

## PATIENTS' BILL OF RIGHTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Indiana (Mr. PENCE) is recognized during morning hour debates for 5 minutes.

Mr. PENCE. Mr. Speaker, waiting on the horizon of this legislative week is the debate over the Patients' Bill of Rights. There has been much heat about this subject but very little light.

As Dr. Daniel Johnson memorably wrote in the July issue of the Wall Street Journal, "The debate over the patients' bill of rights is predictable. The Democrats favor more regulation. The Republicans favor less regulation. The insurers are holding on to their wallets, and trial lawyers smell blood."

Mr. Speaker, Dr. Johnson went on to write, "Now that the Senate has passed its bill, we can expect another bloody clash in the House, but beyond today's battle lies the possibility of a system that will make life easier for all concerned, not only employers and insurers but patients and physicians."

It is, Mr. Speaker, seizing on that opportunity that I rise in this Chamber today.

I came to Congress earlier this year anxious to support a Patients' Bill of Rights. The one that has captured my imagination and the one that I believe should capture the majority in the House of Representatives is that offered by my friend and colleague, a physician and the gentleman from the State of Kentucky, (Mr. FLETCHER).

The Fletcher bill offers three key factors that I believe the people of East Central Indiana need in a Patients' Bill of Rights. First, the Fletcher bill expands access to medical savings accounts so that more Americans can save money to pay for health care. This provision, Mr. Speaker, will drastically reduce the ranks of the uninsured in our country and will give patients more control over their health care decisions.

Secondly, the Fletcher bill holds the right people responsible when patients are denied care or receive poor care. If an insurer or health plan makes a decision that harms a patient, the plan or the insurer will be held accountable in Federal and in State courts.

Finally, the Fletcher bill provides increased access to health insurance through associated health plans, allowing small businesses to join together to purchase health insurance. This will permit them to receive the same benefits of uniform regulation, economies of scale and administrative efficiency that large companies currently enjoy.

As I said, Mr. Speaker, there has been and likely this week will continue to be a great deal of heat and just a little bit of light in the debate over a Patients' Bill of Rights. But I rise today to urge my colleagues to strongly support the Fletcher legislation, a Patients' Bill of Rights that will protect not only patients and physicians but also our employer-based health insurance system in America.

Mr. Speaker, I yield back the balance of my time.

## ORDINANCE AND EXPLOSIVE RISK MANAGEMENT ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Oregon (Mr. BLUMENAUER) is recognized during morning hour debates for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, for over two centuries the United States has been the stage for military action in training, beginning with the Revolutionary War. As a result, bombs and shells that did not go off as intended litter the countryside. Unexploded ordinance is an issue that deserves great attention and priority by this Congress.

It is difficult to find a congressional district across America that does not have a problem with unexploded ordinance. Well over 1,000 sites are known or suspected to be contaminated. They range from extremely remote areas in Alaska to dense urban environments such as Spring Valley here in Washington, D.C., adjacent to the American University campus where the gentleman from Washington, D.C. (Ms. NORTON) and I led a tour this spring.

The number of acres within the United States contaminated with UXO is estimated at 20 million acres to perhaps 50 million acres or more. One of the most unsettling facts is that there is no accurate estimate. Even so, we know the price tag for cleaning this problem up is huge. According to the General Accounting Office in a report earlier this year, the Department of Defense estimates that its liability may be \$100 billion or more just for cleaning up training ranges.

Today, the gentleman from Alabama (Mr. RILEY) and I are introducing the Ordinance and Explosive Risk Management Act to help the Department of Defense do its job. The bill would establish a single point of contact for policy and budgeting regarding former military ranges and other sites around the country. It puts someone in charge by establishing a program manager for UXO who is directly accountable to the Secretary of the Army.

It requires an inventory of explosive risk sites at former military ranges. This provision requires the Department of Defense to complete and annually update an inventory it started as part of an earlier process and establishes criteria for site prioritization among these many sites that need our attention.

The bill protects the public with the requirement of enhanced security measures at former military ranges and public awareness efforts regarding the dangers associated with these sites. It requires the Department of Defense to develop education and site security plans for former ranges in cooperation with property owners and other agencies.

The broad interest in Congress has helped us shape this bill. The gentleman from California (Mr. FARR), who has been working with the Fort Ord cleanup for years, understands and has urged the provision in our bill that creates the separate Department of Defense account for the removal and cleanup. Because it is so fundamentally different, this provision enables everybody who cares to be able to follow the issue.

One of the most important elements of our bill is a result of the experience of the gentleman from Alabama (Mr. RILEY) in dealing with the chemical demilitarization program. He feels strongly, and I agree, that it is important to have an independent panel to be able to look at the problems associated with cleaning up these contaminated sites. This advisory and review panel will include the National Academy of Science, nongovernmental organizations, the U.S. Environmental Protection Agency and representatives of the States. They will report annually to Congress on the progress made by the Department of Defense and make further recommendations for program improvements.

I appreciate the contributions of people like the gentleman from California (Mr. FARR) and the gentleman from Alabama (Mr. RILEY). This is a problem that is not going away. At least 65 people have been killed as a result of accidents from this military waste. Recently, American University just filed a lawsuit against the United States for almost \$100 million because of problems related to the contamination of that campus when it was used as a site for the development and testing of chemical weapons during World War I and still has not been cleaned up thoroughly.

We have a responsibility in Congress to address this issue. I strongly urge my colleagues to join me in co-sponsoring this legislation, along with the gentleman from Alabama (Mr. RILEY), and make sure that this Congress is not missing in action when it comes to dealing with the consequences of environmental military contamination.

## THE REAL PATIENTS' BILL OF RIGHTS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from New Jersey (Mr. PALLONE) is recognized during morning hour debates for 5 minutes.

Mr. PALLONE. Mr. Speaker, let me say this morning as I did last evening that I am very hopeful that the Republican leadership will bring up HMO reform this week. We are hearing this perhaps Thursday or maybe Friday.

My greatest fear is that the true HMO reform, the real Patients' Bill of Rights, the Dingell-Ganske-Norwood bill, will not have an opportunity for a clean vote.

What we are hearing is that the President is coming back from Europe

today. He is going to make one final effort to try to convince my Republican colleagues who voted for the Dingell-Norwood-Ganske bill in the last session to come off that bill and to vote for what I consider a very weak alternative sponsored by the gentleman from Kentucky (Mr. FLETCHER), one of my Republican colleagues.

Let me stress again that there is a real difference between the Patients' Bill of Rights that almost all Democrats and a significant number of Republicans support that we voted on 2 years ago and would make the real reforms that are necessary to correct the problems and the abuses of HMOs, as opposed to this alternative bill that the Republican leadership is putting up sponsored by the gentleman from Kentucky (Mr. FLETCHER), which is a lot weaker and does not really achieve HMO reform.

Let me explain that a little bit. The two main focuses of HMO reform, one is to make sure that decisions about what kind of care you get, what kind of medical care you get, whether you are able to have a particular medical procedure, whether or not you are able to stay in the hospital for a certain length of time, these kinds of medical decisions should be made by the physician and the patient, not by the HMO, not by the insurance company. We need to switch that around.

Right now, unfortunately, many Americans are denied the care that they really need that is medically necessary because the HMO is not willing to pay or denies the care.

The second point that we are trying to achieve with true HMO reform is to make sure that if your care has been denied, if your doctor says that you need an operation and the HMO says we are not going to pay for it, that you have a way to redress that grievance, which is that you can go to an external review board quickly that can overturn that decision that can make sure that you get the procedure or operation; or, ultimately, if that does not work, that you can go to court.

The problem is that the Fletcher bill, the bill that the Republican leadership wants to bring up and supports, really does not guarantee those two points, does not achieve what is necessary for HMO reform in those two major areas. Let me explain why.

The decision about what is medically necessary, about whether or not you are going to be able to get a particular type of treatment, well, unfortunately, the standard of review for what is medically necessary in the Fletcher bill is a lot weaker. It allows for the HMO to use all the kinds of bureaucratic tricks to make sure that they still control the process or the standard as to what kind of care that you get.

The Dingell-Ganske-Norwood bill, the real Patients' Bill of Rights, guarantees that that standard of review is one that is the normal practice by medical practitioners, by doctors in

your community, and also with regard to specialty care.

For example, if you need a cardiovascular procedure, if it is a child and a pediatrician has to come into play, that that specialty care, the standard of review of what is medically necessary is made by the physicians by the standard in the medical community, by the standard in that specialty care community. You do not have that guarantee under the Fletcher bill.

On the second point, which is that if you are denied the care that you have the ability quickly to overturn that decision. Once again, the Fletcher bill falls short. It does not have the guarantee that we have in the real Patients' Bill of Rights that says that you have to be able to act quickly. That if you need an operation and you are being denied or you are in an emergency room and you are being denied something, that you can quickly go to an outside review board and have that overturned.

There are so many procedural roadblocks to your ability to overturn the decision in the Fletcher bill that you really do not have the ability to effectively address your grievances and to overturn that denial of care.

Mr. Speaker, I do not want anybody to be confused about what is going on here. What is going on here is that, once again, the Republican leadership is trying to deny the majority, most Democrats and enough Republicans that make up the majority for the real Patients' Bill of Rights, the opportunity to have a vote, a clean vote on that bill. That is what we want. That is what we demand. That is what we hope the Committee on Rules will achieve when we vote on this bill later this week. My greatest fear is we will not have this that clean vote, and I would ask that that be accomplished.

#### RECESS

The SPEAKER pro tempore. There being no further requests for morning hour debates, pursuant to clause 12, rule I, the House will stand in recess until 10 a.m. today.

Accordingly (at 9 o'clock and 20 minutes a.m.) the House stood in recess until 10 a.m.

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#### AFTER RECESS

The recess having expired, the House was called to order by the Speaker pro tempore (Mr. CANTOR) at 10 a.m.

#### PRAYER

The Reverend Timothy N. Armstrong, Crossroads Community Church, Mansfield, Ohio, offered the following prayer:

Gracious God and Heavenly Father, we come to You this day, conscious of our own shortcomings, but nevertheless with great confidence, knowing

that our trust in You is a faith well founded.

You alone understand the difficulties and hardships of these men and women who serve You and our country. You alone understand the weight of responsibilities, both personal and professional, which they must carry. You alone know of the private sacrifices which Your servants have bore in their pursuit of patriotism.

I ask that You bless them. Watch over them and their families. Strengthen them with courage and peace. May they be endowed, above all things, with Your sovereign grace and wisdom.

On this day, at every chair in this Chamber, may there be the whisper of Your wisdom. May these men and women hear Your still small voice and follow Your guidance for the good of all people.

Empower these representatives to be the relentless crusaders for righteousness in the lives of the people of our Nation. For whatever is true, whatever is noble, whatever is right, whatever is pure, whatever is lovely, whatever is admirable, whatever is excellent and praiseworthy, may they be passionate about these things.

We ask this in the strong name of Jesus Christ, for His sake and for His glory alone. Amen.

#### THE JOURNAL

The SPEAKER pro tempore. The Chair has examined the Journal of the last day's proceedings and announces to the House his approval thereof.

Pursuant to clause 1, rule I, the Journal stands approved.

#### PLEDGE OF ALLEGIANCE

The SPEAKER pro tempore. Will the gentleman from New York (Mr. ISRAEL) come forward and lead the House in the Pledge of Allegiance.

Mr. ISRAEL led the Pledge of Allegiance as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

WELCOMING PASTOR TIMOTHY N. ARMSTRONG, CROSSROADS COMMUNITY CHURCH, MANSFIELD, OHIO

(Mr. OXLEY asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. OXLEY. Mr. Speaker, it is my privilege today to welcome one of my constituents as our guest chaplain, Pastor Timothy N. Armstrong of Mansfield, Ohio.

Pastor Armstrong is the founding and senior pastor of Mansfield's Crossroads Community Church. He started this interdenominational, independent evangelical church in a school gymnasium in 1996. With only 30 people in attendance initially, the church