money is a farce. It may save money, but at the cost of thousands of jobs. This will then increase reliance on unemployment insurance and welfare rolls, and further erode America's industrial capacity.

In summary, the Navy and MSC are doing two things. They are violating the congressional spirit and intent of the law to preserve jobs and save a few dollars. Two, they are handing U.S. shipyards jobs overseas.

I will be sending a Dear Colleague letter around to sign onto a letter to Secretary of Defense Bill Cohen to tell him that this practice is wrong, it is harmful to the national security of this Nation, and impedes readiness. I hope Members of this body will join me in this endeavor.

THE PROBLEMS WITH THE DINGELL-NORWOOD HEALTH CARE REFORM BILL

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. NETHERCUTT) is recognized for 5 minutes.

Mr. NETHERCUTT. Mr. Speaker, yesterday the House of Representatives voted on different versions of health care reform. I believe that every one of our colleagues who spoke on this issue and voted on this issue had the best interests of patients in mind as they cast their votes.

There were two issues that were discussed this week in connection with health care reform and patient care. First, we passed legislation this week to increase the access of patients to health care insurance coverage. That was a very important effort that was undertaken by the House of Representatives.

Second and most recently, yesterday we considered changes in the law to deal with the problems that patients have had with their health maintenance organizations, a problem that was illustrated time and time again by Members who stood here on the floor of the House.

For me, I believe insurers should be held accountable for their actions if they cause actions that hurt a patient or inactions that hurt a patient that is covered by a plan. I happen to support the coalition substitute amendment introduced by the gentleman from Florida (Mr. GOSS) and the gentleman from California (Mr. THOMAS), the gentleman from Oklahoma (Mr. COBURN) and the gentleman from Arizona (Mr. SHADEGG), among others.

This legislation provided the protection I felt patients needed, and encourages care rather than lawsuits. It contained an internal and external appeals process that requires a faster response than required by the bill which ultimately passed the House yesterday afternoon, as sponsored by the gentleman from Georgia (Mr. NORWOOD) and the gentleman from Michigan (Mr. DINGELL).

The coalition bill, the bill that I supported, requires expedited appeals to be resolved in 48 hours, as opposed to the 72 hours that are set forth in the Norwood bill. I want my colleagues and others, Mr. Speaker, to understand that there were many similarities in the Norwood bill and the coalition bill, which I will call it.

Both guarantee patients the right to choose a doctor outside their network. Both guarantee women direct access to obstetrical-gynecological care. Both guarantee access to specialists. Both guarantee children direct access to pediatric care. Both guarantee coverage for emergency medical services without prior authorization, which is an important issue. Both guarantee coverage of a terminated provider for patients undergoing a course of treatment. Both prohibit so-called gag clauses. Both forbid insurers from offering providers incentives for denying coverage. Both provided a grievance process for beneficiaries to file complaints.

Both allow patients to appeal denial of benefits, but the coalition bill actually requires a faster response than mandated by the Norwood bill, the difference between the 48-hour expedited appeals process and the 72-hour process in the Norwood bill.

Both allow patients to sue their health maintenance organizations if they are hurt by them. The coalition bill allows patients to sue their HMOs in Federal court once they have exhausted the internal and external appeals process. The Norwood bill allows patients to bring lawsuits in State courts, which have 50 different States with 50 different sets of rules. To me, that was a cumbersome process, and very difficult for employers to try to deal in 50 different States with 50 different laws relative to liability.

The Norwood bill puts employers at risk for lawsuits. I know there was a great deal of debate on that issue, and interpretation of language and counter-interpretation of language. But the facts are that the Norwood bill puts employers at risk for lawsuits, greater risk, without having a more extensive, exhaustive process before we ever get to a lawsuit.

Employers offer health insurance benefits voluntarily. I fear that if the stability of their business is at risk due to a threat of a lawsuit, under the measure that was passed yesterday, employers would just say, no, we are not going to offer health insurance any longer.

Washington State, my State, is currently facing a crisis in its individual insurance market. Excessive regulations have driven insurers out of our State. Those who have remained are no longer taking new enrollees. That is a problem for people in my State who seek insurance coverage. Individuals can no longer buy insurance in most of our State, even if they have the money.

So excessive regulation, frivolous lawsuits, and risk to employers created by the Norwood bill will create the same problem in the group insurance market across the country. I think that would be an unintended consequence of our debate that occurred here yesterday and earlier this week.

The last thing we need, Mr. Speaker, is a government-run, massively complicated health care program. I fear we are heading toward that if the Norwood bill becomes law.

So my hope would be that those who are conferees on this issue and others who have an interest in this debate would work hard to get the facts out about the potential consequences or unintended consequences of an extensive, mandated legislation for health care that will drive people off the insurance rolls and then lead to, ultimately, the unintended consequence of a massive health care plan run by the Federal Government that was rejected so forcefully in 1993 and 1994.

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NORTH CAROLINA IN AFTERMATH OF HURRICANE FLOYD

The SPEAKER pro tempore (Mr. PEASE). Under a previous order of the House, the gentlewoman from North Carolina (Mrs. CLAYTON) is recognized for 5 minutes.

Mrs. CLAYTON. Mr. Speaker, the sunshine is shining in eastern North Carolina, the rivers have crested, and the water has receded. People are beginning to have a sense of hope. But at the same time, there is great devastation as a result of the floods of the century having occurred in eastern North Carolina.

More than 32 counties were affected by Hurricane Floyd. Out of the 32 counties, there was severe flooding in at least 20 or more of those counties. Fourteen of those counties happen to be in my district. At the last count, more than 54,000 persons had called FEMA's telephone on-line intake service indicating they needed service. At the peak of this hurricane, there were more than 46,000 individuals huddled in various makeshift shelters throughout the district. People were sleeping in cars, neighbors took other people in, and roads were in great devastation. The lives that were lost, the last count as of last Friday, there were 48 persons who were dead in North Carolina as a result of Hurricane Floyd. In fact, some 66 from the East Coast, including persons who died in Pennsylvania and New York as well as in Virginia.

This hurricane has brought great devastation and has taken the lives of a lot of people. Teshika Vines I have here is one of those casualties, but her story is the story of a neighbor helping neighbors. The story is that her grandfather had taken she and three other members of the family out on a boat to safety, saw their neighbors and took onto their boat four other persons. When the boat landed on the shore, it was missing six persons. The grandfather and Teshika, one person from