

House of Representatives and give my constituents the fairness they deserve.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2465, MILITARY CONSTRUCTION APPROPRIATIONS ACT, 2000

Mr. DREIER, (during the Special Order of Mr. PALLONE) from the Committee on Rules, submitted a privileged report (Rept. No. 106-227) on the resolution (H. Res. 242) providing for consideration of the bill (H.R. 2465) making appropriations for military construction, family housing, and base realignment and closure for the Department of Defense for the fiscal year ending September 30, 1999, and for other purposes, which was referred to the House Calendar and ordered to be printed.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 2466, DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES APPROPRIATIONS ACT, 2000

Mr. DREIER, (during the Special Order of Mr. PALLONE) from the Committee on Rules, submitted a privileged report (Rept. No. 106-228) on the resolution (H. Res. 243) providing for consideration of the bill (H.R. 2466) making appropriations for the Department of the Interior and related agencies for the fiscal year ending September 30, 2000, and for other purposes, which was referred to the House Calendar and ordered to be printed.

PATIENTS' BILL OF RIGHTS

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, this evening I have some of my colleagues, and I want to thank the previous speaker, my colleague from Kansas (Mr. MOORE), for talking about the Patients' Bill of Rights and the need for managed care reform.

The reason that we are here tonight to talk about the Patients' Bill of Rights and managed care reform primarily is because the Senate began debate today on the Patients' Bill of Rights, and I wanted to point out, Mr. Speaker, that while it is true that the debate has begun today in the other body, and we are certainly appreciative of that, it was only because Democrats over the last few weeks before the July 4 break insisted almost to the point of filibustering and saying that they would not continue the appropriations process in the Senate if there was not an opportunity to bring up the Patients' Bill of Rights and deal with the issue of HMO reform.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. The gentleman will suspend.

The gentleman will refrain from characterizing Senate actions.

The gentleman from New Jersey may continue.

Mr. PALLONE. Mr. Speaker, what I wanted to point out this evening, though, is that even though it is true that the HMO reform debate has begun, that we still have a problem in the sense that the Republican leadership is unwilling to support or, I think, ultimately even have considered particularly here in the House of Representatives the Patients' Bill of Rights, and I just wanted to start out this evening, if I could, by pointing out a few things that occurred and that were in the newspaper the last week or so on this issue, and then I want to yield to the two Congresswomen that are here tonight to join me.

One of the things that was in today's paper, in the New York Times, was an article by Robert Pear which is entitled, *Managed Care Lobbyist Is Ready For The Debate*; and essentially what this article says is that the HMO industry has commenced because of what is happening in the other body, that the HMO industry has commenced a huge lobbying effort not only by hiring lobbyists and paying them a lot of money to try to put an end to the Patients' Bill of Rights and not allow true HMO reform to pass, but also by spending millions of dollars on TV and in advertisements to try to kill any kind of HMO reform.

And just to give my colleagues an example of this, this is in today's New York Times. It says, it says specifically here, that the association and its business allies, and this is the HMO industry, have flooded the air waves and newspapers with advertisements opposing legislation to regulate HMOs through an umbrella group known as the Health Benefits Coalition.

They spent \$2 million on advertising last year and have already spent more than that this year with a new burst of advertising planned for this week while the other body debates this issue. The advertisements attack the main democratic bill by name, and of course it goes on to explain that HMOs are mostly profit making.

The other thing that particularly galled me was that when they talked about the lobbying effort here in the Congress, it says that what they are trying to essentially say is that it is not necessary to have new laws to regulate HMOs because the HMOs are being told now that they should voluntarily adopt a code of conduct that will provide for patients' protections.

I thought that was interesting given the fact that just in the last week since we had the July 4 break, we have seen articles in the same newspaper, in the New York Times, talking about the long delays by HMOs that were cited in a New York report. This came out in New York. It was put out by Mark Green, the city's public advocate, and it talks about how patients' rights are being ignored.

Again, if it is not necessary to pass HMO reform, why is it that we have a report showing that it is needed and in fact that patient protections are being ignored?

Also the previous Friday in the New York Times was an article that said that HMOs will raise Medicare premiums or trim benefits. So not only do we have the HMOs essentially saying that they are not going to provide the patient protections on a voluntary basis, but also they are talking about raising premiums, trimming benefits for their patients who are part of their plan.

□ 1930

So I would maintain, and we are going to talk about this for a long time tonight and other days, that in fact we do need legislation. We do need the Patient's Bill of Rights. I am pleased with the fact that the other body has at least started the debate on this issue.

Mr. Speaker, I have two Members who are here tonight and who are joining me.

I yield to the gentlewoman from California (Ms. LEE), who I know has been an advocate for the Patients' Bill of Rights and for HMO reform ever since she started here in the U.S. Congress.

Ms. LEE. Mr. Speaker, I thank the gentleman for yielding, and also for conducting this special order tonight, and for his hard work on this.

Mr. Speaker, let me just say that I rise in strong support of the Democratic Patients' Bill of Rights, which will provide fundamental measures to fix the current health insurance system, as well as provide patients with access to basic needed care.

Patients should not have to face numerous obstructions when they seek basic health care services. The Democratic Patients' Bill of Rights will allow patients to have more access to the care that they need. With the passage of this bill, individuals will have more access and the ability to receive emergency medical services, essential medication, as well as necessary services from specialists and OB-GYN care.

It also has provisions for women's and children's health benefits. Prescription drugs will be made more readily available to patients. Many patients cannot obtain certain prescription drugs because many HMOs refuse to pay for them. Unfortunately, patients do not get adequate medication needed to successfully treat their condition in these instances.

The Democratic Patients' Bill of Rights allows patients to obtain the needed medications, even if their HMO does not have them on their approved list. We should not have to gamble with patients' health. The quality of life should be a priority in all debates surrounding health care issues.

This bill will allow for more access and freedom for our patients and doctors when making decisions concerning an individual's health. Appropriate