the public understands the sacrifice. They may not tell you. But they love the fact that our families are willing to share us, because it is that kind of devotion and commitment that it takes.

So do not ever question public service. I can tell you if you are truly committed, dedicated and a humble public servant, as my father was, there are rewards way beyond the immediate. Many times you will not hear about it. My father may have heard of some of it, but he surely did not after November 28th when he passed on. But that is when we have the greatest outpouring.

Again, to everyone that has ever served here, and especially to their staffs and to their families, from the Gonzalez family, thank you so much for making my father's life so complete and making his dream of public service a reality.

Mr. Speaker, I wish to submit a tribute for my father by his former Chief of Staff and Press Secretary, Gail Beagle.

TRIBUTE TO THE LATE HENRY B. GONZALEZ, U.S. REPRESENTATIVE FROM TEXAS

(By Gail Beagle)

In 1958 then Texas State Senator Henry B. Gonzalez ran for Governor of Texas. I had just graduated with a degree in journalism from Texas Woman's University at Denton, and with $100 I had borrowed from my life insurance policy I left from my hometown of Nederland for Austin to job-hunt.

In Austin I learned of a fundraiser for Sen. Gonzalez being held at a restaurant called Spanish Village. I took $10 of my $100, got a ride with a University of Texas student with whom I had interned the summer before on the San Antonio Light newspaper, paid my money at the door, and told Sen. Gonzalez of my interest in campaigning for him for Governor in Jefferson County. ''I will be at my parents' home until I get a job in Austin,'' I said. ''I anticipate I will be there through the Democratic Primary on July 26. Who is your Jefferson County campaign manager?,'' I asked. ''No one,'' he replied. ''You can be the campaign manager there!''

As an active member of the civil rights movement in the 1950's, I very much knew who State Sen. Henry B. Gonzalez of San Antonio was. He was the Senator who delivered in Austin an intelligent, impassioned filibuster against a package of bills promoting and facilitating segregation in Texas. He was a breath of fresh air on the Texas political horizon, a bright and shining star, and a public official unlike any I had ever seen before. It was my thought that I would never see another one like him again.

Subsequently I worked for him in the Texas State Senate during two legislative sessions (1959 and 1961), and served as his volunteer press aide in early 1961 in his bid to replace Lyndon Johnson as a U.S. Senator from Texas, after LBJ was elected both as Vice President and as a returning U.S. Senator. It was a wild and crazy special election with more than 70 fellow Texans battling it out, and with Gonzalez once again going primarily by stationwagon to the 254 counties across Texas.

However, just a few months late in the Fall of 1961, Sen. Gonzalez's great opportunity came with the appointment to the Court of Military Appeals of San Antonio's and Bexar County's long time Congressman, Paul Kilday. A special election was called and after a hard fought battle which brought former President Dwight Eisenhower to San Antonio to campaign for the opposition, Henry B., as he was affectionately called, was elected on November 5, 1961 to serve in Congress.

I had moved to San Antonio from Austin to campaign, and it was from San Antonio that I first left for Washington to serve newly elected Congressman Gonzalez.

HBG was active on many legislative fronts so it was easy to have something to report to the press, and it was easy to get together a good staff because there were so many enthusiastic and well qualified people who wanted to work for him.

The congressional work with the Congressman was fulfilling inasmuch as there was much to be accomplished with an office holder who with great gusto gave everything to his job as a public servant.

We worked the first six years creating a world's fair (HemisFair) for San Antonio with several pieces of legislation the Congressman succeeded in getting passed in both the House and the Senate and signed by the President into law. The Congressman also sent U.S. Department of Commerce officials to help local leaders make plans for getting the fair underway. At the same time we were helping the Congressman look out for the interests of our military bases in San Antonio, protect San Antonio's primary source of water, write housing and other legislation, and make it possible for constituents to have fair consumer banking practices, as well as many other equitable benefits under federal law.

While we were active in legislative participation, Congressman Gonzalez made sure that his offices in both Washington and San Antonio looked out for the interests of the poor and went to bat for constituents needing help with either the Veterans Administration, Social Security, immigration and naturalization, workmen's compensation, civil service (active or retired), the Armed Services, and other matters relative to federal agencies and departments.

Among other efforts, we also promoted interest among inter-city youth in getting a free college education and becoming military officers through nomination to one of the U.S. military service academies.

I recall with great pleasure the breakfast or luncheon meetings at the House Restaurant at the U.S. Capitol with newspaper reporters, members of the Administration in power, heads of various federal and Texas agencies, an airline safety consultant (who was also a good friend), and countless other friends and constituents (most of whom had their picture taken on the steps of the Capitol with the Congressman!).

While the hours could be long and arduous, especially for Kelsay Meek, who headed the Congressman's (the Chairman's!) Committee on Banking, Finance and Urban Affairs, and me, we were committed to the level of service that we knew Henry B. wanted to achieve.

The 150 or so former staff members, who served in varying lengths of time with me over a period of more than 30 years either on the personal staff in Washington or in San Antonio, as well as those who served on the Subcommittee (Housing and Community Development) and full Banking Committee, counted it as an honor and a privilege to serve the people's interests with Henry G. Gonzalez.

He lives eternally in our minds and hearts. He now lives with the angels, but we will see him again.

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PROVIDING PATIENT PROTECTION LEGISLATION

The SPEAKER pro tempore (Mr. LATOURETTE). Under the Speaker's announced policy of January 6, 1999, the gentleman from Iowa (Mr. GANSKE) is recognized for 60 minutes as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, I am going to speak for a while today about an issue that has been before Congress for several years now and that will be an important issue in the 107th Congress that will start in January, and that is the issue of providing patient protection legislation to all the people in this country, protection from abuses by managed care organizations, HMOs.

Let me just review for my colleagues, maybe some of the new colleagues who may still be here in Washington after their orientation, where we have been; why we want to do this legislation; why 85 percent of the people in this country think that Congress should pass a strong, a real patient protection bill of rights and it should be signed by the next President of the United States.

A few years ago, there were a series of articles in the New York Post. They had headlines like these, HMOs cruel rules leave her dying for the doc she needs; or this headline, these are the types of headlines that people have seen all around the country, they are not just localized to New York City, The New York Post, what his parents did not know about HMOs may have killed this baby.

As the public became more and more aware of HMO abuses on denials of care that people truly deserved, they needed it to preserve their health and, in many cases, their lives, a perception began that set in in the public about the type of job that HMOs were doing in providing health care for the people who were in those HMOs, that perception was that they were not doing a very good job.

□ 1300

Once that perception sets in, then one starts to see a phenomenon where people can make jokes about that. In fact, we had a situation in a movie a few years ago with Helen Hunt and Jack Nicholson from a movie ''As Good As It Gets,'' if you will remember, where Helen Hunt is explaining how this HMO is denying treatment to her son in the movie with asthma. Then she uses a string of expletives in describing her HMOs, and something happened that I have never seen happen in a movie theater before. I was there with my wife in Des Moines, Iowa. People actually stood up and clapped and applauded her line because they realized the truth of what she was saying.

Then we started to see cartoons in the newspapers. Here is one: the HMO claims department. We have an HMO claims reviewer. ''No, we do not authorize that specialist. No, we do not cover that operation. No, we do not pay for that medication.''

Then the reviewer hears something over her little earpiece telephone; and then she crossly says, ''No, we do not consider this assisted suicide.''

Here is another cartoon that appeared in a national newspaper. This

was Don Wasserman from the Boston Globe; it also appeared in the Los Angeles Times: the patient is telling his doctor, ''Do you make more money if you give patients less care?'' The doctor says, ''That is absurd, crazy, delusional.'' Then the patient says, ''Are you saying I am paranoid?'' The doctor says, ''Yes, but we can treat it in three visits.''

Now, this is one of the blackest humor cartoons I have ever seen: we have here a medical reviewer for an HMO. She says, ''Kudly Care HMO. How may I help you? You are at the emergency room, and your husband needs approval for treatment? Gasping, writhing, eyes rolled back in his head? Hum, does not sound all that serious to me.'' Over there, ''Clutching his throat, turning purple? Um-hum. Have you tried an inhaler?''

Then she says, ''He is dead? Well, then, he certainly does not need treatment, does he?'' Then she looks at us and says, ''People are always trying to rip us off.''

Now, I just recently learned something about this cartoon. The person who drew this cartoon did it from personal experience, from problems that a family member was having with his HMO. But it is not all just jokes, because behind that humor are some real-life cases.

This is a picture of a woman surrounded by her children and her husband who was featured in a Time Magazine cover story a few years ago. She lost her life because her HMO did not provide her with proper care and tried to and did influence the type of treatment she was getting. This little girl and boy would have a mother today maybe if that HMO had not tried to deny her care, had not denied her care.

A few years ago, a young woman was hiking in the mountains about 40 miles, 50 miles west of here. She fell off a 40-foot cliff. She broke her skull, she broke her pelvis, broke her arm. She was lying at the bottom of this 40-foot cliff. Fortunately, her boyfriend had a cellular. They were able to get a helicopter in. This shows her trundled up. She was life-flighted into an emergency room and taken care of. Her life was saved. She was in the intensive care unit for a month or so.

Then do you know what her HMO did? They denied to pay for her treatment. One would say, why would that be? I mean, this was a traumatic accident. Was there something in the contract that the HMO is not liable for taking care of accidents? No. The HMO said, ''You know, according to our rules, before you go to an emergency room, you are supposed to phone ahead for prior authorization.''

Well, I want to ask my colleagues something. What was she supposed to do in her semi-comatose state as she is lying at the bottom of her 40-foot cliff, with her nonbroken arm, pull out a cellular phone and dial a 1–800 number and get ahold of somebody 2,000 miles away and say, ''By the way, I just fell off a cliff. I have a broken skull, a broken pelvis, and will you authorize me to go to an emergency room''? I mean, come on. But those are the types of games the HMOs have played.

Prior to coming to Congress, I was a reconstructive surgeon in Des Moines, Iowa. I took care of children that were born with birth defects like this. This is a little baby with a cleft lip and a cleft palate. One can see the hole on the roof of the mouth. Do my colleagues know what? In the last few years, more than 50 percent of the reconstructive surgeons in this country have had cases like this denied by the HMOs because they are, quote, ''cosmetic.'' I mean, is that a travesty? That is a travesty.

Some really serious things can happen when an HMO makes a medical judgment and then something goes wrong.

This is a little boy here clutching his sister's shirt. One night about 3:00, he had a temperature of about 104, 105. He was really sick. So his mom did the right thing, according to the HMO. She phones the HMO and says ''My little baby boy James looks really sick. I think he needs to go to the emergency room.''

Well, this voice at the end of a 1,000-mile telephone line says, ''Well, I guess I could authorize that, but I am only going to authorize it for this one particular hospital because that is who our HMO has the contract with.''

A medical judgment was made at that moment by that medical reviewer who said we will only pay for your treatment if you go to this one emergency room, not realizing the seriousness of this condition and telling the mom take baby James to the closest emergency room right away. No, that is not what the HMO reviewer said. We will only authorize treatment at this one hospital.

Mom said, ''Well, where is that hospital?'' HMO reviewer said, ''Well, I do not know. Find a map.''

Well, it turns out that it is about 60 or 70 miles away on the other side of metropolitan Atlanta. So Mom and Dad wrap up little James. They get him into the car. They start driving. They pass three hospitals that had emergency rooms capable of taking care of him. But they are not medical people. They have been told to go to this one emergency room where they have authorization from their HMO. Mom and Dad do not know exactly how sick he is. They know he is pretty sick. So they push on.

Before they get there, little Jimmy has a cardiac arrest. So picture Mom and Dad, Dad driving like crazy to find the hospital, Mom trying to keep him alive. They finally pull into a hospital emergency room. Mom leaps out screaming, ''Save my baby, save my baby.'' The nurse comes outside, starts resuscitation, gets some drugs in, gets the IVs going.

They keep him alive. They save his life. But, unfortunately, they do not save all of James. Because of that medical judgment that delayed his getting to an emergency room in a reasonable period of time and because of his cardiac arrest that resulted en route, Jimmy ends up with gangrene of both hands and both feet, which then have to be amputated.

Here is James, minus his hands, minus his lower legs, the direct result of a medical judgment by that HMO. Do my colleagues know something? Under Federal law, if James' insurance is through his parents' employer, then the only thing that can be recovered for James under Federal law is the cost of treatment denied; or in this case, the HMO has to pay for his amputations.

But James gets to live the rest of his life with no hands and no feet. He is doing pretty well. He is older now. He has prostheses that he pulls on to his legs with his stumps. He needs some help getting his bilateral hooks on. But do my colleagues know what, it is pretty hard for him to play basketball. He will never be able to touch the face of the woman that he marries with his hand.

That HMO, under Federal, if this is simply an employer plan, a self-insured plan, then that HMO would be liable for nothing other than the cost of paying for his amputations. That is part of the reason why 85 percent of the public is saying why is it taking so darn long for Congress to fix this thing which Congress made the problem in the beginning with this law about 25 years ago.

We had a lot of testimony before Congress on Patients' Bill of Rights. Four years ago now, we had testimony before the House Committee on Commerce. This was testimony from a medical reviewer. Her testimony had been buried in the fourth panel of the day, way late in the day after all the TV cameras had gone. But I think my colleagues ought to know what she said. She had been a claims reviewer for several HMOs.

Here is what she said: ''I wish to begin by making a public confession. In the spring of 1987, I caused the death of a man. Although this was known to many people, I have not been taken before any court of law or called into account for this by any professional or public forum. In fact, just the opposite occurred. I was rewarded for this. It brought me an improved reputation in my job. It contributed to my advancement afterwards. Not only did I demonstrate I could do what was expected of me, I was the good company medical reviewer. I saved a half million dollars.''

Well, I remember this testimony because, as she was speaking, a hush came over that hearing room. One could have heard a pin drop. The representatives of the HMOs and the insurance industry who were still there kind of looked down at the floor. Well, her voice was pretty husky, and I could see tears in her eyes.

She went on, ''Since that day, I have lived with this act and many others eating into my heart and soul. For me, a physician is a professional charged with the care or healing of his or her human patients. The primary ethical norm is do no harm. I did worse. I caused death. Instead of using a clumsy bloody weapon, I used the simplest, cleanest of tools, my words.

''This man died because I denied him a necessary operation to save his heart. I felt little pain or remorse at the time. The man's faceless distance on that long telephone line soothed my conscience.''

Like a skilled soldier, she went on, ''I was trained for this moment. If any moral qualms would arise, I was to remember I am not denying care, I am just denying payment.''

Well, by this time, the trade association representatives were a little pale in the room. Ms. Peeno's testimony continued: ''At the time, this helped me avoid any sense of responsibility for my decision.''

□ 1315

Now I am no longer to accept the escapist reasoning that allowed me to rationalize that action. I accept my responsibility now for that man's death, as well as for the immeasurable pain and suffering many other decisions of mine caused. And she then listed many of the ways that managed care plans deny care to patients, but she emphasized one particular issue, and that is the HMO's right to decide what care is ''medically necessary.''

She said, ''There is one last activity that I think deserves a special place on this list, and this is what I call the smart bomb of cost containment, and that is medical necessities denials. Even when medical criteria is used, it is rarely developed in any kind of standard traditional clinical process. It is rarely standardized across the field. The criteria are rarely available for prior review by the physicians or members of the plan. We have enough experience from history to demonstrate the consequences of secretive, unregulated systems that go awry. One can only wonder,'' she finished, ''how much pain, suffering and death will we have before we have the courage to change our course. Personally, I have decided that even one death was too much for me.''

Well, after that testimony, and lots of other examples of HMO abuse, we had a full debate on the floor of Congress, October 1999, and we passed a bill called the Bipartisan Consensus Managed Care Reform Act of 1999, the Norwood-Dingell-Ganske bill, with 275 bipartisan votes. Sixty-eight Republicans defied the leadership of the House and made the right principled decision, something that would address specifically the type of problem that we have, where under Federal law the HMOs, these employer HMOs, can decide to provide whatever treatment they think is necessary according to their own definition of what is necessary; and can then put their definition into a contract with the employer and, according to Federal law, it is then okay, as long as they follow their own definition.

Let me give an example. One HMO said, ''We defined medical necessity as the cheapest, least expensive care.'' The cheapest, least expensive care. The picture I showed of the baby with the cleft lip and cleft palate, under that plan's definition, instead of standard surgical correction to allow the palate to work properly so that a kid can speak and eat without food going out their nose, instead of the standard treatment, which would require an operation, anesthesia, and a stay in the hospital, that plan can say, no, we are just going to provide what is called an obturator. It is like an upper denture plate. It is a piece of plastic. We could put that up there in that little baby's mouth and then food might not come out the nose so much. Would that little baby ever learn to speak correctly? It does not matter under that plan's definition because, after all, the piece of plastic is the cheapest, least expensive care. That is all they would be obligated to give. They could do that under Federal law, and that is why we need to fix that.

There were a number of other substitutes that came up before the House for a debate. They were all defeated in the House. And the devil really is in the details of those substitutes and in the bill that passed the Senate as well. By a very slim vote, along party lines, the bill that passed the Senate is, in my opinion, more of an HMO protection bill more than a patient protection bill.

Let me give an example of why some of these details are so important, because towards the end of our regular session this year, some Congressmen, friends of mine, classmates of mine from that revolutionary class of 1994, whose hearts are in the right places, but the Coburn-Shadegg ''compromise bill'' would have been a step backwards. It is important for people, especially as we are looking at having votes again on the floor of both the House and the Senate this coming year, it is important that people understand specifically why some of the specific language is so important.

The Shadegg bill would preempt State law. It would cut off developing State law. Every case against a health plan would have to go to Federal Court, regardless of whether it involved benefit questions or medical facts. That is page 84, line 9; page 91, line 3.

The Coburn-Shadegg compromise bill attempted a targeted removal of ERISA preemption, but in the same session reversed field from the Norwood-Dingell-Ganske bill and sends us back to current ERISA law, the type of law that has spawned so many problems. Page 90, lines 11 through 25.

Under the Shadegg bill, all emerging case law holding that quality of care cases can be decided by State courts would be cut off and reversed. Page 84, line 9.

Their bill would require injured patients to prove ''bad faith,'' that is a contract term, ''against a health plan's designated 'decisionmaker,' in order to prove a negligence action.'' Those requirements would make it almost impossible to hold health plans accountable for the types of decisions that resulted in that little boy losing both hands and both feet because of that HMOs medical judgment decision. That is on page 84, lines 9 through 37 of their bill.

Under their bill, the health plan's own definition of medical necessity, just what the medical reviewer who testified before the Committee on Commerce was saying is such a problem, the plan's own definition would be controlling. Bad definitions of medical necessity and other health plan contract terms would prevail in the review provisions of the Coburn-Shadegg bill. The cross-references to the terms and conditions are significantly different from the Norwood-Dingell bill. Page 86, lines 23 through 26.

The Shadegg bill then dropped language that would have automatically incorporated patient protections into all of the plan contracts. By dropping that language, he would allow flawed plan contract language to govern patient disputes, short of litigation. And in subsequent lawsuits, plans would be able to argue that the patients waived their statutory rights when they entered the plan contracts.

The gentleman from Georgia (Mr. NORWOOD), a stalwart on this issue, and I have gone around and around with the gentleman from Oklahoma (Mr. COBURN) on the issue of whether external review has to be completed before a lawsuit is initiated. What about this little boy who lost both hands and both feet? He would not have gone through an internal appeals process, an external appeals process. He was injured from the getgo. He ought to have relief. And furthermore, the Supreme Court has ruled that quasi-legal boards determining whether a suit can proceed are infringements of seventh amendment protections. Some have even tried to get provisions into other patient protection bills that say that if any part of the bill is deemed unconstitutional all the rest of it is void.

I am very hopeful that, after this election, in the 107th Congress, that will start January 3, we have a great opportunity to finally pass a real patient protection bill. So I want to speculate a little bit on how Congress would interact with Governor Bush, should he become President.

What is the outlook for the 107th Congress and a Bush administration on a patient bill of rights? Well, here is what Governor Bush wrote in the October 19, 2000 edition of the New England Journal of Medicine. ''During my tenure in office, Texas enacted one of the most comprehensive patient protection

laws in the Nation. Our law gives patients the right to seek legal action if they have been harmed. I allowed it to become law because there was a strong independent review process, previously enacted tort reform, and other protections designed to encourage a quick resolution rather than costly litigation.''

Well, my colleagues, there are a lot of provisos in that statement. And I might also add that the Texas House and Senate passed the Texas bill with a veto-proof majority, in fact almost unanimously, after Governor Bush vetoed a patient protection bill the first time. But I am hopeful because Governor Bush many, many times during the campaign talked about the need for a real patient bill of rights, and one that included the right for legal redress.

So I want to help a President Bush, should he be declared the final victor. I want to help him get off to a great start in his administration by getting as big a vote in the House and in the Senate for a real patient bill of rights as we can. I think we are very close to 60 votes in the Senate. I am confident that we will get well over 280 votes here in the House, and we will be very close to veto-proof figures.

I have gone through the comments of many of the new Members and through their positions on a patient bill of rights. Many of our new Members made campaign promises in support of patient protection legislation. Many voted for strong patient protection as members of their State legislatures, so they have a past voting record. For my new colleagues, I ask them to be aware of the campaign of lies the HMO industry is spreading about our bipartisan bill. Most importantly, my colleagues should note that under our bipartisan bill, unless that employer has exercised medical judgment that has resulted in harm or injury, employers cannot be held liable for damages in our bill. If an employer is not involved in the HMO's decision, there is no employer liability.

Now, a number of States, like California, Texas, and Maine have passed patient protection bills since 1997, and 27 others have debated them this past year. An awful lot of legislatures are going to be debating bills reintroduced in January. A New Jersey bill passed its State Senate 38 to 0, and I am sure will be reintroduced.

My point is this. A lot of what we have done in Congress has had salutary effects throughout the country. State legislatures are doing some of our job, but there are some aspects to Federal law particularly as it relates to the Employee Retirement Income Security Act. This was originally designed to be a consumer bill to ensure that employee pensions were protected but has since become a way for employers to provide less than adequate HMO care, and we need to fix that.

In the last few days, we have found out that Steve and Michele Bauman, are suing Aetna Health Care. They are claiming that its former policy of discharging newborns from hospitals after 24 hours led to the death of their first baby, Michelina, a day after she was sent home in 1995.

☐ 1330

This was one of the political cartoons that came out after the HMOs, as you will remember, said, we are going to institute a policy of drive-through deliveries. Here is the maternity hospital. You have your drive-through window. ''Now only 6-minute stays for new moms.'' You have Mom and Dad with crying baby and the hospital person saying, ''Congratulations. Would you like fries with that?''

Well, it was not so funny for the Baumans because their daughter was sent home immediately. She passed away within 24 hours. They make the case that that was improper medical judgment by their HMO to do that.

Now, the interesting thing about that is that they have taken their case all the way to the United States Supreme Court and the United States Supreme Court upheld a Federal Appeals Court ruling that the couple could bring suit against the HMO for malpractice in State court. That is what they are now doing.

So as we are moving at the Federal level here to enact a broad Patients' Bill of Rights protecting the rights of States in these areas, there will be, I predict, a strong move by the HMOs to try to get all of these State jurisdictions moved to Federal jurisdiction. That would be a huge mistake.

My colleague from Georgia (Mr. NORWOOD), a fellow stalwart on patient protections, certainly one of the more conservative Members of the House, a coauthor of the Norwood-Dingell-Ganske Bipartisan Consensus Managed Care Reform Act, had this to say in debate in October of 1999 on moving these suits to Federal court. This is what my colleague said:

''The Houghton amendment would make insurers liable in Federal court rather than State court. That is sort of the bottom line. Our bill, H.R. 2723, the Bipartisan Consensus Managed Care Reform Act, and every bill incidentally I have introduced on liability, ensures we want them to face State liability.''

I would just like my colleagues to consider a thought. This is the gentleman from Georgia (Mr. NORWOOD), my compatriot on this. Consider this quote from Chief Justice Rehnquist: ''Congress should commit itself to conserving the Federal courts as a distinctive judicial forum of limited jurisdiction in our system of federalism. Civil and criminal jurisdiction should be assigned to the Federal courts only to further clearly define and justify national interests, leaving to the State courts the responsibility for adjudicating all other matters.''

The gentleman from Georgia (Mr. NORWOOD) continued, ''In the Federal courts today, there are 65 vacancies and the courts anticipate another 16 vacancies forthcoming. Twenty-two courts are considered to be under emergency status. They do not have appropriate coverage from the bench to consider the cases before them. To this situation we are going to add a Federal tort?''

The gentleman from Georgia (Mr. NORWOOD) continues, ''The Speedy Trial Act of 1974 requires the Federal bench to give priority to criminal cases over civil cases. In 1998, criminal case filings were up 15 percent. A single mother whose child needs constant care because of a decision made by an HMO will have to stand in line behind all of the drug dealers before she can try to hold the HMO liable for its action.''

The gentleman from Georgia (Mr. NORWOOD) continues, ''State courts are easier for patients to access. Almost every town in America has a State court. Federal courts are few and far between. States like Texas and Georgia and California already have moved to make insurers accountable for their actions. State courts are a more appropriate and accessible venue for personal injury and wrongful death.''

The gentleman from Georgia (Mr. NORWOOD) continues, ''Considering the problems that patients will have in accessing Federal court, it is hard to imagine that HMO liability meets the Chief Justice's definition of ''national interest.'' It certainly does not meet the single mother's definition. Like all politics, all health care is really local. H.R. 2723 holds insurers liable for their decisions that harm or kill someone in the most appropriate venue, State courts.''

And I could not say it any better than my colleague, the gentleman from Georgia (Mr. NORWOOD), on this issue.

But I predict, as we are moving through this in the year 2001, the HMOs are going to try to stick language into a bill that would move this developing case law, certified by the U.S. Supreme Court decision in the case of the Baumans losing their baby, they are going to try to move this by statute in the Federal courts.

There are a lot of reasons why we should not do it. But I will tell you what. I am a Republican. And my Republican colleagues on this side of the aisle, we have stood down here in the well many times arguing that the Federal Government should not be involved in areas where the States have traditional responsibilities. In fact, I believe that is an amendment in the Constitution.

So, my friends, when we look at this legislation this coming year, let us not preempt the work that has already been going on at the State level; but let us try to set up some standards for everyone, and let us go back and fix the problem that Congress created 25 years ago when they gave the HMOs legal carte blanche to do whatever they wanted to do regardless of the consequences.

I do not know any other industry in the United States that has that kind of legal protection. I think that if Congress brought a bill to the floor today to give that type of legal protection to Bridgestone-Firestone, I think every Member who voted for that would be voted out of office.

Now, that was what, 118 or 120 deaths caused by faulty tires. We are talking about millions of decisions made every day by the HMO industry that can affect a person's health, maybe their hands or their feet, or even their life. How can anyone reasonably argue that the House plan, the HMO, should be liable only for the cost of care denied when they make a medical judgment that is clearly negligent and hurts somebody?

I do not know what kind of responsibility we are talking about. We Republicans have been on this floor many, many times talking about how welfare recipients ought to be responsible. By George, if you are able-bodied and you get education and you get help in child care, you are going to have a limited time and you are going to go out and be responsible and get a job. But some people would argue that we ought to not have plans that are making life-and-death decisions responsible. Somehow there is an inconsistency there.

Well, my prediction for this coming year is that we are going to have a very good debate on this issue. If we see Governor Bush in the White House, I wish him the best. I want to see President Bush succeed by being a uniter, not a divider. I want to see him work in a bipartisan fashion. And one of the earliest things that we can do in this coming year is to pass the latest version of the Norwood-Dingell-Ganske bill, pass it by a big margin in the House, big margin in the Senate, send it to President Bush, and have him sign that bill. And I will tell you what. That would go a long ways to getting his administration off to a good start. And I would love to see that.

Well, Mr. Speaker, I think that we are going to have a lot to do in this coming year. It is a narrow margin that we have here in the House. It is 50–50 tie in the Senate. Some people say, oh, you know, there will just be gridlock and chaos. I am an optimist. I do not see the glass that is half empty. I see this glass as half full. And I think we have a real opportunity to do some things that will benefit our constituents.

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HOUR OF MEETING ON WEDNESDAY, DECEMBER 6, 2000

Mr. GANSKE. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet at 2 p.m. tomorrow.

The SPEAKER pro tempore (Mr. LATOURETTE). Is there objection to the request of the gentleman from Iowa?

There was no objection.

HOUR OF MEETING ON THURSDAY, DECEMBER 7, 2000

Mr. GANSKE. Mr. Speaker, I ask unanimous consent that when the House adjourns on Wednesday, December 6, 2000, it adjourn to meet at 2 p.m. on Thursday, December 7.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Iowa?

There was no objection.

□

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. POMEROY (at the request of Mr. GEPHARDT) for today on account of official business.

Mr. HILL of Montana (at the request of Mr. ARMEY) for today on account of medical reasons.

□

SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. MCNULTY) to revise and extend their remarks and include extraneous material:)

Ms. NORTON, for 5 minutes, today.

Mr. SHERMAN, for 5 minutes, today.

(The following Members (at the request of Mr. GREEN of Wisconsin) to revise and extend their remarks and include extraneous material:)

Mr. GREEN of Wisconsin, for 5 minutes, today.

Mr. EHRLICH, for 5 minutes, today.

Mr. BURTON of Indiana, for 5 minutes, today.

Mr. METCALF, for 5 minutes, today and December 6, 7, and 8.

Mr. SALMON, for 5 minutes, today.

□

ADJOURNMENT

Mr. GANSKE. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 1 o'clock and 41 minutes p.m.), under its previous order, the House adjourned until Wednesday, December 6, 2000, at 2 p.m.

□

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 8 of rule XII, executive communications were taken from the Speaker's table and referred as follows:

11147. A letter from the Secretary, Department of Defense, transmitting the approved retirement and advancement to the grade of vice admiral on the retired list of Vice Admiral Daniel J. Murphy, Jr., United States Navy; to the Committee on Armed Services.

11148. A letter from the Federal Register Liaison Officer, Office of Thrift Supervision, Department of the Treasury, transmitting the Department's final rule—Consumer Protections for Depository Institution Sales of Insurance [Docket No. 2000–97] (RIN: 1550–AB34) received November 28, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Banking and Financial Services.

11149. A letter from the Legislative and Regulatory Activities Division, Department of Treasury, Office of the Comptroller of the Currency, transmitting the Department's final rule—Consumer Protections for Depository Institution Sales of Insurance [Docket No. 00–26] (RIN: 1557–AB81) received November 29, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Banking and Financial Services.

11150. A letter from the President and Chairman, Export-Import Bank of the United States, transmitting a transaction involving U.S. exports to India; to the Committee on Banking and Financial Services.

11151. A letter from the Director, Office of Management and Budget, transmitting a report on OMB Cost Estimate For Pay-As-You-Go Calculations; to the Committee on the Budget.

11152. A letter from the Director, Regulations Policy and Management Staff, FDA, Department of Health and Human Services, transmitting the Department's final rule—Irradiation in the Production, Processing, and Handling of Food [Docket No. 99F–1912] received December 4, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

11153. A letter from the Director, Regulations Policy and Management Staff, FDA, Department of Health and Human Services, transmitting the Department's final rule—Secondary Direct Food Additives Permitted in Food for Human Consumption [Docket No. 00F–1332] received November 30, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

11154. A letter from the Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule—National Primary Drinking Water Regulations; Radionuclides; Final Rule [FRL–6909–3] (RIN: 2040–AC98) received November 29, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

11155. A letter from the Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule—National Priorities List for Uncontrolled Hazardous Waste Sites [FRL–6910–4] received November 29, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

11156. A letter from the Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule—Control of Emissions from New Nonroad Spark-Ignition Engines Rated above 19 Kilowatts and New Land-Based Recreational Spark-Ignition Engines [FRL–6907–5] (RIN: 2060–AI11) received November 21, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

11157. A letter from the Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule—Approval and Promulgation of Implementation Plans; Texas; Excess Emissions During Startup, Shutdown, Malfunction and Maintenance [TX–130–1–7473a; FRL–6907–8] received November 21, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

11158. A letter from the Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule—Petition By American Samoa for Exemption from Anti-Dumping Requirements for Conventional Gasoline [FRL–6908–8] (RIN: 2060–AI60) received November 21, 2000, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Commerce.

11159. A letter from the Deputy Associate Administrator, Environmental Protection Agency, transmitting the Agency's final rule—Partial Withdrawal of Direct Final Rule for Approval and Promulgation of Implementation Plans; California State Implementation Plan Revision, San Diego County