

the insurance companies and the HMOs to make medical decisions. This is a matter of value. It is a matter of ethics. It is a matter of priorities.

Who are we going to put first? Patients? And are we going to honor the sacred relationship between the physician and the patient, or are we going to continue to allow the HMOs and the insurance companies to put profits above patient welfare? It is a simple choice.

The American people are watching, and every one of us ought to be held accountable for what we do in this chamber today.

EUROPE JOB CREATION ALMOST ZERO

(Mr. COOKSEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. COOKSEY. Madam Speaker, the unemployment rate in most European countries is nearly three times the unemployment rate of the United States. While the U.S. economy is a job creating machine, in Europe job creation is almost zero. Older workers who lose their jobs cannot find new ones, and younger people looking for that first job often do so for years and often have to wait years before they could move out of the house.

Meanwhile, in the U.S., there is actually a job shortage in many areas of the country. I would be positively fascinated to know how my liberal colleagues might explain this situation.

I wonder if it would ever occur to them that low-tax countries such as the U.S., Hong Kong, Singapore have low unemployment rates, while high-tax countries such as France, Sweden, Germany, Italy, Spain and so many others are wallowing in economies with no economic growth.

The truth is European governments which are successful in implementing the policies of the Democratic party are successful in achieving dreadfully performing economies. It does make one wonder.

REPUBLICAN HEALTH CARE REFORM IS A RUSE

(Mr. PASCRELL asked and was given permission to address the House for 1 minute.)

Mr. PASCRELL. Madam Speaker, I want to commend the gentleman from Michigan (Mr. DINGELL) and the gentleman from Georgia (Mr. NORWOOD), great Americans, for providing a great service to all of us on a managed care bill which I think will work. But there are Members of this House that are working against this consensus by introducing substitutes that in no way equal the comprehensive approach.

We have heard a great deal of hysteria in the past few weeks about how Norwood/Dingell will expose our small business owners and employers of all shapes and sizes to massive new litigation threats.

If my colleagues read the bill, and I would suggest that they read the bill, on page 99 it says very specifically in Section 302 that the bill "does not authorize any cause of action against an employer, or other plan sponsor maintaining the group health plan, or against an employee of such an employer."

It is a ruse. They have provided a ruse. Why do they not tell the American people the truth instead of standing out there with the money changers as they were yesterday as we walked here to do business?

AMERICANS HAVE A CHANCE TO HAVE A ACCOUNTABILITY AGAIN IN HEALTH ORGANIZATIONS

(Mr. KUYKENDALL asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. KUYKENDALL. Madam Speaker, today the American people are going to get a chance to have accountability put back in their health care organizations. There are a number of options before us, and at least three of those options are going to give the American public the ability to sue their health plan. They have not had that right in the past. That is an accountability they will have again over the medical profession for medical decisions.

What comes with that is a need to figure out how to protect this employer group that so many of us are dependent upon for our livelihood and health care insurance coverage. I think there are several options today that do a good job at that as well.

Those employers are not meant to be in the medical business, they are meant to be employers, manufacturers, and service providers. In this legislation today, I think we have a couple of options and the public will be well-served when they see the outcome. They will have accountability from their medical providers and their employers will remain sound and still be the conduit through which most people will get their medical coverage.

I would encourage the public to watch today. This debate will be both lengthy and strident. But at the end of the day, they will be better served.

SAFEWAY SHOULD RECOGNIZE ITS CORPORATE RESPONSIBILITY

(Mr. LANTOS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LANTOS. Madam Speaker, I rise on behalf of the large group of senior, frail, and low-income citizens in my congressional district in the city of Pacifica. They have been shopping at Safeway for decades, but Safeway—in a display of corporate arrogance and irresponsibility—suddenly closed that store.

These folks have no automobiles. They are too frail and too old to walk

two miles to another store. Safeway should have found a way to keep open this facility. But in an irresponsible act of corporate recklessness, it closed the store, and the seniors are left high and dry, trying to fend for themselves.

I call on Safeway—a multi-billion-dollar corporation—to change its course and recognize its corporate responsibility. It has the duty to serve the people who have kept it profitable for decades. It can't just walk out on them.

THE JOURNAL

The SPEAKER pro tempore. Pursuant to clause 8, rule XX, the pending business is the question of the Speaker's approval of the Journal.

The question is on the Speaker's approval of the Journal of the last day's proceedings.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Ms. DEGETTE. Madam Speaker, I object to the vote on the ground that a quorum is not present and make the point of order that a quorum is not present.

The SPEAKER pro tempore. Evidently a quorum is not present.

The Sergeant at Arms will notify absent Members.

The vote was taken by electronic device, and there were—yeas 341, nays 73, not voting 19, as follows:

[Roll No. 486]

YEAS—341

Ackerman	Campbell	Emerson
Andrews	Canady	Engel
Archer	Cannon	Eshoo
Armey	Capps	Everett
Bachus	Cardin	Ewing
Baird	Carson	Farr
Baker	Castle	Fattah
Baldwin	Chabot	Fletcher
Ballenger	Chambliss	Foley
Barcia	Clayton	Forbes
Barrett (NE)	Coble	Fossella
Barrett (WI)	Coburn	Fowler
Bartlett	Collins	Frank (MA)
Barton	Combest	Franks (NJ)
Bass	Condit	Frelinghuysen
Bateman	Conyers	Gallegly
Becerra	Cook	Ganske
Bentsen	Cooksey	Gejdenson
Bereuter	Cox	Gekas
Berkley	Coyne	Gephardt
Berman	Cramer	Gilchrest
Berry	Cubin	Gillmor
Biggert	Cummings	Gilman
Bilirakis	Cunningham	Gonzalez
Bishop	Danner	Goode
Blagojevich	Davis (FL)	Goodlatte
Bliley	Davis (VA)	Goodling
Blumenauer	Deal	Gordon
Blunt	DeGette	Goss
Boehrlert	Delahunt	Graham
Boehner	DeLauro	Granger
Bonilla	DeLay	Green (TX)
Bonior	DeMint	Green (WI)
Bono	Deutsch	Greenwood
Boswell	Diaz-Balart	Hall (OH)
Boucher	Dicks	Hall (TX)
Boyd	Dingell	Hansen
Brady (TX)	Dixon	Hastings (WA)
Brown (FL)	Doggett	Hayes
Brown (OH)	Doolley	Hayworth
Bryant	Doolittle	Herger
Burr	Doyle	Hill (IN)
Burton	Dreier	Hill (MT)
Buyer	Duncan	Hinchee
Callahan	Dunn	Hinojosa
Calvert	Edwards	Hobson
Camp	Ehlers	Hoeffel

Hoekstra	Millender	Saxton
Holden	McDonald	Schakowsky
Holt	Miller (FL)	Scott
Horn	Miller, Gary	Sensenbrenner
Hostettler	Minge	Serrano
Houghton	Mink	Sessions
Hoyer	Mollohan	Shadegg
Hunter	Moore	Shaw
Hyde	Moran (VA)	Shays
Inlee	Morella	Sherman
Isakson	Murtha	Sherwood
Istook	Myrick	Shimkus
Jackson (IL)	Nadler	Shows
Jenkins	Napolitano	Shuster
John	Nethercutt	Simpson
Johnson (CT)	Ney	Sisisky
Johnson, Sam	Northup	Skeen
Jones (NC)	Norwood	Skelton
Kanjorski	Nussle	Smith (MI)
Kasich	Obey	Smith (NJ)
Kelly	Olver	Smith (TX)
Kennedy	Ortiz	Smith (WA)
Kildee	Ose	Snyder
Kilpatrick	Oxley	Souder
Kind (WI)	Packard	Spence
King (NY)	Pascrell	Spratt
Kingston	Pastor	Stabenow
Kleczka	Paul	Stearns
Klink	Payne	Stump
Knollenberg	Pease	Sununu
Kolbe	Peterson (PA)	Sweeney
Kuykendall	Petri	Talent
LaHood	Phelps	Tancredo
Lampson	Pickering	Tauscher
Lantos	Pitts	Tauzin
Larson	Pombo	Taylor (NC)
Latham	Pomeroy	Terry
LaTourette	Porter	Thomas
Lazio	Portman	Thornberry
Leach	Price (NC)	Thune
Levin	Pryce (OH)	Tiahrt
Lewis (CA)	Quinn	Tierney
Lewis (KY)	Radanovich	Toomey
Lofgren	Rahall	Towns
Lucas (KY)	Rangel	Trafficant
Lucas (OK)	Regula	Turner
Maloney (CT)	Reyes	Upton
Maloney (NY)	Reynolds	Vitter
Manzullo	Rivers	Walden
Markey	Rodriguez	Walsh
Martinez	Roemer	Watkins
Mascara	Rogan	Watt (NC)
Matsui	Rogers	Watts (OK)
McCarthy (MO)	Rohrabacher	Waxman
McCarthy (NY)	Ros-Lehtinen	Weiner
McCrary	Rothman	Weldon (FL)
McHugh	Roukema	Wexler
McInnis	Roybal-Allard	Weygand
McIntosh	Royce	Whitfield
McIntyre	Rush	Wicker
McKeon	Ryan (WI)	Wilson
McKinney	Ryun (KS)	Wise
Meehan	Salmon	Wolf
Meeks (NY)	Sanchez	Woolsey
Menendez	Sanders	Wu
Metcalf	Sandlin	Wynn
Mica	Sanford	Young (FL)

NAYS—73

Aderholt	Hilleary	Peterson (MN)
Allen	Hilliard	Pickett
Baldacci	Hooley	Ramstad
Bilbray	Hulshof	Riley
Borski	Hutchinson	Sabo
Brady (PA)	Jackson-Lee	Schaffer
Capuano	(TX)	Slaughter
Chenoweth-Hage	Johnson, E. B.	Stark
Clay	Jones (OH)	Stenholm
Clyburn	Kucinich	Strickland
Costello	LaFalce	Stupak
Crane	Lee	Tanner
Crowley	Lewis (GA)	Taylor (MS)
DeFazio	Lipinski	Thompson (CA)
Dickey	LoBiondo	Thompson (MS)
English	Lowe	Thurman
Etheridge	Luther	Udall (CO)
Evans	McDermott	Udall (NM)
Filner	McNulty	Velazquez
Frost	Meek (FL)	Vento
Gibbons	Miller, George	Visclosky
Gutierrez	Moran (KS)	Wamp
Gutknecht	Neal	Waters
Hastings (FL)	Oberstar	Weller
Hefley	Pallone	

NOT VOTING—19

Abercrombie	Davis (IL)	Jefferson
Barr	Ehrlich	Kaptur
Clement	Ford	Largent

Linder	Owens	Weldon (PA)
McCollum	Pelosi	Young (AK)
McGovern	Sawyer	
Moakley	Scarborough	

□ 1106

Ms. JACKSON-LEE of Texas and Mr. DICKKEY changed their vote from "yea" to "nay."
So the Journal was approved.
The result of the vote was announced as above recorded.

BIPARTISAN CONSENSUS MANAGED CARE IMPROVEMENT ACT OF 1999

The SPEAKER pro tempore (Mrs. BIGGERT). Pursuant to House Resolution 323 and rule XXVIII, the Chair declares the House in the Committee of the Whole House on the State of the Union for the further consideration of the bill, H.R. 2723.

□ 1107

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the State of the Union for the further consideration of the bill (H.R. 2723) to amend Title I of the Employee Retirement Income Security Act of 1974, title XXVII of the Public Health Service Act, and the Internal Revenue Code of 1986 to protect consumers in managed care plans and other health coverage, with Mr. HASTINGS of Washington in the chair.

The Clerk read the title of the bill.
The CHAIRMAN. When the Committee of the Whole rose on Wednesday, October 6, 1999, all time for general debate had expired.

Pursuant to the rule, the amendments printed in part A of House Report 106-366 are adopted and the bill, as amended, is considered read for amendment under the 5-minute rule.

The text of H.R. 2723, as amended, is as follows:

H.R. 2723

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the "Bipartisan Consensus Managed Care Improvement Act of 1999".

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

- Sec. 1. Short title; table of contents.
- TITLE I—IMPROVING MANAGED CARE
 - Subtitle A—Grievances and Appeals
 - Sec. 101. Utilization review activities.
 - Sec. 102. Internal appeals procedures.
 - Sec. 103. External appeals procedures.
 - Sec. 104. Establishment of a grievance process.
 - Subtitle B—Access to Care
 - Sec. 111. Consumer choice option.
 - Sec. 112. Choice of health care professional.
 - Sec. 113. Access to emergency care.
 - Sec. 114. Access to specialty care.
 - Sec. 115. Access to obstetrical and gynecological care.
 - Sec. 116. Access to pediatric care.
 - Sec. 117. Continuity of care.
 - Sec. 118. Access to needed prescription drugs.

Sec. 119. Coverage for individuals participating in approved clinical trials.

Subtitle C—Access to Information

Sec. 121. Patient access to information.
Subtitle D—Protecting the Doctor-Patient Relationship

Sec. 131. Prohibition of interference with certain medical communications.

Sec. 132. Prohibition of discrimination against providers based on licensure.

Sec. 133. Prohibition against improper incentive arrangements.

Sec. 134. Payment of claims.

Sec. 135. Protection for patient advocacy.

Subtitle E—Definitions

Sec. 151. Definitions.
Sec. 152. Preemption; State flexibility; construction.

Sec. 153. Exclusions.

Sec. 154. Coverage of limited scope plans.

Sec. 155. Regulations.

TITLE II—APPLICATION OF QUALITY CARE STANDARDS TO GROUP HEALTH PLANS AND HEALTH INSURANCE COVERAGE UNDER THE PUBLIC HEALTH SERVICE ACT

Sec. 201. Application to group health plans and group health insurance coverage.

Sec. 202. Application to individual health insurance coverage.

TITLE III—AMENDMENTS TO THE EMPLOYEE RETIREMENT INCOME SECURITY ACT OF 1974

Sec. 301. Application of patient protection standards to group health plans and group health insurance coverage under the Employee Retirement Income Security Act of 1974.

Sec. 302. ERISA preemption not to apply to certain actions involving health insurance policyholders.

TITLE IV—APPLICATION TO GROUP HEALTH PLANS UNDER THE INTERNAL REVENUE CODE OF 1986

Sec. 401. Amendments to the Internal Revenue Code of 1986.

TITLE V—EFFECTIVE DATES; COORDINATION IN IMPLEMENTATION

Sec. 501. Effective dates.

Sec. 502. Coordination in implementation.

TITLE VI—HEALTH CARE PAPERWORK SIMPLIFICATION

Sec. 601. Health care paperwork simplification.

TITLE I—IMPROVING MANAGED CARE

Subtitle A—Grievance and Appeals

SEC. 101. UTILIZATION REVIEW ACTIVITIES.

(a) COMPLIANCE WITH REQUIREMENTS.—

(1) IN GENERAL.—A group health plan, and a health insurance issuer that provides health insurance coverage, shall conduct utilization review activities in connection with the provision of benefits under such plan or coverage only in accordance with a utilization review program that meets the requirements of this section.

(2) USE OF OUTSIDE AGENTS.—Nothing in this section shall be construed as preventing a group health plan or health insurance issuer from arranging through a contract or otherwise for persons or entities to conduct utilization review activities on behalf of the plan or issuer, so long as such activities are conducted in accordance with a utilization review program that meets the requirements of this section.

(3) UTILIZATION REVIEW DEFINED.—For purposes of this section, the terms "utilization