provider, the insurance company, who has the last word? Who can make the medical decisions? It is not a doctor-patient decision. And doctors feel that they have lost the reason that they went into that profession.

There is a lot at stake here, and that is why I think it is important that we have a comprehensive Patients' Bill of Rights that provides emergency room access and makes it possible for doctors to talk about all of the treatments that are available, not just the cheapest ones, and that lets the medical decisions rest with the doctor and the patient. I hear that over and over again from doctors.

An interesting, I guess political sidelight is that it was not very many years ago that doctors around the country by and large were very much afraid of what Congress might do. Now they are very much afraid of what Congress might not do. Doctors and their patients are looking to us to act to protect the patients rights.

Mr. PALLONE. Well, I want to thank the gentleman. I think this is really all it is about.

One of the things that I keep stressing, and that I think came up tonight with the various speakers, is the fact that this is just common sense. When we talk about these patient protections that are in the Patients' Bill of Rights, we are not really talking about anything abstract or difficult to understand or even difficult to implement. In fact, when I go through the list of the kinds of patient protections that are included in our bill, I think most people would be shocked to think that they are not already guaranteed.

Mr. HOLT. If the gentleman would yield. In our State of New Jersey many of them are, in fact, provided. New Jersey has, in many ways, good doctor-patient regulations and laws. And much of what we are calling for in various parts of the country is provided. But what we need, I think, are good standards all across the country.

Mr. PALLONE. And there is also the fact that the States do not have any power over the ERISA plans, and the majority of the people are actually under some kind of self-insured program or self-insured health care or managed care through where they work, and that is preempted by Federal law so that those State plans do not apply.

Just to give an example, and I know we do not have a lot of time, we are almost out of time, but I just went

through some of the highlights of the Patients' Bill of Rights: Guarantees access to needed health care specialists. Most people probably think they have a right to see a specialist, but they do not necessarily right now.

Provide access to emergency room services when and where the need arises. Most people are shocked to find out they cannot go to the local emergency room because their HMO says they have to go somewhere else.

Provide continuity of care protections to assure patient care if a patient's health care provider is dropped. Give access to a timely internal, independent, external appeals process. Ensure that doctors and patients can openly discuss treatment options.

That is a great one. The gag rule. When I explain to constituents that under many managed care plans now that a doctor cannot give them information about a course of treatment that is not covered by the insurance company, they cannot believe it. Most people view that as un-American because they figure we all should have a right to free speech. And to imagine that a doctor cannot tell a patient about a treatment option because it is not covered by the insurance plan is un-American is unethical and just incredible.

These are simple things. We are not really talking about anything that is terribly abstract. These are just common sense protections.

If I could just conclude by saying that I just think it is very unfortunate that we just cannot bring this measure to the floor and have a vote up and down. And the worst part of it is that this is the second year. Last year we had to do the same thing; go through the same petition process, have 200 some odd Democrats and a few Republicans come down here and sign a petition to get this considered on the floor. And here we are about to do the same thing next week in order to bring this to the floor.

It just should not be that way. That is not the way people expect this Congress to operate. But we are going to make sure it happens and we are going to make sure that we have an opportunity to bring the Patients' Bill of Rights to the floor of the House of Representatives because it is the right thing to do and it is what Americans want and expect from all of us.

KOSOVO PEACE AGREEMENT

The SPEAKER pro tempore (Mr. TANCREDO). Under the Speaker's announced policy of January 6, 1999, the gentleman from Colorado (Mr. MCINNIS) is recognized for 60 minutes as the designee of the majority leader.

Mr. MCINNIS. Mr. Speaker, I want to spend a few minutes rebutting the previous comments that we have all just heard. I will summarize it like this, and then I will move on to the subject that I really came to speak about this evening.

Do not misunderstand. Members on both sides of the aisle, both Republicans and Democrats, want to get a medical system out there, health care out there that is effective and delivers a good product to help America stay healthy.

It is amazing to me sometimes that some of my colleagues, strictly for political purposes, will stand up here in front of everyone and preach about how some on both sides of the aisle must not want health care for America. It is kind of like when we hear the education arguments up here, as if somebody on this floor really truly does not care about children. I have never met anybody that truly does not care about children. I have never met anybody that truly does not care about health care for America. I have never really met anybody that does not care about patients' rights. Of course, we all care about it, but we all have different approaches. And in order to fairly hear those different approaches we have to have some type of process. We have to have some type of order in the House.

The complaint that we have heard in the previous hour is that they just would prefer not to follow that order of the House. They would like to go out of the process. They would like to have it their way. Well, I do not blame them for wanting it their way, but in the House Chamber we have to follow the process. We have rules. If we all follow those rules, we have a chance to be heard.

My gosh, how many hours every day does the American public listen to us talk. Of course, we have freedom of speech. I was surprised, disappointed, even somewhat amused that in the last hour someone had the audacity to stand up and say we do not have freedom of speech in this country. Oh, my gosh, being on the House floor, which by the way is one of the highest privileges an individual can get in this country, but they say they do not have freedom of speech. Of course they have their freedom of speech.

Both Republicans and Democrats in education, in health care, in transportation, in military, they care about those issues. Of course they care about those issues. And I think it is just plain wrong for somebody to stand up here and imply or directly state that one side or the other, like the Republicans tonight, the Republicans must not care about patient health care, the Republicans must not care about freedom of speech.

Come on, grow up, folks. We have a lot of responsibilities out there to the American people, let us appreciate and let us respect the right that we have to stand on this floor without worrying about government oppression and speaking our minds, and that we also have the obligation to follow some type of process to have that order.

Well, enough said about that. This evening I really want to visit a little more specifically about a couple of areas. Number one, about Kosovo.

As we all now know, the news in Kosovo is good news. We have heard some good news in the last few hours. The peace treaty, if that is what we want to call it, has been signed. That is good news, regardless of where we all are on Kosovo. I, for example, do not believe we should have been there in a military sense. I think we had a humanitarian obligation. And I objected to the strategy that has been used by the administration, their approach to the problem in Yugoslavia, but despite that fact, regardless of where we may stand, we all ought to be happy that some type of peace agreement has been signed in the next couple of weeks. Hopefully, it will be executed in such a way that the death and the raping and the burning will come to a stop over in Yugoslavia.

But while many people tonight will celebrate what happened with this peace agreement, we have to remember that old saying that the devil is in the details. What are the details of this peace agreement? What do we have in Kosovo? What is the situation? There are a number of areas that we should look at.

Remember what is very important about any action taken by a government, really any action taken by anyone, and that is that intent cannot be measured. We must measure results. The intent here was probably well-founded. I have never criticized the President for his intent. I think it was well-founded. Or the administration and the other officers in the administration. It is the results that I question. What are the results of what we have done?

Now that we are about to go into Kosovo with military forces on a peacekeeping mission, we need to see what were the results of the last 78 days of bombing. Take a look at the Yugoslavian economy. We are discussing our defense budget. To give an idea of the total gross national product of Yugoslavia, the total gross national product of Yugoslavia is one-fifteenth of our defense budget. In Colorado, that is my home State, our gross State product is about $95 billion a year. Ninety-five billion dollars a year in the State of Colorado. In the entire country of Yugoslavia it is about $17 billion. It took us 78 days to get to this point. What is the result of that 78 days of warfare?

There are some questions we need to ask, and I hope we get satisfactory answers. I do not like being a person who constantly criticizes, but I do have an obligation as an elected Member of the United States Congress to stand up and ask questions where I have doubt about the strategy that is being deployed.

□ 2200

There are a number of questions that we should ask. And we should not let this peace agreement, which will be spun extensively, the spin doctors are already at work tonight, I can tell my colleagues they are burning midnight