

Tanner	Turner	Watt (NC)
Tauscher	Udall (CO)	Watts (OK)
Tauzin	Udall (NM)	Waxman
Taylor (MS)	Upton	Weiner
Taylor (NC)	Velazquez	Weldon (FL)
Terry	Visclosky	Weldon (PA)
Thomas	Vitter	Weller
Thompson (MS)	Walden	Wexler
Thune	Walsh	Wicker
Tiahrt	Wamp	Wilson (NM)
Tiberi	Waters	Wilson (SC)
Tierney	Watkins (OK)	Wolf
Towns	Watson (CA)	Woolsey

NAYS—16

Barr	Goode	Paul
Bonilla	Hostettler	Thornberry
Collins	Kerns	Toomey
Culberson	Miller, Jeff	Young (AK)
Duncan	Myrick	
Flake	Norwood	

NOT VOTING—31

Bachus	Hulshof	Roukema
Baldwin	Hunter	Schaffer
Barcia	John	Stump
Bonior	Jones (NC)	Thompson (CA)
Callahan	Kennedy (RI)	Thurman
Capuano	Larson (CT)	Whitfield
Clay	Maloney (NY)	Wu
English	McCrery	Wynn
Fletcher	McDermott	Young (FL)
Fossella	Mink	
Hastings (WA)	Murtha	

□ 1147

Mr. DUNCAN changed his vote from "yea" to "nay."

So the motion to instruct was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

Stated for:

Ms. BALDWIN. Mr. Speaker, I was absent during rollcall vote No. 418. However, if I would have been present on the Johnson of Texas Motion to Instruct Election Reform Conference, I would have voted, "yea."

PERSONAL EXPLANATION

Mr. JONES of North Carolina. Mr. Speaker, on rollcall Nos. 416, 417, and 418, I was unavoidably detained. Had I been present, I would have voted "aye" on Nos. 416 and 417, and "nay" on No. 418.

HELP EFFICIENT, ACCESSIBLE, LOW COST, TIMELY HEALTH CARE ACT OF 2002

Mr. REYNOLDS. Madam Speaker, by direction of the Committee on Rules, I call up House Resolution 553 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 553

*Resolved*, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the bill (H.R. 4600) to improve patient access to health care services and provide improved medical care by reducing the excessive burden the liability system places on the health care delivery system. The bill shall be considered as read for amendment. In lieu of the amendments recommended by the Committees on the Judiciary and on Energy and Commerce now printed in the bill, the amendment in the nature of a substitute printed in the report of the Committee on Rules accompanying this resolution shall be considered as adopted. The previous question

shall be considered as ordered on the bill, as amended, to final passage without intervening motion except: (1) one hour of debate on the bill, as amended, with 40 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on the Judiciary and 20 minutes equally divided and controlled by the chairman and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit with or without instructions.

The SPEAKER pro tempore (Mrs. BIGGERT). The gentleman from New York (Mr. REYNOLDS) is recognized for 1 hour.

(Mr. REYNOLDS asked and was given permission to revise and extend his remarks.)

Mr. REYNOLDS. Madam Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Florida (Mr. HASTINGS), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

Madam Speaker, House Resolution 553 is a closed rule providing for the consideration of H.R. 4600, the Help Efficient, Accessible, Low Cost, Timely Health Care Act of 2002, more commonly known as the HEALTH Act. The rule waives all points of order against consideration of the bill and provides one motion to recommit, with or without instructions.

Madam Speaker, when it comes to health care, there is nothing more hallowed than the quality of patient care and the integrity of patient choice. However, there is an unfortunate and rising trend in our country that is not only threatening patient care and choice, but is obstructing the way in which doctors and other providers administer that care, and it is collectively costing patients, their families, doctors and taxpayers billions of dollars every year.

In recent years, medical liability insurance premiums have soared to the highest rates since the mid-1980s. These devastating increases have forced health care professionals to limit services, relocate their practices, or retire early. Meanwhile, affordability and availability of insurance is in grave jeopardy, and, in the end, patients are the ones shortchanged.

One might assume that the generous lawsuit judgment awards and settlements would bode well for injured patients seeking redress. However, studies show that most injured patients receive little or no compensation at all. Alarming, there is clear evidence indicating that skyrocketing medical liability premiums are a direct result of increases in both lawsuit awards and litigation expenses, and, according to a study compiled by the United States Department of Health and Human Services, excessive litigation is impeding efforts to improve the quality of care and raising the cost of health care that all Americans pay.

By placing modest limits on unreasonable awards for economic damages,

an estimated \$60 billion to \$108 billion, that is \$60 billion to \$108 billion, could be saved in health care costs each year. Reclaiming this money would lower premiums for doctors and patients, allowing millions of Americans the opportunity to obtain affordable health insurance. Currently, runaway litigation expenses are getting in the way.

Take into consideration my home State of New York. In most instances New York physicians are paying the highest medical liability premiums in the country and are likely to pay at least 20 percent more in premiums over the next year alone. My region of the State is especially feeling the impact.

"The number of doctors leaving Erie last year doubled from the previous year, a trend that continues to 2002," wrote Donald Copley, M.D., an officer of the Erie County Medical Society in the Business First of Buffalo newspaper. The Medical Society of New York says the trend of physicians leaving New York State or retiring early is happening all across the State.

When exorbitant litigation goes unchecked, as it has, premiums escalate, leaving doctors either unable to afford insurance or unable to provide a variety of services, thereby leaving Americans at risk of not being able to find a doctor.

Madam Speaker, this is completely unacceptable.

The legislation before us today will halt the exodus of providers from the health care industry, stabilize premiums, limit staggering attorney fees, and, above all, improve patient access to care.

The HEALTH Act is modeled after legislation adopted by a Democratic legislature and a Democratic Governor in the State of California over 27 years ago. Since that time, insurance premiums in the rest of the country have increased over 500 percent, while California's has only risen 167 percent.

California's insurance market has stabilized, increasing patient access to care and saving more than \$1 billion per year in liability premiums. Equally important, California doctors are not leaving the State.

In scaling this model into a national standard, the sponsors of the HEALTH Act included a critical component, state flexibility. The HEALTH Act respects States rights by allowing States that already have damages caps, whether larger or smaller than those provided in the HEALTH Act, to retain such caps.

Madam Speaker, right now this crisis is affecting every State in its own way, but the Nation as a whole is suffering.

President Bush has said that the lawsuit industry is devastating the practice of medicine. Let us not pass up our opportunity to step up to the plate. Doctors should not be afraid to practice medicine and patients should not be afraid of losing their doctor.

I urge my colleagues to support this rule and the underlying legislation.

Madam Speaker, I reserve the balance of my time.