

liability against the employer is strictly limited to cases where the employer directly participated in the denial of benefits. We need to make clear that punitive damages are strictly limited or not allowed. We need to require exhaustion of external review.

We need to be certain that where we allow quality of care actions, we make clear in the law what quality of care is, so that people know what the law is and can set up their health care plans accordingly, and we do not have that judgment being made in State courts around the country.

The reason, again, is because all of this makes a difference to real people who are really confronted with illness and the threat of illness. There are too many people in the United States today, Mr. Speaker, who do not have health insurance, and most of them do not have health insurance because it costs too much. Every time we increase the cost of health insurance, it means more and more people are not covered. Patient protections do not help you if you do not have insurance.

We have the chance in the next couple of days to pass good bills to increase accessibility, to increase the availability of private health insurance to people who do not have it, good private health insurance to these employees of small employers. We have the chance to hold HMOs accountable to get people in treatment rooms where they ought to be, not at home ill and untreated, and not in courtrooms afterwards, after they become seriously ill.

We can do these things. We have that opportunity. I want to close by saying that I welcome the fact that the bills have come this far. There are many competing factions in this House, and it is because of the passion and the energy of those factions that we have a bill and we have the opportunity to vote on it.

I have been working intensively on this for 2 years. I have wanted to see this day come. I am glad we have this opportunity. But let us not do something that will hurt the very people that we are trying to help. Let us not punish the employers and the small employers in this country and their employees by driving up the cost of health insurance to them in a way that is not necessary to ensure the kind of accountability that we all seek in the health care system.

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#### GENERAL LEAVE

Mr. GREEN of Texas. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous material on the subject of the special order by the gentleman from Iowa (Mr. BOSWELL).

The SPEAKER pro tempore (Mr. WELDON of Florida). Is there objection to the request of the gentleman from Texas?

There was no objection.

#### TEXAS' EXPERIENCE WITH MANAGED CARE REFORM: A MODEL FOR THE NATION

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

Mr. Speaker, I want to thank you and also thank our minority leader for allowing me to have this second hour tonight and follow the gentleman from Missouri. Obviously, I agree with the gentleman from Missouri (Mr. TALENT) because Missouri has been the "Show Me State" all of my life, and for the next hour from Texas we are going to show him why he is wrong in his statements.

Mr. Speaker, I would like to first talk about that in the last 2 years in Texas we have had basically the same law that we are trying to pass here tomorrow and Thursday, and the examples offered by the gentleman from Missouri just do not hold water, at least they have not in the State of Texas.

First a little background. Before I was elected to Congress, I actually helped manage a small business in Houston, a printing business. One of my jobs in that business was to shop for our insurance and to make sure our 13 or so employees had adequate coverage, because our company was under a union contract and we could buy it from the union benefit plan or buy on our own if it was either equivalent or better, and so we did that.

And having experience of shopping for a number of years for insurance as both a manager and one who had to make sure we also paid the bills at the end of the week so we could afford it, I bring that kind of experience of a small business, even though I do not serve on the committee.

The other thing I would like to mention, the gentleman talked a great deal of time about threats of suits for employers, and it is not in the intention of myself or the sponsors of the Norwood-Dingell bill that employers will be responsible unless they make those medical decisions. I have offered in my own district and even here in Washington to the National Association of Manufacturers, give me the language and we will sponsor it as an amendment to make sure that employers are not held liable unless they are putting themselves in the place of a health care provider or health care decision-maker. That is saying to their employees, No you cannot do this or you cannot do that.

Again, having been a manager, I know that sometimes employers and businesses can afford a Cadillac plan that pays for a lot. Sometimes they can only afford a Chevy plan that does not pay as much. But just so they are getting what they are paying for, for

their employees; and that is what I think the managed care reform and HMO reform issue is about and it has been about for the last 2 years.

Let me follow up too, the gentleman had mentioned that this bill does not cover Federal employees. Well, right now as a Federal employee or as a State government employee, we have the right to sue our insurance company. We have the right under our plan. All we are trying to do with this bill is to provide to all the other Americans some of the same rights as Members of Congress have. And also it covers the Federal insurance plans, whether it be BlueCross or whatever other plans, because there are so many of them that the consumer would have the right to go to the courthouse ultimately.

So there was a lot of things the gentleman said during his time; and hopefully during the next hour we will hear a lot of folks who have real-life experiences from the State of Texas, because we have had a Patients' Bill of Rights under State law for over 2 years, and it only covers insurance policies that are licensed by the State of Texas.

That is why we have to pass something on the Federal level, because 60 percent of the insurance policies in the district I represent come under ERISA, come under Federal law. Even though the State of Texas 2 years ago passed these very same protections, we have to do it on the Federal level to cover the citizens of Texas who do not come under the State insurance policy.

In fact, this next hour hopefully we will have a lot of folks, and people who like to hear Texas accents will hear them for the next hour, because we will talk about the Texas experience with a little bit of help from some of our Texas colleagues and some from other parts of the country.

Mr. Speaker, let me address some of the issues. The insurance industry and managed care organizations and HMOs have been repeatedly trying to scare the American people saying the bill that we are going to vote on, the Norwood-Dingell bill, would dramatically raise premiums and force employers to drop health insurance. I even heard one of the special interest groups say that this number would be as high as 40 percent.

Mr. Speaker, once they have spread all of this inaccurate information, let me give the experience that not only we have in Texas but also from the Congressional Budget Office. The Congressional Budget Office is a non-partisan agency. They analyzed the Patients' Bill of Rights and said that the best they could determine, that the cost to the beneficiaries under the Patients' Bill of Rights may cost \$2 a month. That is less than the cost of a Happy Meal to provide fairness and protection and accountability.

But in the State of Texas, even if one does not agree with the Congressional Budget Office, and sometimes I disagree with their estimates, we need to look at real-life experience for the last