strong defense, just as much as we have an obligation to provide a strong educational system.

It is no less of a responsibility to take a look at our future energy picture than it is to take a look at education or health care or any other issue you want to talk about for future generations. We have that opportunity today.

So I would urge my colleagues that, even while the price of energy is dropping, we have an obligation to continue to urge people to conserve. We have an obligation to continue to try and assist our colleagues in California and every other State in this country, to say just because energy has become more affordable does not mean that our energy crunch does not still exist.

We have got to plan for the future. We had that opportunity today in our hands. Now it is going to require leadership. It is going to require an energy policy which we have not seen for 8 years.

We have got a President. We have got an administrative team and many of my colleagues on both sides of the aisle that are prepared to put together an energy policy. That debate has already begun. Now we need to take it to its logical conclusion, and that is to come up with a policy for this generation and future generations of this country in regards to energy.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 933

Mr. JEFFERSON. Mr. Speaker, I ask unanimous consent that my name be removed as a cosponsor from H.R. 933.

The SPEAKER pro tempore (Mr. KENNEDY of Minnesota). Is there objection to the request of the gentleman from Louisiana?

There was no objection.

DIGITAL DIVIDE ELIMINATION ACT OF 2001

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

Mr. JEFFERSON. Mr. Speaker, I am here today to discuss the digital divide that is plaguing our country and to garner support for legislation my colleagues and I have introduced to help alleviate this crisis, H.R. 2281, The Digital Divide Elimination Act of 2001.

Computers are becoming the crucial link to education, information, and to commerce. For all Americans, personal and economic success will depend on having the ability to understand and use these powerful information tools. However, according to the Department of Commerce, less than 10 percent of households with income below $20,000 own computers or have used the Internet, an absolutely alarming statistic. Unless this changes, these poor families in both urban and rural areas will be left behind.

Educators and industry leaders alike realize a serious problem associated with the digital divide and are taking steps to bring computer technology to schools and libraries across America. We, as public officials, applaud these efforts. However, these efforts are not enough.

If we are going to truly give every American access to technology and improve the way our children learn, the Federal Government must join in to bolster these efforts and, more importantly, to help extend technology and technology access to every home in America. Only then will these children and their families gain an appreciation for technology and the Internet in the home, unfettered by the constraints of an institutional setting.

The legislation my colleagues and I have reintroduced this year provides additional tax incentives to induce private companies to donate computer technology and to induce poor families to purchase computers.

First, the legislation increases the special deduction for computer donations from three-fourths of the computer's sales price to the higher of the full sales price or its manufacturing cost. For example, if the manufacturing cost of a computer is $500 and the sales price is $1,000, the charitable deduction is increased from $750 to $1,000.

The special deductions for computers has already induced computer manufacturers to donate thousands of computers to schools across America. Now, as a result of this provision, computer manufacturers will have an even greater incentive to donate unsold computers because they can deduct the full value of the computer.

In addition, non-manufacturers will also have a greater incentive to donate computer equipment even where the depreciated cost of the computer exceeds its market price. Under current law, it is more economical for many non-manufacturers to throw away used computers than to donate them to charity because they can take a higher tax deduction for disposing of the computer than for donating it. That is clearly bad tax policy. Thankfully, this provision will change that result.

Second, the legislation will extend the special computer deduction through 2004 and expand it to include donations, not only to libraries and training centers, but also to nonprofits that provide computer technology to poor families. Nonprofits such as Computers for Youth in New York City have placed computers into the homes of hundreds of low-income families. We need to encourage similar efforts by nonprofits across the country. Only then can we make our mutual goal of bringing technology into every home in America a reality.

Finally, the legislation will provide a refundable credit equal to 50 percent of the cost for computer purchases by families receiving the earned income tax credit up to $500. While the cost of computers and Internet access are dropping, the cost of computers still remains a barrier for many low-income working families. Returning half of the cost of the computers to these families will go a long way towards helping working families help themselves and provide a brighter future for their children.

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In fact, the $500 refundable tax credit makes computers more affordable than ever for the working poor. Here is an example. In the June 17 edition of The Washington Post, which I have an example of here, Circuit City advertized a Pentium II computer for $1,099. The price is slashed by the manufacturer and retail rebates to $499. With this $500 tax credit, the actual cost of that computer would be reduced to nothing, a free computer to a poor family. Computer companies and retailers will get business from a segment of the population that did not have affordable access before, and the working poor will receive affordable access. It is a win-win situation.

Mr. Speaker, bringing technology to all our children is key to our Nation's future and prosperity. I implore my colleagues to recognize the long-term negative impact that could result from not eliminating the digital divide and urge their support of this legislation. Together, we can ensure a much brighter tomorrow for our children and give them the tools necessary to compete and lead the next generation to an even brighter future.

HMO REFORM

The SPEAKER pro tempore (Mr. MCINNIS). Under the Speaker's announced policy of January 3, 2001, the gentlewoman from California (Mrs. CAPPS) is recognized for 60 minutes as the designee of the minority leader.

Mrs. CAPPS. Mr. Speaker, I rise this evening to speak about the need for a strong and enforceable patient's bill of rights for the American people.

I am one of three nurses currently serving in the House of Representatives, and there are other health professionals of all stripes among my colleagues, from doctors to public health specialists and microbiologist, from psychologists and social workers to psychiatrists. Together, in all of our experience and training, we know that we need to pass a real patient's bill of rights, a bill of rights that offers the American people real protection from the hard edges of managed care organizations or HMOs.

Tonight we are going to share with our colleagues our firsthand experiences and make the case for the Ganske-Dingell bill. We have seen firsthand the damage caused by the excesses of the bean counters and the men in green eyeshades when they are too aggressive in containing costs. These bureaucrats have often done real harm to real people when they have taken on the role of medical professionals. Those of us here in Congress

with medical backgrounds want to give our constituents the ability to fight back, and we think that the Ganske-Dingell bill is the best way to do this.

This legislation guarantees access to high quality health care, including access to emergency or specialty care, to clinical trials, and direct access to pediatricians and OB–GYNs. It also holds health plans accountable when they interfere in the medical decisions of a trained medical professional. It provides for a strong external review process by medical professionals; and then, after that process, and if that process is exhausted, patients will have access to State courts.

The HMOs have bitterly criticized this proposal on the grounds it will lead to frivolous lawsuits. The Ganske-Dingell bill is based on one now in practice in the State of Texas which has allowed patients to sue their HMOs and there have been only a handful of lawsuits of any kind. There is no evidence that this bill will lead to frivolous lawsuits, but it is an essential protection that our patients need because of the deterrent factor that it provides.

Managed care organizations are operating in an environment designed to keep costs low, and we do need to control costs to keep health care affordable, but HMO administrators are under an incredible amount of pressure to cut corners. Often this pressure is excessive and leads to bad decisions and insensitive, inappropriate, and sometimes very damaging actions. Abuses of patients' rights to quality health care are very common, too common. There needs to be a counter force on the side of quality care, on the side of the patients, and that counter force has, at the bottom line, the threat of going to the courts.

Access to the courts will help to restore the balance to the scales and will prevent the need for efficiency outweighing the need for quality care. It is what gives the patient's bill of rights its teeth. Without it, HMOs are free to continue their current practices without fear of the consequences. My constituents do not want to go to court to get the health care that they need, but HMOs do not always want to provide that care. And HMOs do not want to go to court either. The threat of appropriate litigation is how average Americans will keep the HMOs honest. We need to give patients that tool.

Mr. Speaker, if the ceiling in this room were to collapse today because of a contractor doing shoddy work to save money, those of us who were injured would be able to sue that contractor in State court. This provides an important incentive for contractors to do their work well. The same should apply to managed care.

And so I support this legislation, as do many of my colleagues with medical backgrounds. We know our patients. We know the HMOs. We know this issue and its importance. We know the challenges we face and we know how to overcome them. We know this bill is the right thing to do. So we are here this evening, Mr. Speaker, to help our colleagues see this example as well. We have an obligation to our constituents to do our duty and to pass this legislation.

I want to now introduce and invite to the podium a colleague of mine, the gentlewoman from New York (Ms. SLAUGHTER). She is going to present her viewpoint as a microbiologist with a master's degree in public health. She is particularly respected for her efforts on genetic nondiscrimination and women's health.

Ms. SLAUGHTER. Mr. Speaker, I thank the gentlewoman from California for taking time this evening and for yielding to me.

In my judgment, one of the most important aspects of the patient's bill of rights gets the least attention, and it is the potential impact on public health. Now, although most people think of this initiative as one involving individual patients and their access to care, there are major public health implications as well.

In our Nation, public health has become something of a forgotten stepchild of the health care system. In other industrialized nations, public health goes hand-in-hand with individual health care: Communicable diseases are reported in a standardized fashion, all children receive vaccinations during their regular checkups, and public health professionals can track the incidence of disorders like cancer based on geography.

None of that is true in the United States. In this country, we have created an artificial division between individual health care and public health. Children are supposed to receive immunizations on a certain schedule, but many fail to receive some or all of their shots because they move, switch insurance plans, or lose coverage. Different States track and report different disorders in different ways, and the health of the individual is examined in total isolation from the health of the community.

The patient's bill of rights has the potential to address some of these problems. For example, the Ganske-Dingell bill contains a solid proposal giving women direct access to an OB-GYN. This provision can help us attack rates of sexually transmitted diseases by allowing women to go directly to the right doctor without having to waste the time, the effort, and the money of passing through a gatekeeper physician. If we can help women get treatment for sexually transmitted diseases quickly and effectively, we can reduce the rates of transmission.

Similarly, the Ganske-Dingell bill has provisions regarding direct access to pediatricians for children. Parents need to be able to get their children to the right doctors as quickly as possible, especially in the cases of communicable diseases, which often can be mistaken for other sicknesses in their early stages and spread like wildfire in settings like day care and schools. If we can prevent the transmission of diseases like these and many others when the patients can get timely care under their insurance plan, we benefit the whole community. Sick people create sick communities. When we delay care, we place numerous other individuals at the risk of illness. A patient's bill of rights would help patients directly to get the care they need.

I would like to note that State, local, and Federal governments have a major financial stake in the patient's bill of rights as well. When patients cannot receive timely care under their insurance plan, they often seek care in other places, such as clinics and emergency rooms. And in many cases the cost of their care must be absorbed by the facility, the State assistance plans, and Medicaid. The Federal Government spends tens of millions of dollars each year to fund the so-called disproportionate share hospitals, which treat high numbers of patients lacking coverage. If we could reduce the amount of unreimbursed care in this Nation by even a small fraction, it would make a tremendous difference to many struggling hospitals and facilities, and that in turn would allow those facilities to dedicate more resources to public health goals, like indigent care and outreach.

Finally, as a public health professional, I find it deeply troubling that Congress would consider allowing insurance companies to continue practicing medicine without a license. Insurance company bureaucrats have no business inserting themselves into the doctor-patient relationship. Middle managers should not second-guess M.D.'s. If insurers want to practice medicine, then they must be responsible for the consequences when things go wrong, and that means being held liable for medical decisions.

I am pleased that our colleagues in the other body are debating a strong, responsible patient's bill of rights. The House majority leadership bill, H.R. 2315, does not pass muster, and I hope that all of my colleagues will pass up this anemic version in favor of a real patient's bill of rights, H.R. 522, the Ganske-Dingell Patients' Bill of Rights.

Mrs. CAPPS. Mr. Speaker, I want to thank my colleague, the gentlewoman from New York (Ms. SLAUGHTER), and particularly for her perspective from a public health point of view.

I know many of us, when we saw the managed care plans coming on the horizon as a cost containment method applauded the program for its preventive care aspects, and some HMOs still do offer these, and they are to be commended. But many, in their cost cutting methods, have curtailed the prevention aspect and the guidance and some of the extra programs that are offered through counseling and health education, advice for families, and the periodic checkups that are part of a good developmental program for children in favor of cost containment. So I

think we should go back and accentuate.

We need to point out that this patient's bill of rights is not an attempt to do away with managed care, but to reform it and to bring it back into the arena of the responsibility of health professionals for the care of their patients and the ability of patients to get the kind of care that will be in their best interest in health care.

I wish now to give time to my colleague, the gentleman from Ohio (Mr. STRICKLAND). He is a psychologist and now is my colleague on the Subcommittee on Health of the Committee on Commerce. He has been a leader for a long time on the patient's bill of rights and comes to Congress with his perspective, coming right out of his work in psychology in his Congressional District. I am happy to yield to him.

Mr. STRICKLAND. I thank the gentlewoman for yielding to me.

Before coming to this House, I practiced psychology in a maximum security prison, working with mentally ill inmates; I worked in a community mental health center; I worked in a large psychiatric hospital; and I have worked with emotionally disturbed children. The fact is that we do need a strong patient's bill of rights. And it is puzzling to me, it is truly puzzling to me that today in America patients can be abused by managed care organizations and have no legal recourse.

I would like to share with my colleagues tonight a story of one of my constituents. Every one of us here in the Congress, whether we are Democrats or Republicans, regardless of what part of the country we are from, have constituents who come to us with their problems, and I would like to talk this evening about a young woman who is 31 years of age. She lives in a small town in Highland County, Ohio. Her name is Patsy Haines.

Patsy's husband called my office several weeks ago and he asked if we could be helpful. He told us that his wife suffered from chronic leukemia and that she had worked for 5 years at this company until she became too ill to work. She was diagnosed with this life-threatening illness. Her doctor told her that she needed a bone marrow transplant. Patsy has a brother who is willing to participate, who is willing to help her, and he is a perfect match for such a transplant surgery.

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The problem is that Patsy cannot get her insurance company to agree to pay for this surgery.

I went to the James Cancer Hospital in Columbus, Ohio, possibly one of the premier cancer facilities in this Nation. I spent half a day there, and I talked with the doctor who is over the entire transplant program at the center, and I spent a couple of hours with a young doctor, a very inspiring doctor, who is a specialist when it comes to bone marrow transplant surgery. This young doctor was incredibly sympathetic to Patsy Haines' condition, and agreed to talk with her and her physician.

After his consultation, he agreed that this young woman needs this surgery. He told me that if she receives this surgery, she has a very good possibility of recovery, of living a long life, of being a mother to her child, a wife to her husband. But the sad fact is if Patsy Haines does not receive this surgery, she very likely will lose her life.

This past Saturday I went to a high school in Hillsboro, Ohio. Community members had brought together items to auction off for Patsy. Patsy was there in a wheelchair because her illness has progressed to the point where her legs are badly swollen and she needs a wheelchair in order to get around. People sat on those high school bleachers, and they bought items which had been offered for auction. Patsy Haines is an incredibly inspiring young woman.

I do not know if she is watching tonight or if her family or community members are watching tonight, but she inspires me. I said something at that auction that I truly believe, that none of us are islands. None of us in this world stand alone. As Members of Congress, we should have the attitude that each constituent's joy is joy to us, and each constituent's grief is our own.

I feel grief for Patsy Haines tonight. It is shameful in the United States of America in the year 2001 that we have car washes and sell cupcakes and auction off small household items to get the resources necessary to help a young woman get the medical attention that she so desperately needs. The American people do not want us to be in this set of circumstances. The American people are with us on this issue. Poll after poll shows that the American people believe if an HMO or an insurance company makes a medical decision and deprives a person of necessary and needed medical treatment, that they ought to be held responsible in a court of law.

As the gentlewoman said, the State of Texas has such a law, the State from whence our President came and where he was governor. During the last Presidential campaign I remember the President talking about the Texas Patients' Bill of Rights, and he displayed some pride in the fact that Texas had done this.

What we are trying to do in this Congress with the Ganske-Dingell bill and on the Senate side with the McCain-Kennedy-Edwards bill is to do basically what they have done in Texas. The gentlewoman is right, in Texas this law has been in effect for 2 years, and there have been literally half a dozen lawsuits. The reason for that is, I believe, once this law is in place and the insurance companies know they are subject to going to court and having to face the consequences of that, it makes them much less likely that they will deny necessary treatment.

So tonight we are talking about something really important. I hope the American people are watching. I believe the American people of every persuasion, conservative to liberal, Republican, Democrat, Independent, strongly believe that citizens of this country should be protected from this kind of awful, terrible, treatment.

I hope as a result of what we are trying to do here Patsy Haines and her family, and Americans like her, will no longer be subject to this kind of mistreatment. What we are doing in the next 2 or 3 weeks here in Washington is as important as anything that this Congress has done in perhaps decades because we are taking the necessary step to see that American citizens, regular moms and dads and kids, get the kind of care they need.

I will close by saying this. A couple of days ago a colleague of mine held a press conference in Columbus, Ohio, and came out in opposition to the Patients' Bill of Rights because of the ability to bring suit that is given to the patient in this legislation.

There was a business executive there that had suffered a serious illness and was there to talk about the fact that he had been taken care of by his company. But not all of us are business executives. Some of us are just ordinary citizens like Patsy Haines. Our responsibility here in this Congress is to make sure that ordinary citizens are protected.

I thank the gentlewoman for this special order and giving me the chance to talk about my constituent. I believe that the American people are watching, and as a result of the fact that they are watching us, I believe we have a very, very good chance of actually getting this legislation passed and signed into law.

Mrs. CAPPS. Mr. Speaker, I thank my colleague from Ohio for sharing such a moving story. It is remarkable in this land of ours we have some of the best possibilities for health care in the world, and some of that is due to funding for research which has been promoted and supported from this House, this very body. We stand behind the great advances in our medical technology and our skills and opportunity. Yet at the same time we have such a gap between our ability to give health care and those who are actually able to get it.

Mr. Speaker, one of the barriers are those without access to any health insurance. That is the subject for another conversation here on the floor, but there are barriers even to those who have health insurance and how tragic it is to have an employer-sponsored plan and go to one's doctor, and sometimes it is a matter, as with the gentleman's young friend Patsy, of a life-and-death matter. To have that doctor's recommended plan denied by an HMO, to me that is practicing medicine; and particularly now with the legislation like we are supporting and proposing which would involve strong

external review so it would not just be the view of one doctor, actually we need to protect against frivolous medical decisions, but a panel of one's peers, and to have that still set aside by an HMO, that to me calls for some kind of last resort that can only be handled in a court of law. We do not want any more stories like the one that the gentleman from Ohio (Mr. STRICKLAND) shared with us about his friend, Patsy Haines.

Mr. Speaker, I yield to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN). She is the first woman physician ever elected to Congress. She is the Chair of the Congressional Black Caucus Brain Trust, and is always willing to speak and share her information in our efforts to pass this national Patients' Bill of Rights.

Mrs. CHRISTENSEN. Mr. Speaker, it is a pleasure and honor to join the gentlewoman from California, and I thank her for yielding to me to speak on this issue.

I am a family physician. I have almost 25 years of experience providing health care, mostly in the United States Virgin Islands, and knowing the importance of early access to quality health care to the overall health of this Nation, I never thought that 4 years after we began efforts to pass a strong Patients' Bill of Rights we would still have to take to the floor to plead for its passage.

This is another instance, as the gentleman from Ohio said, the people of this country know best. Americans have lost confidence in the current managed care system. They are calling upon us to fix it and to place the medical decisionmaking back in the hands of those trained to make those decisions, the physicians, and the hands who have most at stake, the patients. As late as today patients traveled from New Jersey to meet with Members of Congress, to meet with the Health Care Task Force to once again make the case for the need for the full provisions of the Dingell-Norwood-Ganske bill.

They talk about health care delayed and denied and lives lost or destroyed. Two of them told us of having to fight for needed health care while also having to fight at the same time the physically and emotionally devastating disease of cancer. All of their energy and attention was needed at that time and should have been directed to fight the illness and not an insensitive health care system.

We also talk about the plight of those who accepted their denials because they felt powerless to fight the large systems. I would say as a physician who has been involved in public health, I know that prevention is worth a pound of cure, but it does not take an M.D. degree to know that. Our grandparents told us that over and over again.

If we are ever to rein in the high cost of medicine, we can only do it by ensuring that everyone in this country, regardless of income level or ethnicity, has access to good primary care, secondary care and tertiary care when they need it. To do this the bipartisan Patient Protection Action of 2001, the Patients' Bill of Rights that we are discussing this evening sponsored by the gentleman from Iowa (Mr. GANSKE), the gentleman from Michigan (Mr. DINGELL) and the gentleman from Georgia (Mr. NORWOOD) and Senators MCCAIN, KENNEDY and EDWARDS is an important step, long overdue, but better late than never, and a step that we must take now.

Even after the Patients' Bill of Rights becomes law, we will still have to provide health care coverage to the 43 to 45 million Americans who do not have health care coverage. We have to close the gap of color and those who live in rural areas. We have to make sure that our young people of color have access to health care careers, and can go back and serve their underserved communities.

A lot of debate is being focused on the liability causes that my colleagues referred to, and I think it is important to make it clear that this is not about lawsuits and large awards, it is about putting the necessary teeth in the legislation to make sure that the HMOs and insurance plans put the patient and his or her medical needs in front of their profits. Money cannot buy back the ability to walk to the paraplegic who lost mobility because of delayed health care, or bring back a loved one because they did not receive the diagnostic treatment that they needed.

The bill that we support does not, nor has it ever held employers who do not participate in making medical decisions to be liable. Employers if they do not intervene in making those decisions have never been held liable by the Patients' Bill of Rights that was introduced even in the last Congress by the gentleman from Iowa (Mr. GANSKE) and the gentleman from Michigan (Mr. DINGELL).

On the other hand if a managed care organization makes a decision about health care, they should be held liable. Providers have been liable for years, and managed care organizations or insurance plans who make decisions about medical care should be liable as well.

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There is so much wrong with the managed care system that needs to be corrected, I know we could probably go on for longer than an hour. But we in this body do have the opportunity to put it back on the right track by passing H.R. 526, the Ganske-Dingell-Norwood bill which is also called the Bipartisan Patient Protection Act of 2001. We are here this evening to join you to say, let's do it.

Mrs. CAPPS. I thank the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for sharing her story. She brought up something that I want to accent, because I think it is such a sadness to see what I call revictimization that so often occurs with people and their bureaucratic paperwork that they need to do. Often facing terrible diagnoses with sometimes horrendous outcomes and strenuous treatment regimes that they must go through and then on top of that, to need to struggle with the insurance company to provide the coverage. It is like doing battle on every front. It must feel to the patient and also to their family like being kicked when you are down, when you have such a battle and such a struggle with your health care itself, and trying to save your life or trying to get back on track again with your health and then to be constantly nit-picked or told no, not this, and so many hoops to go through, I really feel like we need to get it back into the priority and to streamline many of the approval processes and to make it so that we are treating people with the dignity really that all of us know as American citizens that we want to have. For this to be so completely, not always, but so frequently gone down a different path, that is a most humiliating experience for someone who has to go through it. That is certainly part of what we want to correct in this Ganske-Dingell patients' bill of rights.

Now it is a pleasure for me to yield time to one of my fellow nurses here in Congress the gentlewoman from New York (Mrs. MCCARTHY). She represents one extreme end of the country and I am out there in the other end but we are both nurses. That means we are joined at the heart. We have worked together to make sure that the patients' bill of rights, for example, includes whistleblower protection for nurses and other important pieces. It is no surprise to either the gentlewoman from New York or I that the American Nurses Association and so many of the other nurse groups around the country are strongly in support of this particular patients' bill of rights.

Mrs. MCCARTHY of New York. I thank my colleague from California and my fellow nursing partner and certainly our friends that are physicians.

You have heard stories tonight from us. You have heard us tell stories about our constituents. But I think if you hear and have listened to us, why are we so passionate about this? Why are we backing the patients' bill of rights? I am going to tell you a story, also, but this story is very personal. Even before I ever came to Congress, I had spent over 32 years, my life, as a nurse. All of us, we went into health care because we care about taking care of people. And we see our doctors today, they still care about their patients. They are fighting for their patients on a daily basis.

But I want to tell you a personal story on why this bill is personal to me. Going back several years ago, something happened in our family. My son ended up being in the hospital. I have to say when he was in the hospital and he was in the intensive care unit, he got the best care you could possibly

ever see. Because he was in the hospital, everything was approved. Then Kevin had to spend a long time in rehab. They told me he was actually going to spend a year in rehab. My son was only 26 years old at that time. He went through the sessions in the morning. I would be there with him 18 hours a day. By lunchtime, I am saying to myself, ''Well, he's not tired, let's do rehab again.''

Of course, I went to the head of the unit and I said, ''Let's do the whole session all over again.''

''Well, we can't.''

I said, ''What do you mean you can't?''

''Well, the insurance companies will never pay for a double session.''

I kind of sat down and I thought about it for a while and I said, well, I can do a lot of this stuff on my own with him, I had the training for it, I knew what I was doing. But then I went pack to the director and I said, Wait a minute. My son is 26 years old. He can do more. And if we actually look at it, if he has double sessions, that means he is going to get his therapy, twice as much in one day and he is going to be out of here twice as fast. As I said to you, they had told me he would be in rehab for a full year.

Well, we won that battle. I got him the double sessions because the hospital decided even if the HMO at that time would not pick up the cost, they would. So Kevin started with double sessions. We were out of rehab in 3 months. Obviously he had to go to rehab for a good several more months as an outpatient but that was only the beginning of our battle. Because every single thing that we had to have done for Kevin as far as rehab and everything else, we had to fight for those services. But here is where the kicker came in as far as I am concerned. Kevin had to have a procedure done. He had to go back in the hospital. Five doctors, five of their doctors, their doctors, said Kevin had to go in the hospital for a surgery. We were turned down. Each doctor went to bat, said, wait a minute, he has to go in the hospital and he has to have this surgery done. And he was turned down, he was turned down, turned down. All the way up to the point where I finally talked to the medical director of the HMO and I said, ''Why are you denying him this operation?''

''We do not feel he needs it.''

I said, ''Who are you to make that decision when five of your doctors, a neurosurgeon, a neurologist, the surgeon himself, the cardiologist and the vascular man said he had to be in the hospital for this operation?''

I said, ''Do you know what my son's medical history is?''

He said, ''Well, actually I have it.'' By the way, his medical history was a little bit larger than the Manhattan telephone book. He did not understand it. He could not understand it.

Now, we were kind of lucky. The company that Kevin worked for happened to own the HMO that Kevin was covered under. Well, I found out who the CEO was of that company and I called him up. I said, this is ridiculous. And he agreed with me and he called and Kevin was in the hospital in a couple of days.

My point is, why did we have to go through this? Why did I have to spend that time trying to get the care for my son that he needed? If anyone even thinks that Kevin wanted to go back in the hospital or I wanted him back in a hospital, believe me, that is not the place we wanted to be. We would have been happy if we had never seen another hospital the rest of our lives. Now I am in Congress and on a daily basis we have to fight for my constituents to get the care, number one, that they deserve. They deserve. Because the decisions are made by our doctors. And unfortunately when we talk about the patients' bill of rights, people out there do not even realize the consequences that are going on in the health care system today because of the rights that doctors do not have anymore. Doctors are not encouraging their children to become doctors and we are seeing that falling over to where nursing is falling off short because nurses are not going to go into the health care system because they see what is going on. There has been a trickle-down effect for the last several years.

We have all worked with our health care providers. We have all worked with everyone that comes in to see us because they know we are in a health care position. By the way, we might be in Congress, but our first job still is to provide the health care system to all of our constituents across this Nation. That will always be my first priority, because that is an oath that we have all taken, to provide care for those. Now our jobs are just bigger.

You took care of all your patients back on the island. You certainly took care of all the children in the schools. I certainly took care of my floor full of patients. Now all of us have hundreds and thousands of more patients to take care of. That is why we are backing the real patients' bill of rights. That is why we are involved in this so passionately. We want our doctors to be able to make the decisions. We want our nurses to be able to give the care that they need without ramifications, that if they report something, they are not going to be fired or they are not going to be, what we call rotated around to floors that we did not want to be on. These are important protections.

All you are unfortunately hearing about in the newspapers is the suing thing. Again, let us go back to our President and his State of Texas. They have a patients' bill of rights, and they have not been sued. The amount of lawsuits in Texas since it was implemented is so tiny it is not even worth talking about. I will be very honest with you, if the correct care is given to all of our patients, no one is going to sue.

If you have the time and certainly my colleague from California, I would love to have a colloquy, because I happen to think we, is it not amazing it is three women, but we really have firsthand experience on how this real patients' bill of rights is going to help the American people.

Let me say one other thing. Many people think their HMOs are terrific, and there are some good ones out there. We are not slamming all of them. What we are saying is, though, until you come up with a situation where it might be chronic health care or maybe a life and death situation, or maybe it is a bone marrow transplant which they still consider experimental, but if you fight it long enough, you are going to get it, it is just that they want you to fight for it, and that is wrong. All of us have seen families going through so much. They should not have to worry, can I do this, can I raise the money to have it done. America is better than that. We know America is better than that.

Mrs. CAPPS. I want to thank my colleague from New York for sharing her personal story of her son and remark that she fought hard, she had to make a lot of phone calls. Some folks do not have that facility. Maybe there are language barriers. Maybe there are other barriers or they give up. That is compromised health care. That is health care that goes unmet, health needs that go unmet. Her son happened to work for the HMO, the president or whatever the situation, so that she had a personal connection. How about the thousands and thousands of families that do not have that privilege and have that opportunity? We need to speak for them. We need to have this be legislation that really does address the issues so that situations can be relieved just as a matter of course, not as a matter of exception.

But I want to bring up and am happy to have the gentlewoman from the Virgin Islands join us as well, but I do not want to leave another topic that the gentlewoman from New York brought up in her time as a nurse, and, that is, the important measure in this bill, the whistleblower protection. Let me make a couple of statements about it and ask our colleague who is a family physician to respond as well from the hospital perspective.

I am concerned now as many in this House and many across the country are about the shortage of nurses. We have a crisis. We have 126,000 positions going vacant today in our hospitals and health care facilities across this land. We have many things we need to do to address this. But one of the issues that is of real concern to those who work at the front line and in the health care settings is the demoralization that occurs when a person with professional standards has been trained and goes to work in a setting and sees and observes something which is not to that standard and has no recourse. It is the most awful experience to go through and

think, this is wrong, and sometimes you are there and you have to participate, and, for fear of your job, you cannot go to someone in higher authority or to an outside agency and a place without fear of retaliation. So this whistleblower protection which has been included in the Ganske-Dingell patient protection bill is vital. I know from my own personal experience in public health out in the community to have this accountability so that the confidence that you have when you go through training, which is hard enough, and then go out to work, which is also challenging. This kind of work that we are talking about that nurses and doctors and health care professionals provide is not the easiest in the world. It has its tremendous rewards. But when you feel that barricade, that you see something and you cannot report it because your livelihood will be on the line, well, that demands correction. That piece in this bill I believe we need to stand up for. Maybe either of my colleagues would like to comment.

Mrs. CHRISTENSEN. Let me just say that the nurses from the Virgin Islands are up this week as well and this is something they are very concerned about. I wholeheartedly agree with everything the gentlewoman said about needing to keep that in the patients' bill of rights, the fact that it is included only in the Ganske-Norwood-Dingell bill. But I wanted to say something about something else that our colleague said. She said that when her son was in rehab, if I heard her correctly, the rehab facility decided that even if they were not going to get reimbursed they would provide the service and soak up the cost.

□ 2100

We find that happening more and more where either the provider or the facility is saying, well, we know this is necessary.

So we are going to take the chance. We are going to provide it to the patient even if we do not get reimbursed. Well, hospitals cannot afford not to be reimbursed and still be able to provide quality service to the patients that come to them, and providers on the other hand, they are also taking the risk and saying well, I know my patient needs this, I am going to go ahead and do it, make the referral or order the diagnostic test but when they come up for review later on they run some risks as well.

We find that more and more providers, whether it is a hospital or a physician or another health provider, they are making those decisions to provide the care and take the risks but it also puts the patient under some stress that again they do not need to know, well, am I going to have this paid for. I am really glad we are here tonight supporting the Ganske-Dingell-Norwood bill because this bill provides for access to specialists. The decision is going to be what is medically necessary, access to emergency room services, just using your prudent layperson's judgment so that people can get care and get it early and that our facilities and our providers can be reimbursed for the services they provide.

Mrs. CAPPS. It is really common sense legislation. Those of us who have been doing health care work, I have spent 2 decades in my school community in the public schools of my community on the front lines every day with families that were seeking medical care and doing battle with their HMOs. This is not to do away with them. We are not trying to give insurance a bad name. We need it.

There are good plans, but when excesses occur and when people step over the line, companies do and providers do, then they have to be held accountable because the bottom line is a matter of basic common sense and what is right for families, for individuals, for this country really in terms of access to health care and good quality health care. I appreciate the comments of the gentlewoman on that.

I want to also make sure that we include in this discussion another very important piece of the Patients' Bill of Rights which includes the opportunity to have clinical trials be continued and be able to continue your insurance.

I have some personal experience myself, so many families do, with members of family who are confronted with the most awful diagnosis, one of the most awful of all, which is the word cancer, and to know that many of the treatments that work for cancer are so recent in their discovery that they have not yet been fully implemented or approved under the Food and Drug Administration and, therefore, they are still under the clinical trial phase but if your doctor tells you that without treatment and without this particular kind of treatment, as our colleagues stated earlier in this hour, that there is no chance really for life to even continue, you might have a few months at best but you could try this clinical trial, you could embark on that course, I know personally, with my own family, that you do not hesitate for a minute; give me that chance; give me that straw to hang onto, particularly if it is one that has gone through several phases but it is still not approved yet and yet it has offered hope to others and treatment and good results to others; oh, you cling to that with your life. You do anything to get that treatment for your loved one, and in yet that very dark hour in your life, so many of insurance companies give you this ultimatum: You go down that path and you seek that medical treatment and we are cutting your insurance; you are losing all of your insurance.

That is like a death sentence. That is an amazing position to be put into as a person, or with your loved one sitting there beside you having to make those terrible choices. We should not be forcing our patients to make this kind of choice. So that is why this Ganske-Dingell bill will require that insurance companies continue their basic coverage of patients when they elect to participate in clinical trials.

Now that makes sense. That is a good thing to do. That is what we should be doing for those with the awful diagnoses that many are facing. We want to make sure that new and different treatments are available to all patients without having them lose their ability to have coverage for regular treatments. This is a good measure within this Ganske-Dingell bill. So I offer it as one of the reasons I am supporting it and perhaps either the gentlewomen with me tonight would like to comment on that or any of the other topics that we have left out.

Mrs. MCCARTHY of New York. One of the things I would like to comment on, and I support the words that the gentlewoman has just said, again we as health care providers know a lot of times that when our patients are certainly looking for something to hang onto, and God knows we have seen our patients fight for every breath that they take and they want to try something to continue to be with their loved ones, but it is the loved ones that unfortunately are faced with this fighting most of the time; a lot of the patients do not. We have become their advocates. We are still taking our oath very seriously; the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) as a doctor, myself and the gentlewoman from California (Mrs. CAPPS) as nurses. We are there to protect our patients, as I said earlier, and we will continue to do that.

I think again what I am seeing, which really starts to scare me because are we coming into a society for those that have really good insurance and those that have minimum insurance, those that have really good insurance will get the health care that they need; those that do not they are not going to get the health care. I spent, like I said, 32 years in nursing. We did not know who was wealthy. We did not know who was poor. Everybody got the same kind of treatment in the hospital.

Going back to earlier what we were saying about where the hospitals would pick up because they felt the treatment was needed, that is their obligation because, again the good hospitals, the good health care providers know their job is to take care of the patient.

Mrs. CHRISTENSEN. Absolutely.

Mrs. MCCARTHY of New York. The majority of hospitals in this Nation do not make money. They are always in the red because every penny they get goes back into the infrastructure of the hospital.

Now, I think the three of us, once we get this Patients' Bill of Rights through, we could come back and talk about all the other ills that we are seeing in the health care system, things that all of us are working on for future bills, because we have to start addressing them and we have to face them. We cannot hide our heads in the sand anymore.

Five years ago, when the gentlewoman came in, we started talking about the whole collapse of our health care system; 5 years ago. Here we are now finally having a bill out there that can make a difference, but we have a long way to go. We have to bring the health care system back to the way it was. Certainly our hospitals have learned to cut down on costs. Certainly we have to make sure there is not fraud and abuse. We will do that, but we still can deliver good health care system to our patients. The Patients' Bill of Rights will do that.

This is the only true bill because it has the protections in there for our health care workers, our nurses, our doctors. It is certainly going to make our HMOs stand up and take their responsibility and if they do their job right they will be fine. It is a shame, it is a shame that we have had to come this far to do legislation in this great House that we work in but sometimes that is why we are here, to make them, whether it is the HMOs, whether it is the auto manufacturers, or different corporations, to do the right thing.

The Patients' Bill of Rights does the right thing for the American people.

Mrs. CHRISTENSEN. As I said earlier, too, this is something that the people of America have clearly said they want. All of the provisions that are included in the Ganske-Dingell-Norwood bill are direct responses to what the people of this country have said they want to see in their health care system. I agree that this is an important beginning, but it is a beginning because we do have to go out and provide insurance coverage because there are 43 or so million people that will not even be touched by what we do here.

This is an important part of making sure that health care and quality health care is accessible to the people who are covered within this system and accessible when they need it. We do have other issues.

Mrs. CAPPS. Yes.

Mrs. CHRISTENSEN. When one talks about containing costs as the driving force or making profits on the other end, the driving factor for pursuing managed care, a lot of people are left out for whom it is very expensive to provide health care. They are largely the poor people who have not had access to health care for many years; people of color in this country who have not had access to health care; people in our rural areas. So we have to end this two-tiered system that our colleague just referred to of health care in this country and make sure that that quality health care is equally accessible to all of our citizens and residents in this Nation.

Mrs. CAPPS. I want to make sure, just as we draw this to a close, I have a pledge I want to make with my two colleagues, but I want to make sure that we leave on the record the answers to a couple of myths that are out there. One is on the part of employers that where there is this fear that if we do this Patients' Bill of Rights that the employer who provides the insurance will be liable, that the lawsuit will include them. We have been assured that they are in the business of providing insurance plans for their employees, who are also occasionally patients. Then if their employees choose that plan and they give them often that range of plans to choose from that, then they are not themselves liable when the insurance company itself makes decisions which are not in the patient's best interest.

The insurance company is the one who must be held accountable, not the employer in that case.

The other myth that is out there is, and I have heard it on the floor, I have heard it among some of our colleagues who say it is just going to drive up the cost of health care insurance, and there are so many particularly small businesses who are struggling now to provide it, they want to provide it but that is another topic that we are going to address another time about making health care available in a variety of ways, not just putting it on the backs of mostly small business providers.

The cost of the premiums in Texas, in the plan that this Patients' Bill of Rights, this Dingell-Ganske plan is based on, that the premiums went up, I think they characterized it as a Big Mac a month, or actually just a very small amount of an increase in a premium that most constituents, most employees, would be happy to make if they knew that they had the benefits that we have been outlining as part of this Ganske-Dingell Patient Protection Act.

So we want to make sure that it is clear that we do in this country hold people accountable when they make mistakes. Doctors, health care providers, all of us had insurance policies because we knew that we could make a mistake and we wanted our patients to have recourse, and health care providers are very knowledgeable about the need to have that.

On the other hand, HMOs, and insurance companies like HMOs, are the only sector of our economy now that is not able to be touched by accountability. That is clearly out of focus for our country's pattern of holding accountability. This bill will correct that. It only holds those insurance companies liable when they practice medicine. If one practices medicine, they are held liable. If an insurance company chooses to practice medicine, they will be held liable as well. That is what this is all about.

Within the Patients' Bill of Rights, access to emergency care, access to obgyn without having to go through a gateway, these are not debatable. These are understood as needed reforms within managed care today, and we need to embrace all of it as a package, which is really about common sense.

Mrs. McCARTHY of New York. I would just like to follow up. When the gentlewoman was talking about our small businesses, I was on that committee for 4 years and we certainly all know how we have all fought to protect our small businesses. That is the engine that is driving this country, by the way. Our small businesses are doing well. The gentleman from Georgia (Mr. NORWOOD), certainly the gentleman from Michigan (Mr. DINGELL), at that time even when I had concerns about is this going to hurt our small businesses, and that is why the language is in our bill. If they want to clarify it a little bit more, we can probably work that out. We are not out to hurt our small businesses because that is not going to help any of us.

As the gentlewoman said, we have to make sure that our small businesses can open up and offer health care insurance to all their employees so let us take that myth out of there. The gentlewoman is absolutely right on that. The protection that is in the Patients' Bill of Rights, especially with the gentleman from Georgia (Mr. NORWOOD), if anybody knows the gentleman from Georgia (Mr. NORWOOD), believe me he is going to protect small businesses. So that is a myth.

Unfortunately, there is too much politics dealing with this health care issue and we should take the politics out of this issue and certainly do the right thing for the American people. That is what has to be done.

Mrs. CAPPS. I so appreciate my colleagues being here. I think we are almost out of time, but I will yield further to the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN) for some comments.

Mrs. CHRISTENSEN. I am glad that the gentlewoman made the clarification about the employers not being liable, the fact that the premiums and lawsuits do not rise, because we have that experience. It is also important to point out that this is a real bipartisan bill. There has been a lot of work and a lot of compromise to bring this bill forward that addresses issues and has addressed some of the concerns of people on both sides of the aisle. This is a bipartisan effort to address something that has been of great concern to the American people.

Mrs. CAPPS. Mr. Speaker, we will now close and remind our colleagues that we did pass this very bill before in this House. So let us just do the right thing and pass it again. This is my pledge that I want to make to my dear colleagues who have joined us here this evening, the gentlewoman from New York (Mrs. McCARTHY), and the gentlewoman from the Virgin Islands (Mrs. CHRISTENSEN), let us pass the Patients' Bill of Rights and then let us gather on the floor to discuss some other needs in health care, such as the nurse and professional shortage, such as those without any access to health care because we still have a long way to go. We are willing and we are prepared, we are going to be here until we can address each of these issues. So I will join my

colleagues again on the floor at a further time.

□ 2115

ENERGY CRISIS

The SPEAKER pro tempore (Mr. KENNEDY of Minnesota). Under the Speaker's announced policy of January 3, 2001, the gentleman from Colorado (Mr. TANCREDO) is recognized for 60 minutes.

Mr. TANCREDO. Mr. Speaker, tonight, I want to talk about a couple of subjects.

First of all, I cannot help but reflect upon some of the prior speakers and what they have talked about, especially in terms of our energy crisis. I will only spend a couple of minutes on that, because I addressed it a couple of times in the past also.

It is undeniably true we have an energy crisis in the United States. It is undeniably true that gas prices are rising, that blackouts, rolling brownouts, all kinds of things are occurring throughout the United States, but especially in California and on the West Coast.

We spend a great deal of time in this body debating as to exactly why that has occurred, and, in fact, there are a number of reasons, of course. They deal mostly with supply problems. We just do not have enough energy. We do not produce enough.

AMERICA'S POPULATION GROWING AT A RAPID RATE DUE TO IMMIGRATION, LEGAL OR ILLEGAL

Mr. TANCREDO. There is a basic problem and there is something below even all of that, which we must identify and talk about from time to time, and that is the fact that America's population is growing at a rapid rate.

That population growth is a result, not just of the birth rate of the people who have lived in the United States for some period of time, it is the result that over 50 percent of that population growth in the last decade is a result of immigration into the United States, both legal and illegal.

California is a prime example of the problem. It has an enormous population. It has enormous growth in the population primarily as a result of immigration. The United States Congress has a responsibility. It is to establish immigration standards, immigration quotas.

We are the only body that can do that. No State can do it. California cannot determine how many people it will let in. It has to deal with however many people come in, and in dealing with it, it has to build more power plants, whether they like it or not.

It has to encourage conservation, and it has to, in fact, tap the natural resources available to it. We will be doing that throughout this Nation as a result of the dramatic increase in population brought about primarily by immigration both legal and illegal.

No one likes to talk about this. It is an issue that oftentimes evokes a lot of emotion on both sides of the issue. There are people who would suggest that even to bring it up is an indication of some sort of ulterior motive that is akin to and always likened to racism.

I have said here on the floor many times, I will repeat it tonight. It is not where we come from, it is the number of people who come. In fact, we must deal with it.

We may not like having to deal with it, but we may not like the debate that will ensue as a result of any change in our immigration policy, but it must be done. It is for the good of the country, and it has absolutely nothing to do, as far as I am concerned, anyway, with racial-related issues. It is a matter of quality of life. It is a matter of energy resources that we have been talking about here.

As I sat here and prepared my remarks, I listened to others speak. The gentleman from Colorado (Mr. MCINNIS) talked for an hour about the energy crisis. Although, he is absolutely correct in all of the things he said in terms of why we are here, I must admit to the gentleman that the one thing that he left out, which I think is extremely important, is the fact that the reason we have this crisis and the reason it will grow throughout the United States is because of the number of people we have in the country and the number of people coming in.

A little over, I will repeat, a little over 50 percent of the growth of this Nation in the last decade was a result of immigration, legal and illegal; 50 percent of the cars on the road; 50 percent of the houses that are popping up in neighborhoods all over the country and what was at one time a pristine landscape; 50 percent of the problem you have getting in to national parks, any of the other kinds of issues come about as a result of population pressures are, in fact, a direct result of this immigration issue.

Mr. Speaker, I cannot come before the House tonight without bringing that particular issue to the attention of the Speaker and to those who may be listening.

LIMIT GOVERNMENT FUNDING RELATING TO ART

Mr. TANCREDO. Mr. Speaker, but that was not the original intent, that was not the original purpose I asked for this time period to address the House.

A short time ago, Mr. Speaker, in Colorado, there was a rock star, ''an artist'' of some sort, and I put the term ''artist'' in quotation marks, by the name of Marilyn Manson.

I admit I do not have any of this person's, I was going to say gentleman, but I am really not positive what he or she or it is, I am just saying, I do not have their particular records in my cabinet. I had read something about this person's particular ''artistic'' accomplishments.

I had a call one day, this was about 2 weeks ago or 3 weeks ago, I guess, from a gentleman in Colorado who was concerned about the fact that this person Mr. Manson, Mrs. Manson, Ms. Manson, whatever, was coming in, and he was concerned. Because in the past, this particular rock idol had offered to come in and do some sort of concert for the people who were responsible for the deaths of the children at Columbine High School.

Hear me, Marilyn Manson would come in to do a concert for the people who killed them. There was concern about this kind of individual coming in to Colorado again and spewing his filth. So this person called our office here. The gentleman that called, I believe, was Jason Janz.

Mr. Janz said, look, we are trying to organize some sort of boycott. We think that people should just avoid going to hear this particular performer. He said, can we use your name in our, ad or whatever they were going to do, and I cannot remember now whether it was as a person who would support our efforts or not.

I said to Mr. Janz, well, yes, you can. I can certainly understand why you would be concerned. I do not think people should go myself; whether they do or not is, of course, their own decision to make.

Anyway, Mr. Janz used my name in some sort of advertising or publication, I do not know what it was, saying that these people have also suggested that people should not go to this particular concert.

We had a storm of reaction to that. There was a lot of protests, a lot of people called our office here and in Colorado, in Littleton and said, how dare you? How dare you, a Member of Congress, try to sensor this particular performer?

I was, in a way, shocked, because, of course, censorship is a term that can be defined. It is defined in the dictionary. It is pretty clear what censorship is. It means someone preventing someone from expressing themselves.

Mr. Speaker, I tried to explain to the people who called my office that, in fact, I really was not trying to sensor this particular ''artist''; that I really could not care less what he or she or it did. It was just that when I was asked whether people should participate in this kind of garbage, I would say, no, they should not. That is my opinion.

Their point of view was that I should be censored; that I should not be allowed to say such a thing; that I should not be allowed to criticize this particular performer or anybody else, I suppose, that they felt was a particularly important personage in the entertainment world.

This whole thing was a fascinating sort of phenomenon, because eventually Manson came to Colorado. It was just last week or so, did his or her thing. I am sure there was a large crowd and everything was, you know, just pretty fine.

I do not know if people enjoyed it or not. I do not know, and I truly do not