

Montgomery, Birmingham and Selma continue to be experienced by minority populations all over the United States. The struggle for political recognition and participation continues not only in the African-American populations, but now in the fast-growing Hispanic American and Asian Pacific Islander American groups. It is only in the past few decades that we have seen the mobilization of Hispanic and Asian Pacific Islander communities, and who knows what racial-oriented movements will awaken at the dawn of the next millennium. My point is that these movements are crucial to our nation's maturity and diversity, they are integral to our constant drive to faithfully implement the democratic principles on which our Constitution is based.

I took my youngest son, Raphael, to Alabama, because I felt that it was crucial for young generations to learn the history of the civil rights struggle. The American people did not achieve the Voting Rights Act or establish the Civil Rights Division in the Department of Justice because these were the "right" things to do to help achieve equality in the United States. Our young adults must understand that it was through the toil, and sometimes blood, of courageous brothers, sisters, mothers, fathers, students and teachers who accomplished these feats.

The people of Guam are going through our own civil rights struggle. We are American citizens, yet we are unable to vote for President. The opportunity to determine vote for our island's future political status has been stymied by numerous political and administrative obstacles.

The Pilgrimage to Alabama would not have been made possible without the leadership of Congressman JOHN LEWIS and Congressman FRED UPTON, without the efforts of Congressman EARL HILLIARD, and without the sponsorship of the Faith and Politics Institute. I take this opportunity to thank them for their diligent efforts in "keeping hope alive."

I encourage my colleagues to continue to learn from the lessons taught in Alabama.

Mr. UPTON. I just want to again thank the Faith in Politics Institute and the wonderful leadership of Doug Tanner and a terrific staff who really planned hours and many weeks to get this thing done the right way, and it was done the right way, and I know that Members will be anxious to go next year and to expand our circles and to do whatever we can to help end the scourge of racism and bigotry across this land.

#### SUPPORT THE PATIENTS' BILL OF RIGHTS

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

Mr. PALLONE. Madam Speaker, last Friday House Democrats across the country called on the Republican leadership to bring the Patients' Bill of Rights to the floor for a vote. Over a hundred Democrats nationwide held events in their districts to encourage their constituents to sign on to an electronic petition urging the Speaker

of the House, DENNIS HASTERT, and Senate Majority Leader TRENT LOTT to take immediate action on the Patients' Bill of Rights. In Washington I joined with a number of my Democratic colleagues from the House in a similar event before boarding a bus to Philadelphia, where we joined President Clinton at a rally in support of the Patients' Bill of Rights. In echoing the call of the House and Senate Democrats, President Clinton encouraged all Americans to log on to the Internet and sign the electronic petition to the Speaker and Senate majority leader. So far 13,600 people have signed this petition.

The reason, Madam Speaker, so many people have already signed the petition I think is clear. The managed care issue was left unfinished in the 105th Congress. On the House side the Patients' Bill of Rights was defeated by just five votes when it came to the floor, and it was considered on the floor as a substitute to the Republican leadership's managed care bill, which did pass and which in my opinion was a very bad piece of legislation. This Republican managed care reform or so-called managed care reform was a thinly-veiled attempt to protect the insurance industry from managed care reform, and not a single Democrat voted for it, and I think it was a show of solidarity on the Democrats' part that none of us voted for that what I consider very unfair bill which would not have done anything to reform managed care.

Last Friday's event illustrates that support amongst Democrats for passing the Patients' Bill of Rights is as strong as ever, and let me assure my colleagues that it needs to be. The Republican leadership in the House has reintroduced a bill that is virtually identical to what it moved last year, and on the Senate side the so-called HELP committee recently approved a sham managed care bill that does not allow patients to sue insurance companies, but does allow insurance companies, not doctors and patients, to define medical necessity.

Attempts to improve this bill were rebuffed by Republicans, who rejected 20 to 22 amendments offered by Democrats. Amendments rejected by Republicans included proposals to expand the access to emergency room care, expand access to specialists, establish minimum hospital stays for women undergoing mastectomies for breast cancer, and to provide access to clinical trials where appropriate for patients with life-threatening conditions.

I wanted to talk a little bit tonight about an editorial that followed up on the Democrats and what the Democrats and the President were emphasizing last Friday. The New York Times made observations in an editorial on Saturday that were very similar to what I said tonight and basically noted just how hollow the Republican approach to managed care reform is, and I would quote from the New York Times editorial on Saturday:

"Just about everyone on Capitol Hill professes interest in producing legislation that protects patients from unfair health practices, reads the editorial," and it goes on, "yet it is the Democratic proposal that more fully reflects the recommendations of a presidential advisory commission to improve health plan quality. The Senate Republican bill is too limited to accomplish this purpose."

Listing the myriad of problems with the Senate Republican bill, the New York Times editorial goes on to note, and I quote, that most of its provisions would apply only to 48 million individuals covered by plans in which large employers act as their insurers, leaving 110 million people in other plans unprotected. And the New York Times notes that the Republicans in the Senate have drawn a completely arbitrary line between people who get their insurance from their employer and people who do not, and for reasons that I cannot explain, Republicans think only people who get their insurance from their employer should be entitled to patient protections.

The protections that are afforded to individuals who qualify, moreover, under the Senate Republican bill constitute no protection at all, and again I refer to the New York Times editorial on Saturday which notes that, quote, "Appeals to an external reviewer will be allowed only when an insurer refused to pay for a procedure on the grounds that it was not medically necessary or is experimental. Because the Republican bill would allow insurance plans to define what treatment is medically necessary, this provision is absolutely meaningless for patients. In fact, it is worse than the current law, because if you set up an external appeals process that uses the plan's definition of medical necessity, that would even make it more difficult to hold health plans accountable for their actions. It basically adds another layer of bureaucracy that patients have to confront before they go to court."

Other shortcomings, and I am not going to go through all them, Madam Speaker, but other shortcomings noted by the New York Times editorial include the Republicans' failure to guarantee access to specialists and the failure to allow patients to sue health plans.

For all of these reasons, this New York Times editorial concludes that the Democrats' Patients' Bill of Rights, quote, "would be substantially stronger in allowing external review of coverage of disputes, in defining medical necessity, and in giving enrollees greater rights to take health plans to court." And the fact of the matter is, Madam Speaker, the Patients' Bill of Rights would be substantially stronger in every other aspect of managed care reform as well.

The point I am trying to make, and I think the point that we, as Democrats, were trying to make on Friday with our press conference and our rally with

the President and our petition on the Internet is that there is a pronounced difference between what the Democrats are proposing with the Patients' Bill of Rights and the sham managed care reform that has been brought up by the Republican leadership.

Now given all that, I want to say that the biggest problem we have is of course getting the Patients' Bill of Rights passed, and the obstacles are substantial. The insurance industry is working hand-in-hand with the Republican leadership to duplicate last year's successful effort to kill managed care reform. Industry opponents of the Patients' Bill of Rights recently launched two separate million-dollar advertising campaigns to undercut support for managed care reform, and the House Republican leadership looks like they are just attempting another dog and pony show to somehow indicate that they care about this issue.

The latest information, and this is the thing that most upsets me, the rumors flying around Capitol Hill, are that instead of a comprehensive managed care reform, the Republicans may bring up different patient protections in pieces, bits and pieces over the next 2 years. In other words, instead of bringing the Patients' Bill of Rights to the floor, they would bring a bill that would only deal with emergency room care or external appeals or whatever.

This approach really should concern everyone that supports managed care reform because it is a means by which the Republicans hope to avoid a debate on the significant aspects of managed care reform, like the right to sue, like medical necessity. In other words, they are trying to claim that they are doing something about managed care reform, and they are really not. If this piecemeal approach is adopted, we should be very concerned because I think that the issue of managed care reform is going to be ignored. The issues that the public really cares about will be left off the table essentially.

Madam Speaker, I think it is important that we keep raising this issue, that we cannot deal with managed care reform in a piecemeal way. We have to deal with it in a comprehensive way. That is what the Democrats are doing, that is what we will continue to do as we move forward over the next few weeks and keep pushing to have this bill be brought to the floor.

And I have some of my colleagues that are here joining with me tonight. Some of them were at the rally that we had in Washington and came on the bus. Others had events in their districts on Friday to indicate support and to get people to sign on to the Internet and on to the petition that we have.

I first would yield to the gentlewoman from North Carolina, who has been very active as a cochair of our Democratic Health Care Task Force on this issue.

Mrs. CLAYTON. I thank the gentleman from New Jersey for having

this special session where we can discuss and share with the Nation, but also share with our colleagues the significance of our bill.

I just wanted to share with you and those who are listening that I have heard from many of my constituents who have expressed their support for the Patients' Bill of Rights legislation. One told me of a disturbing story. My constituent was suffering with chest pain and needed to go to an emergency room immediately. By having done so without prior approval from his insurance provider, he was forced to pay his bill himself.

Another constituent shared a story about a child who was born with an otherwise preventable disease. The HMO doctor received financial incentive to delay the treatment, resulting in serious repercussion to the infant and his family. Still another told a story of his wife who had mastectomy and then was told she had to leave the hospital the very day, even though the anesthesia had not worn off.

These are really not made-up stories, they are stories that happen over and over again. They are real-life experiences happening to the least among us, happen to ordinary people, the people you would not think of.

We need management care reform now. We need a Patients' Bill of Rights now. Currently managed care is eroding the protection that we are supposed to be guaranteed. What can we in Congress do to restore what we set out to do in the first place? Well, our goal should be to provide health care for all people across this country.

Make no mistake about what we talk about here is not really health care reform, but it is significant, it is significant. This is a national challenge that will grow out of control if we do not begin to at least do what we can do by having managed care.

We need managed care because to make it more accountable and affordable and accessible for all people. We also need health care for those people uninsured, and I want to make sure as we talk about the Patients' Bill of Rights, we should not misunderstand that the number of people who are uninsured has grown since 1994, not less. So the Patients' Bill of Rights is really trying to make sure those of us who are fortunate enough to have insurance, to hold accountable the insurance company.

So, the first step towards this goal must be, indeed the first step at least, the first step should be to pass the Patients' Bill of Rights. That is a congressional challenge. We have an opportunity here.

So H.R. 350 ensures that treatment decisions are made by a patient's doctor, not an insurance company. The insurance company should not tell you that you are able to leave the hospital after an operation. Your doctor should tell you that. With this Patients' Bill of Rights, the insurance company will no longer be able to control the length

of stay in the hospital. This bill holds managed care plans accountable when their decision to withhold or limit care injures patients.

□ 2145

This bill allows patients to seek an outside specialist at no additional cost, whenever the specialists, in their plan, cannot meet their medical needs. This bill extends important protection for women in managed care.

Women will be able to stay in the hospital for more than one day when they have a mastectomy or need to have other procedures that require that. This bill gives women direct access to OB/GYN services without limitation.

Furthermore, patients have the right under this bill to appeal denials on limitations of care to an external independent entity whenever their life or health is jeopardized.

To achieve the type of health care that is suitable to all, we must provide health care efficiently and effectively while continuously minimizing costs.

The Patients' Bill of Rights is a very reasonable proposal for managed care reform. This bill ensures that patients have rights. Patients deserve to have rights.

Other bills being pushed do not address most of the issues contained in H.R. 358, especially not the Patient's Protection Act which was passed in the 105th Congress.

If we are going to support a managed care reform, it should really, truly be reform and we should do it right. Let us not repeat what happened last Congress.

Think about the people, all the people, not just a few.

Health care professionals support the Patients' Bill of Rights. Many consumers and individual groups support the Patients' Bill of Rights. I support the Patients' Bill of Rights and I urge all of my colleagues on both sides to join me in ensuring that patients receive what they deserve. Their constituents throughout America certainly are telling them that.

Let us meet the national challenge. Our challenge is indeed to provide health care for all of our citizens across the country, for those who have insurance coverage, although inadequate and unaffordable and especially those who have no insurance at all. We must give people the rights they deserve. We must give people the rights they deserve and should have. Let us meet our congressional challenge by taking the first step, by passing the Patients' Bill of Rights.

On February 9, when those who were in Washington going to Philadelphia, we began our crusade across the Nation but we began it in North Carolina.

In the First Congressional District, we used a four county telecommunication. I communicated with four people on the Internet. Not the Internet, but information highway, to tell them about the Internet.

I had doctors there, nurses there. I had patients there. On one site I had 45 people. On the other site I had 32 people. On another site, I had 19 people and another site I had only seven people. Not only that, we also talked to doctors' offices at the same time.

We had doctors' offices signing their patients up. We had hospitals signing their patients up. We went to the police department and talked to the chief of police. He had his 78 people sign up. We went to the social services department and asked, are you insured? Do you have health insurance? Do you care about this? Of course they cared about it.

Teachers cared about that. We went to our churches the day following that and said if they did not have a computer there is a computer in the church. Tell your people to sign up. We told them use this technology. Go to your libraries.

It was a tremendous success. My understanding, to date there are more than 13,000, but I want to say I know that in North Carolina we knew at the end of Friday we had over 750 people, so now we ought to have over 1,000.

North Carolina is not the only one in it. It is an easy process. When people understand this, indeed they want to sign on, but we need to do more.

See, this bill represents managed care reform, but we also need health care reform. At least we ought to do this and do it right.

Madam Speaker, I encourage all my colleagues to join me in supporting and ensuring that patients, patients, have a real bill of rights. Apparently that is what the people want and indeed that is what the people deserve.

Mr. PALLONE. Madam Speaker, I wanted to thank the gentlewoman from North Carolina (Mrs. CLAYTON) for her comments.

Let me say, the gentlewoman has said it so well that this is really a common-sense approach. There is nothing miraculous here. If people understand what we are talking about with these patient protections, they want to sign the petition, they agree with us. I think that is what the gentlewoman and so many of our colleagues saw last week when they participated in this petition drive.

The gentlewoman said it so well. There are actually HMOs, good HMOs I should say, who actually support these patient protections. Some of them implemented some of the patient protections. Then there are other bad ones that have not. So we do not want to assume that this is not something that even some of the HMOs support, to be honest. Physicians support it.

One of the interesting things, because I know that the gentlewoman has been involved with the Indian Physicians Association, IPA; they were here a couple of weeks ago, just before our holiday break, and spoke to a lot of us, and it was interesting because some of the physicians and some of the people that were at that Indian physicians

day also owned HMOs and they were very supportive of the Patients' Bill of Rights.

So I think, as the gentlewoman points out, if we get the word out, people understand it and they want to support this bill. They want to sign the petition. They want Republicans to bring this bill to the floor.

The other thing I wanted to mention, and I think the gentlewoman is so right when she talks about, we are dealing here with managed care reform, but there is the larger issue of the uninsured and so many people that no longer are insured that even were insured a few years ago. Again, I kind of feel like I am preaching to the choir because the gentlewoman has been involved with our health care task force for a long time now, and we tried to address the problem of the uninsured unfortunately in a piecemeal way.

I do not like piecemeal approaches for managed care reform any more than I do for trying to cover everybody. I would rather have universal health care coverage, but ever since the President brought forth a proposal and the insurance companies fought that so hard and killed it 4 or 5 years ago, we have had to try to deal with coverage in a piecemeal way.

We did the Kennedy-Kassebaum bill. We did the Kids Health Care Initiative. We had the Near Elderly Initiative. I know that the gentlewoman has been involved with all of these things as part of our task force. Those things have had some success, but again they show that a piecemeal approach is not adequate. There really cannot be a piecemeal approach to managed care reform or to health insurance coverage.

But again the political realities set in, so we do the best we can.

So I am glad the gentlewoman mentioned it because it is obviously true. There are more people uninsured today than there were 5 years ago.

Madam Speaker, let me point out that it is the gentlewoman from Connecticut (Ms. DELAURO) who started this whole petition drive that was so successful last Friday. She came up with the idea of having the bus trip to Philadelphia with the President's rally and having our Members around the country deal with this on the Internet so effectively. It was a tremendous success, and I want to congratulate her for doing it.

Ms. DELAURO. Madam Speaker, will the gentleman yield?

Mr. PALLONE. I yield to the gentlewoman from Connecticut.

Ms. DELAURO. Madam Speaker, I want to thank my colleague from New Jersey (Mr. PALLONE) for yielding. I am proud to join with the gentleman.

Before my colleague, the gentlewoman from North Carolina (Mrs. CLAYTON) leaves the floor, it was really very exciting. We had Members everywhere doing things, and the use of the technology not only to be on the Internet superhighway, but to use telecommunication or teleconferencing to

gather in people just speaks volumes about what it is that we can do to reach out to people in this country.

Mrs. CLAYTON. Madam Speaker, will the gentleman yield?

Mr. PALLONE. I yield to the gentlewoman from North Carolina.

Mrs. CLAYTON. Madam Speaker, I just want to say how the interaction works. My colleague, the gentlewoman from California (Mrs. CAPPS) is on our health task force and she brought up the idea of using the nurses. Well, I want to say in our conference I happened to have one conference on the university campus, so I extended it out to the school of nursing. The dean came over and brought others, and the American Cancer Association. So we were able to use it.

One place we had at a community college where the university people came over. Another place, we had another community college we had relatively very few, about nine people, but they had gone out and gotten 60 names of people who wanted to participate. So those seven people multiplied almost five times.

So I want to thank the gentlewoman for thinking of this idea. I would not have thought of using the nurses if she hadn't mentioned it.

I want to thank the gentlewoman from Connecticut (Ms. DELAURO) for being creative and forcing me to use the technology we have. This is a unique way of getting the grass-roots participation, using technology, democracy at its best, I think, for whatever cause. This certainly is a worthy cause so I thank the gentlewoman for that.

Ms. DELAURO. There were kind of two bites at the apple. One was the old fashioned highway where we get on the bus, which was great. It was a really terrific experience. The press conference here was great. Then using the Internet, and the extent to which our colleagues all over the country participated, it was just the beginning, which is really what is very exciting about it because I think that people understand that they can engage, that they really can be a part of what is happening and their voices can be heard in this body.

I think that that is one way of providing the best of the opportunities for the public to participate in the process of formulating good public policy, which is what essentially we are trying to do here.

I just would make one more point because the other thing, and both of my colleagues, the gentlewoman from North Carolina (Mrs. CLAYTON) and the gentleman from New Jersey (Mr. PALLONE) mentioned this, when one thinks about it, just only a few years ago we were really consumed with the notion of how we were going to insure at that time the 38 million or 39 million people in this country who were uninsured, and today, quite frankly, we are just trying to deal with a holding action for people who do have insurance and making sure that they have

the access that they need and are provided with the health care that they are paying for.

We have kind of been sidetracked from looking at folks who do not have any insurance yet, and what we need to be doing is to try to deal with both parts of this equation, because it is so serious.

The whole point of all of this is just to say to patients and to people who have health insurance today that the decisions that are going to be made regarding your health care are decisions that are going to be made by physicians, by doctors, by health providers, in conjunction with you, the patient, and you are going to have a voice in this effort as well. It is not going to be an area in which the bureaucrats are going to have the final say.

My colleagues have gone through all of the parts of this effort and what is involved. This is very simple. It is very basic. It is a common-sense approach to health care, and that is if one needs emergency room care, they can get emergency room care. If one happens to have a specialist and is being treated for an illness and it happens that their employer changes the insurance coverage, that in fact they are guaranteed a continuity of the care that they have received and they can continue to see the physicians that were taking care of them under one particular plan and they can continue that under another plan.

We have all been the recipient of countless numbers of people who have told us the horror stories that they are going through, which is why this piece of legislation enjoys such a breadth of support.

□ 2200

It enjoys a breadth of support on both sides of the aisle, except that we have found that this body, for some strange reason, and I do not fathom it, and the President commented on it on Friday in Philadelphia, which is the fact that we have to resort to going the route of a petition nationally to get people to make their voices heard, to bring to life that which they believe out there on both sides of the aisle, because illness and health care is not a partisan issue, it affects everyone.

In fact, we have not had the opportunity in this body to be able to debate, to talk about, to in fact have the kind of attention brought to this issue that needs to be brought to it because in some way the leadership of this House has been blocking the passage of the Patients' Bill of Rights, when in fact there is tremendous and strong support for this effort nationwide.

So what we have done is that we kicked off this nationwide online petition drive, and I would just say that now, with the click of a mouse, and in the article that came out about my participation in this effort, the report is wonderful in a sense of the kind of, I should be more technologically competent, but this is a way to get engaged

in it. I was fumbling around with the mouse to get it right. My kids, our kids, all of our kids and young people can do this in a heartbeat, and that is what we have to do. We have to take advantage of the opportunities to be able to use this.

We also had people that joined with us on Friday and over the weekend, health care providers. More than 40 medical and patient advocacy organizations took up the call for strong HMO reform, but they put the petition drive on their websites.

I want to urge my colleagues here tonight, those of us who engaged in these efforts, and there were about 80 or more Members who engaged in this effort, that individually we need to sign up and to make our voices heard. We can do that in a very, very easy way. We are thankful to Families USA for allowing us to engage in the website. That is, House Members need to just do [www.FamiliesUSA.org](http://www.FamiliesUSA.org), so that we individually can make our voices heard on this issue and sign up.

I want to mention the reason we went to Philadelphia, because I think it is important. There was real symbolism in going to Philadelphia. It is basically where our Bill of Rights was founded, our Declaration of Independence, our Constitution. This is where our Founding Fathers had a vision for this Nation and the laws that this Nation would rest on.

It is unfortunate that our health care system comes up short when it is measured against the standards that were established at the birth of this great Nation. The Republican leadership in this House want to have a Declaration of Independence, but they do not want to have the Constitution as part of it.

The Constitution, we can declare our support for a Patients' Bill of Rights, but we have to establish the laws to make it a reality. That is what our job is here today. That is what we are about, is to try to establish the laws that make this a reality. Without that, we are not going to be successful. Without those laws, that is not what our Founding Fathers wanted, and it is not good enough for our families today.

What we have to do is to take into consideration the health and well-being of the people we represent. That is what this effort is all about. We are going to continue to make the case. We will continue to have our colleagues and their own communities try to use whatever outreach mechanisms they can to engage the people in this country; to say to the people, and as the President said to the folks in Philadelphia, but more to the country, we need to have your voices in this process. That is the way in which our government works. That is what our democracy is about. That is why we have tried to engage in this effort.

I think it was a good effort. We had a lot of fun doing it on Friday, but it was only the beginning and the outset of the process.

I want to thank my colleagues for joining in tonight, and my colleague,

the gentleman from New Jersey (Mr. PALLONE) for holding this special order so we could carry on the debate and the discussion. I thank him very much.

Mr. PALLONE. I want to thank the gentlewoman. Let me just say that she made a good point. She talked about the bus and the grass roots effort and the Internet, but she also made the point that it is kind of too bad that we have to do all of this.

The reason, and I am going to be very partisan about it, the reason is because the Republican leadership refuses to bring this bill up. We all remember very well that in the last session of Congress the only way we were able to get a vote on the issue at all was because of a discharge petition. We actually had to get the majority of Members of the House, or close to it, on a discharge petition, because they would not consider the bill in committee. They would not have any discussion or hearings on it. Only through the forced mechanism, if you will, of the discharge petition were we able to bring it up. It is true that there are some Republicans on the other side that support us, but their leadership will not bring it up.

I go back to what we discussed earlier, which is that the reason for that I am convinced is because of the insurance industry. It is the money and the power and the influence of the insurance industry on the Republican leadership that makes it impossible for this to come up, or that is the reason it is not coming up.

I resent the fact that over the last few weeks the industry has doubled its efforts now, with the ads on TV, with the ads in the print media, and basically we are seeing the same thing we saw last year to try to kill this bill.

The thing that is incredible about it, one of the things they were alleging in some of the ads I saw was about the cost. They keep saying that if we have these patient protections, it is going to cost too much.

One of the things that I did not mention about the New York Times editorial, which was right on point, I thought, it was in the next day after our rally, was that they say at the very end, it says, "The insurance lobby is already embarked on a media blitz to defeat any new regulations as too costly. But consumer protections under the Democratic plan would increase the health plan costs by only a tolerable 2.8 percent, according to Congressional Budget Office estimates made last year, or slightly more if lawsuits against ERISA plans are permitted in state court. Health plans should be made to deliver what they promised, their enrollees, and held accountable when they fail."

The bottom line is that every indication we have seen in every State that has passed some of these protections on a State level is that it has either no increased costs, or so minimal that it makes it not even relevant. I just resent the fact that this insurance industry advertising campaign and blitz is

trying to basically throw out falsehoods about what we are doing here today.

Ms. DELAURO. Just a final comment, because we have so many folks on the floor to speak tonight.

The fact is that with accountability, it is, again, common sense. If there is a particular entity that is going to engage in a medical decision and participate in that decision, and by some manner, by something it goes wrong, where there is an error, and to be a participant in that decision and then to say that you have no responsibility just does not make any sense.

You cannot have it both ways. You cannot be initiating medical decisions, making them on procedures, on prescription drugs, on the whole variety of areas, and then, if something goes wrong, then, my gosh, you can walk away and say, I have no culpability at all, no responsibility. That is not right, and that is, I think, one of the prime reasons why there is so much of a resistance to bringing this effort up.

But people who in good faith are the recipients of those medical decisions, by whomever they are made, need to have an opportunity to redress anything that may go wrong with those decisions.

Mr. PALLONE. I agree.

Madam Speaker, I yield to the gentlewoman from California (Mrs. CAPPS), who again is a member of our task force, and has heightened this issue so many times for us, for her colleagues in the House.

Mrs. CAPPS. I want to thank my colleague, the gentleman from New Jersey (Mr. FRANK PALLONE), and to say what a pleasure it is to be here with fellow colleagues from around the country, really; North Carolina we have heard from, and Connecticut, and we will be hearing from Texas and other places.

Mr. Speaker, last Friday I joined a nationwide effort to build support for the Patients' Bill of Rights. It was a privilege to do this, and to know that I was in concert with our efforts in my district out in the Central Coast of California, where I was in line with and online with those around the country in what we might call an old-fashioned petition drive, democracy in action.

I was at one of the excellent institutions of higher learning in my district, and took advantage of state-of-the-art computer facilities and was able to lead an online grass roots petition drive to encourage students to speak out on the importance of managed care reform.

We went to Santa Barbara City College, and the school of nursing was our host there, and invited other students to join us. We had quite a lively discussion as we logged on, because we began to talk about the fact that this is democracy in action, and this is the way that citizens of all ages, young students as well as middle-aged students and older people, could hear and discuss together the issues, but also make their wishes known to their representa-

tives, not just their individual one, but to the leadership of this House, and to those of us in Congress who are in a position to take action on behalf of these, our constituents.

The computer lab stayed open, as it is available for all students. After our discussion was concluded and we had finished, it only takes a minute to do this, then people could go on their way and spread the word, and others could come in during the day. They talked about going home and telling their families about this opportunity that they would have as well.

So my hat is off to nursing students and my nurse friends there at City College and the other institutions that have allowed this to happen, the Learning Resource Center there.

As we were talking about the need to do this action in Congress, it came up, why? What has happened? How come it is out of whack and out of control the way it is?

In California, managed care has been a way of life for a great number of years. We began to think back, and it came into being, the HMO, as a way to counteract, and I was a nurse there for a long time in the schools, and I recall that all of us as patients, nurses, whatever our role, we are familiar with the high cost of health care, and that it began to rise so exponentially in the seventies and eighties, and there really was a need to curb it. It looked like a good thing was happening.

So as I have tried to get a handle on it and explain it to my student friends the other day, I describe it as a pendulum swung out of control to too high cost, at one point, and then swinging too far the other way as the excesses, really, of managed care have now come home to hit us, and to hit so many people really personally and tragically, or in serious ways.

Our job is to bring the pendulum back to the center again. Of course, the center is patient care; the need for the consumer, the patient, and that relationship with the doctor or other health care provider that is the heart of what health care is all about. It is a picture, too.

Some of the students said, well, they wanted to institute prevention and have opportunities for learning about taking care of our bodies, and learning about how to really be effective and responsible health care consumers.

Yes, in the beginning we had a lot of this impetus, but again, as the cost-cutting has come into play so strongly it has seemed that many of these good ideas that we saw, and perhaps still do, have fallen by the wayside. Now we hear about only so many visits for physical therapy, or so many opportunities. It is not with the patient's need or well-being in mind, even within the setting of managed costs, but this is really too far into that corner.

I have been hearing from constituents as long as I have been in office, and before that as a nurse in the school district I heard from families, about

their real issues and about where these decisions need to be made. These voices of my constituents and others here need to be heard in Congress. We need to take action on behalf of patients and the recipients of health care.

I heard stories on Friday at Santa Barbara City College of even young people already having medical necessity determined by the insurance provider, and seeking redress and not being able to find it. They are frustrated. They want to express their concerns.

Medical decisions need to be made by patients and their doctors. Patients need to have all the information they need to make these critical decisions. There are some plain truths in health care.

Mr. Speaker, this historic measure will guarantee patients basic rights by allowing people to choose their doctor, to end oppressive gag rules so patients have access to all critical treatment options, and to establish medical necessity, to have medical standards for quality of care.

Most importantly, this bill will hold HMOs accountable by giving patients critical legal recourse when insurance companies deny necessary medical coverage. If patients can sue their doctors for poor care, they should be able to sue insurance bureaucrats who determine medical decisions.

Mr. Speaker, last week we saw people all across the country and in my district take part in a movement to restore common sense to health care. These people have often felt isolated from the political process. They could log onto the Internet as a means of raising their voices. So far, thousands of people across the country have logged onto the Families USA website, and this will continue as citizens across the country want to lend their support to the Patients' Bill of Rights.

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The American people have spoken and they are speaking, and now Congress needs to listen to them. I thank the gentleman from New Jersey (Mr. PALLONE) for giving me the opportunity to share my experience.

Mr. PALLONE. Mr. Speaker, I thank the gentlewoman and she talked about the preventive nature of these patient protections, and I think that is so true. And I think also one of reasons why we find that they do not increase costs is because they are prevention and ultimately they reduce costs. In fact, even the right to sue, which was mentioned, every time we have looked at this in the States that have implemented these kinds of patient protections and allowed the ability to sue, it even serves as a preventive measure because the HMOs take precautions because they do not want to be sued and they do not want to have huge damages recovered against them.

It is very important for us to keep that in mind, that all of this is preventive and ultimately that is why it does

not cost additional money and I think in the long run saves money.

Mr. Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON-LEE) who has been involved in the Kids Health Care Initiative and Kennedy-Kassebaum and now the Patients' Bill of Rights.

Ms. JACKSON-LEE of Texas. Mr. Speaker, I thank the gentleman for his leadership and the wisdom of this special order and I enjoyed hearing my colleague from North Carolina, my colleague from Connecticut, and now California; and I will soon be hearing from my colleague from Texas. We all must have had some sort of signal on this issue.

I know of the great leadership of the gentlewoman from California (Mrs. CAPPS) and her long years of service as a nurse. In fact, we were so happy to have her involvement and instruction to us on this very important issue even as a newer Member of Congress, and we appreciate it.

The reason why I think we have ESP is that I went to a school of nursing in my district, having been raised by a nurse. My mother was involved in hospital work for many, many years, and I knew that her prime concern was the care of the patient.

This is one of the most common-sense bills I have ever read. And I want all who are listening to know that we who are speaking have read it and believe that it is only fair to put "patient" back in health care and medical care. And that is what the Patients' Bill of Rights does.

It was so refreshing to be at the Prairie View A&M College of Nursing with Dean Brathwaite and Professor Bernard and others and to see 60 or so nursing students, including, I am told, one of the largest classes of male nursing students, talk about their concern about patient care.

So we began the process by educating and discussing these elements, how important it is for these young nurses to have the ability to be part of the decision-making process, to listen to the patient, to share the patient's information with the physician and let that be the prime decider of how their health care should be determined, rather than a bureaucrat sitting behind a desk and, I hate to say it, maybe using the Internet or the computer to say no because we are trying to use the Internet for a good reason. But I have heard from so many of my constituents to say that they just got a cold call saying they cannot have this service, they cannot have this specialty service.

One of the issues that I think is so very important in the Patients' Bill of Rights for women is the direct access to obstetricians and gynecologists. Heretofore, we have had to spend a long time arguing about the importance of the OB/GYN relationship between patient and physician. Unfortunately, this is only made clearer in the Patients' Bill of Rights by way of giving the woman an option of seeing a

family physician for general health concern and access to an OB/GYN for routine annual examinations.

One of the most devastating cancers is ovarian cancer, and in a recent article it was determined that there is a new test that could be utilized on a yearly basis for women to catch ovarian cancer early. In the present health structure that would be a distant opportunity or possibility for women now who may not have direct access to their OB/GYN.

This fits very well, this Patients' Bill of Rights, with this new medical find, this new technology, to provide an early detection of ovarian cancer. This works out perfectly because it gives women the access to their OB/GYN.

This idea of not being able to have an immediate review when it has been denied does not make sense. Patients are fishing for someone who they can ask. Their child needs this service, they need a specialist. I think the Patients' Bill of Rights is common sense. It is common sense not to discriminate against someone because of race, color, ethnicity, religion, age, mental or physical disability, sexual orientation, genetic orientation, or source of payment.

The Patients' Bill of Rights answers the concerns of so many Americans who have said they have been denied because they have a prior or previous existing disability; they have been denied because of age, and no one tells them that it is age, but they have a guess that that is the reason why they have been denied; because they live in a certain community, which may be urban or rural; they may come from a certain racial background.

We know in certain racial populations there are histories of high blood pressure. In the African-American community, histories of stroke. And, therefore, these individuals have found themselves being subject to denials for coverage because of certain traits that are obviously not within their power sometimes to change.

So I was very pleased to be able to join with the student nurses at the Prairie View A&M University College of Nursing to join on April 9, Friday, as many were in Philadelphia and Washington. I hope that the gentleman from New Jersey got the word that we were signing on on the Internet. The nursing students could not wait.

We also announced that the Texas Association of Nurses added their name to the list of supporters of the Patients' Bill of Rights along, of course, with the American Medical Association and the National Nursing Association as well. We were so enthusiastic that if the gentleman would beg our pardon, we were going to combine new technology with old fashioned ways.

Friday, this coming week, we are going to announce an effort in our churches so that churches on Sundays will be able to have handwritten petitions. They may not be able to sign up on the computers on Sundays when the

members come to church, but we will have handwritten petitions that we will be adding to the superhighway and they are looking forward to doing that in my district. So I welcome that. I do not want to deny anyone the opportunity to sign up and we are going to have that effort.

I thank the gentleman from New Jersey very much for holding this special order. Let me encourage my colleagues in a bipartisan way, in the spirit of Hershey which I participated in, let us ensure that the 61 percent of patients who complained about the decreased amount of time they spend with their doctors get relief. Let us ensure that the 59 percent who complained about the difficulty in seeing medical specialists get relief. And let us ensure that the 51 percent who complained about the decreased quality of health care for the sick get relief.

Mr. Speaker, the way to get relief is if we pass this Patients' Bill of Rights in a nonpartisan or bipartisan manner and respond to the health crisis that is going on in America.

With that, I thank the gentleman again for giving me this opportunity. Certainly, I want to join in acknowledging and thanking the gentlewoman from Connecticut (Ms. DELAURO) for this idea, and hoping that we will see the fruits of our labor very, very soon.

I rise today to add my voice in support of the Patients' Bill of Rights. The Patients' Bill of Rights sets a Federal standard to ensure that Americans will have basic consumer protection in their health care plans.

Last Friday, like many of my Colleagues, I met with the nursing students of the Prairie View A&M University College of Nursing where we discussed the negative imput of the present HMO structure on their ability to give patient care. We must reform managed care so the patients' needs are first priority and not the whines on of an HMO administrator.

Those students and staff along with myself enthusiastically signed onto the Internet to push for their bill to come to the floor. We must pass a Patients' Bill of Rights this session.

I support the Patients' Bill of Rights because I believe Americans deserve quality health care from their managed care plans. I have received many letters from constituents that express their dissatisfaction with the care that they received from HMOs.

Texans and all Americans want a Patients' Bill of Rights because we want quality care from HMOs. A Kaiser Family Foundation study found that 73 percent of voters believe that patients should be able to hold managed care plans accountable for wrongful delays or denials.

The same study also found that 61 percent of patients complained about the decreased amount of time doctors spend with patients; 59 percent complained about the difficulty in seeing medical specialists; and 51 percent decreased the quality of health care for the sick.

There are 13 essential consumer protections contained in the Patients' Bill of Rights. Some of the basic tenets include:

Oversight through Federal and State governments and other entities to monitor the quality of care given to patients. Patients

should know that there is active oversight, and not rubber-stamping of the care they receive.

Direct access to Obstetricians and Gynecologists for women. The unique health needs of women should be addressed in any health care plan. Women should have the option to see a family physician for general health concerns and access to an OB/Gyn for routine annual examinations.

Uniform licensing standards for all health plans. All plans should meet national standards of care and should be licensed to operate in the states where they do business.

Nondiscrimination in the delivery of services on the basis of race, color, gender, ethnicity, national origin, religion, age, mental or physical disability, sexual orientation, genetic information, or source of payment. No one should receive substandard care on the basis of these factors.

Ability to make informed choices about the various options and the level of care. Patients should have all of the information necessary to make decisions about their care including alternative treatments.

Unlimited access to emergency care and to specialists when necessary. Emergency care should be available at any time without prior authorization for treatment. If a specialist is needed, patients should be able to receive his/her services.

Additionally, as chair of the Congressional Children's Caucus the HMO system today sometimes hurts health care for children by denying these young patients the specialists care they need. Mental health services are also vital to children and more attention needs to be given to providing such services to children since now 2/3's of American children do not have access to mental health services or pediatric specialists.

Simply stated, the Patients' Bill of Rights provides consumers with the basic protections that are necessary to ensure that they receive quality care.

The Patients' Bill of Rights should not be controversial for any Member of Congress who is serious about protecting patients from insurance company abuses. The choice is clear. We should stand with patients, families, and doctors, not with the well-heeled special interests that put profits ahead of patients.

Mr. PALLONE. Mr. Speaker, I thank the gentlewoman from Texas and assure her that we heard these voices loud and clear on April 9 when so many people signed on to the Internet. As so many of our colleagues said, we are going to keep going and with her help we will keep going.

Mr. Speaker, I yield to the gentleman from Texas (Mr. GREEN) my colleague on the Committee on Commerce who has been so much involved with the health care initiatives that we have made over the last few years, Kids Health Care, Kennedy-Kassebaum and the others.

Mr. GREEN of Texas. Mr. Speaker, I thank my New Jersey colleague for being chair of our Health Care Task Force of the Democratic Caucus, and I think after what happened this last week and the American people have made very clear about what issues they want this Congress to work on. At the top of that list is managed care reform.

Of course, I think we have heard not only that voice but that echo now for a

number of years. And last year the Republican leadership failed to make the good-faith effort to pass meaningful HMO reform. In fact, the bill that we passed is what I called a sham bill that did nothing to protect patients.

While it had a good name, the Patient Protection Act really did more to protect the insurance companies than anyone else. And I say that because actually it rolled back the State law in the State of Texas that the State of Texas had passed in 1997. And almost every one of the so-called patient protections had loopholes big enough to drive a car through.

Fortunately, the Senate had enough sense not to force through that partisan bill that did not adequately protect patients, and this year it seems the roles are reversed. This year the Senate "HELP" Committee passed a managed care bill along party lines and rejected 20 out of 22 Democratic amendments. The only amendments they accepted were technical in nature. The 20 amendments designed to protect patients in managed care were voted down one by one.

Now, they did not all deal with allowing patients to sue their health care provider. So 20 of those amendments, Mr. Speaker, were rejected. Republicans rejected amendments that would have protected women who undergo mastectomy for breast cancer and rejected expanding access to emergency room care and access to clinical trials so that patients in the managed care system can have the cutting-edge health care available.

Hopefully, the House will act more responsibly this year and reject the Senate proposal. Our House Committee on Commerce began hearings already, we had one hearing on a promised bipartisan hearing schedule for managed care reform. Certainly, the press releases and the public statements by the House and committee leadership has been encouraging. Let us just hope that they follow through with their commitment to bipartisanship and agree to support real managed care reform like the Patients' Bill of Rights.

That means not just a flashy title or a few catch phrases, but elimination of gag clauses for all physicians and providers and patients; provide timely and binding external appeals; guarantee access to specialists and emergency room care and, again, access to clinical trials so patients can have cutting-edge technology, allow doctors to determine what is medically necessary, and also protect the privacy of medical records.

Most importantly, managed care reform holds the medical decision-maker accountable. Now, the medical decision-maker sometimes may not be that provider. What some people either do not understand or care about is that there is no accountability without liability. There is no accountability without liability. We can pass all the patient protections we want with the best appeals and full access to specialists, but if a health plan cannot be pun-

ished for ignoring these medical decisions, they will continue to ignore doctors' treatment decisions and patients will continue to suffer.

Managed care was begun in our country and I understand. Before I was elected to Congress, my job at my company was dealing with insurance companies and negotiating for health care for our employees. And having dealt with them, I know the cost that individual businesses were seeing, and so managed care was created to control those costs.

Again, they have done that. But let us bring that pendulum back and say, we want to control those costs, but we do not want to see the loss of quality for those employees that I used to have to find their insurance for or the people out there who today are trying to find that insurance.

Mr. Speaker, I again thank my colleague from New Jersey for his leadership and also this special order this evening allowing those of us, who all have different ways we talk, to talk about from all across this country how important real managed care reform is for this session of Congress.

Mr. PALLONE. Mr. Speaker, I thank both my colleagues from Texas. As they say, Texas is one of the first States to actually implement these patient protections that we are talking about. But we still need the Federal legislation, because so many people are not covered by State legislation.

Mr. Speaker, I yield to the gentlewoman from Texas (Ms. JACKSON-LEE).

Ms. JACKSON-LEE. Mr. Speaker, I agree with the gentleman from Texas (Mr. GREEN), and there was one point that I wanted to add, because I know that he has worked very hard on this issue of children's health.

I think we should really make very plain and clear that the Patients' Bill of Rights is going to enhance the care of children. One of the things negatively that comes out of being denied is the denial of a specialist for a child. Many parents have made mention of the fact that this insurance covers them, it is managed care insurance, their child needs this kind of procedure and this kind of specialist. Yet, when the parent goes to their insurance company to seek it, they are denied.

Mr. Speaker, there is nothing more hurting than a parent who cannot help to provide good health care for their children. So I think that we should not leave tonight without noting how important this is to the children of America, and particularly those children needing mental health services who for so long have been denied access.

Two-thirds of America's children do not have access to mental health services. So I would simply say that we are talking of adults, adults probably signed on the Internet. But this has an enormous reach to the children of America to make sure that they have good health care.

I just wanted to add to the gentleman's comments as well to make sure



we did not forget the children in all of this.

Mr. PALLONE. The gentlewoman is absolutely correct. One of the criticisms that we have had of the Republican bill, the leadership bill, is that although sometimes it provides for pediatric care or a pediatric specialist, it does not in any way provide for the subgroups. As we know, today often-times children need to go to a specialist other than just the pediatrician, who has almost become a general practitioner. That kind of specialty care is not provided for in the Republican bill.

Mr. Speaker, I yield to the gentleman from Texas (Mr. GREEN).

Mr. GREEN of Texas. Mr. Speaker, in the closing minutes of the special order, I would like to mention what the gentleman from New Jersey said about changing Federal law, because again the gentlewoman from Texas (Ms. JACKSON-LEE) and I are both from Texas, and Texas changed the law in 1997 for those insurance policies that are licensed under State law. I know it is being considered by dozens and dozens of States.

But in Texas I have seen the percentage, that over 60 percent of the health insurance policies in our State are issued under ERISA, under Federal law. So we can have the best laws we want to coming out of our State capitols all across the country, and I think the one in Texas is really revolutionary, so to speak, and I hope other States will follow this on those policies that are licensed by State law; but we have to pass something in Congress to affect Federal law, to affect those multi-State companies that have plans in the gentleman's district, in my district, and yet they come under Federal law.

So we need to deal with the majority of the people. That is why Congress has to take up this standard and follow the lead of States like Texas. I know New Jersey is considering it also. I would hope that we would have that.

That point needs to be made. It is not Congress meddling in States' rights, it is Congress learning from the success that we have had, at least in the State of Texas, and following through. Okay, it has worked in Texas. We have not seen breaking down the courthouse doors with all these lawsuits that have been threatened or at least threatened by the insurance companies.

All it is trying to manage the field, to make that pendulum come back a little bit so we talk about quality. We have to pass a Federal law to give our constituents, no matter who they work for, whether it is an in-State insurance policy or a multi-State, that same protection. Again, I thank the gentleman for bringing that up.

Mrs. NAPOLITANO. Mr. Speaker, last Friday, Labor Secretary Alexis Herman and my colleague XAVIER BECERRA joined me for a rally and press conference at Los Angeles County+USC Medical Center to unveil the nationwide internet petition calling for a Patients' Bill of Rights.

Based on the enthusiasm of the large crowd that morning, my guess is that this is going to be a popular petition across my State and our Nation.

And there is good reason for it to be popular. The petition, at [www.familiesusa.org](http://www.familiesusa.org) calls for a meaningful Patients' Bill of Rights—A Patients' Bill of Rights that guarantees:

access to specialists,  
choice of health coverage, by offering an alternative to HMO's of that is all an employer can provide.

access to emergency care whenever and wherever it is needed,

the right of patients to hold their HMO accountable,

protection for providers who advocate for patients,

and, access to approved clinical trials when no other treatment is available.

The importance of guaranteeing these rights cannot be overstated. Passage of a meaningful Patients' Bill of Rights will save lives.

Last Friday we heard the stories of two victims of HMO practices, Nick Enriquez and Serenity Silen. Both were children who deserved much better care than they received.

The story of Serenity's father's battle with his HMO to save his daughter's life epitomizes why we need a meaningful Patients' Bill of Rights.

Serenity was diagnosed with leukemia, but only after having been misdiagnosed four times because HMO's were not willing to pay for the cost of full medical diagnostic tests, such as a complete blood count.

After about 2 months, Serenity's father had to take her out of his HMO's network to finally get a proper diagnosis.

But it did not end there, when Serenity returned to the HMO for treatment, she received substandard care. At one point, when Serenity went into remission, she could have been given a bone-marrow transplant that would have increased her chances of survival. Instead, the HMO said a transplant procedure was "expensive" and only reserved as a last-ditch effort. But this delay jeopardized any future transplant, and fatally endangered Serenity's life.

After an exhausting struggle with the HMO, Serenity's father found a hospital outside of the HMO network that could provide proper care for her. But it was too late. Because of their focus on cost instead of care, the HMO created a time delay that resulted in irreversible damage to Serenity's health and caused her premature death.

We cannot let this type of practice continue. Health care decisions belong back in the hands of patients and doctors, not insurance company administrators who are only watching the bottom line.

Serenity's father said it best. "Children deserve to live." No child should ever have to go through what Serenity experienced.

Let us, together, do something about this.

Let us bring compassion back to health care.

Let us put patients first.

Let us pass a meaningful Patients' Bill of Rights.

Mr. PALLONE. Mr. Speaker, the gentleman is absolutely right. What we need is comprehensive Federal reform, and the Patients' Bill of Rights is the best and the most comprehensive managable care bill before the Congress.

I am just hopeful that with this electronic petition drive, that we will convince the Republican leadership and make them understand that they should not waste time, and they have to bring the Patients' Bill of Rights to the floor so we can pass it here, pass it in the Senate, and then send it on to the President, who indicated very strongly on Friday at our rally that he would sign this bill when it gets to his desk.

#### ONGOING KOSOVO CRISIS

The SPEAKER pro tempore (Mr. SIMPSON). Under the Speaker's announced policy of January 6, 1999, the gentleman from Pennsylvania (Mr. WELDON) is recognized for half of the time remaining before midnight.

Mr. WELDON of Pennsylvania. Mr. Speaker, I rise tonight in what I hope will be a nightly discussion in this body on what I think is one of the most dangerous involvements of our military in recent time; that is the ongoing situation in Kosovo.

It is my hope that Members on both sides of the aisle will rise on the House floor at the end of each day's session, as we saw to some extent in the 5-minute special orders today, to discuss the current situation, what our plans are, to interact and engage with the administration, not necessarily in a partisan way, but in a way to look for solutions that bring dignity to the people of Kosovo, that bring stability and sense back to the Balkans, and that provide the best possible course of action for the safety of American soldiers and those who are currently involved and those who might be involved in the Balkan Theater.

Let me first of all say that this should be constructive discussion, again, and should not be based on partisan rhetoric or name calling. Now, with our troops deployed in the air assault, should not be the time for us to tear down past actions even though we may disagree with them. But I think two things are certainly clear that we should make at the beginning of each of our discussions, so that no one can misinterpret the debate or the discussion in this country about America's position in Kosovo.

The first is that no one, including Milosevic, should underestimate America's resolve to stop the torture, the ethnic cleansing and the bloodshed that he has perpetrated on the people of his nation and especially the people of Kosovo. He should understand that Republicans and Democrats are united in their resolve to make sure that he is held accountable for the atrocities that he has perpetrated on innocent people. No one should underestimate our resolve in that area.

The second point that we should make clear at the outset is a simple one and one that we all agree on, and that is that we unequivocally support our troops. They are in harm's way right now. They have our full prayers