branch for the fiscal year 2002, and for other purposes, which was referred to the Union Calendar and ordered to be printed.

The SPEAKER pro tempore. All points of order are reserved on the bill.

REMOVAL OF NAME OF MEMBER AS COSPONSOR OF H.R. 2172

Mr. LANGEVIN. Mr. Speaker, I ask unanimous consent that my name be removed as a cosponsor of H.R. 2172.

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

There was no objection.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

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

(Mr. DEFAZIO addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. HORN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. PALLONE addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

REVISIONS TO ALLOCATION FOR HOUSE COMMITTEE ON APPROPRIATIONS

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

Mr. NUSSLE. Mr. Speaker, Pursuant to Sec. 314 of the Congressional Budget Act and Sec. 221(c) of H. Con. Res. 83, the concurrent resolution on the budget for fiscal year 2002, I submit for printing in the Congressional Record revisions to the allocations for the House Committee on Appropriations.

Adoption of the conference report on H.R. 2216, the bill making supplemental appropriations for fiscal year 2001, reverses the $184,000,000 outlay adjustment for fiscal year 2002 that was required upon the reporting of that bill by the Appropriations Committee. The conference report on the supplemental did not include any emergency-designated appropriations, which necessitated the earlier adjustment.

As reported to the House, H.R. 2620, the bill making appropriations for Veterans Affairs, Housing and Urban Development, and Independent Agencies for fiscal year 2002, includes an emergency-designated appropriations providing $1,300,000,000 in new budget authority to the Federal Emergency Management Agency. No outlays are expected to flow from that budget authority in fiscal year 2002. Under the provisions of both the Budget Act and the budget resolution, I must adjust the 302(a) allocations and budgetary aggregates upon the reporting of a bill containing emergency appropriations.

As passed by the House, H.R. 2590, the bill making appropriations for the Department of Treasury, the Postal Service, and General Government for fiscal year 2002, included $146,000,000 in new budget authority and $143,000,000 in outlays for an earned income tax credit compliance initiative. I also must adjust the 302(a) allocations and budgetary aggregates upon the reporting of a bill containing appropriations for that purpose, up to the limits specified in the Budget Act (which are the same as the amounts shown above).

To reflect these required adjustments, I hereby increase the 302(a) allocation to the House Committee on Appropriations to $662,746,000,000 for budget authority and $682,919,000,000 for outlays. The increase in the allocation also requires an increase in the budgetary aggregates to $1,627,934,000,000 for budget authority and $1,590,617,000,000 for outlays.

These adjustments apply while the relevant legislation is under consideration and take effect upon final enactment of such legislation. Questions may be directed to Dan Kowalski at 67270.

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

(Mr. LANGEVIN addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. BROWN of Ohio addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Ohio (Mrs. JONES) is recognized for 5 minutes.

(Mrs. JONES of Ohio addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. HOYER addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Florida (Ms. BROWN) is recognized for 5 minutes.

(Ms. BROWN of Florida addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

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

(Mr. MATHESON addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Indiana (Ms. CARSON) is recognized for 5 minutes.

(Ms. CARSON of Indiana addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

HMO REFORM

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2001, the gentleman from Iowa (Mr. GANSKE) is recognized for half the time between now and midnight as the designee of the majority leader.

Mr. GANSKE. Mr. Speaker, we have some important issues coming up in this next week, I hope. One of those, I hope, will be a full debate with a fair rule on a patient's bill of rights.

We have been working on this legislation for about 5 years, and when we had this debate here on this floor 2 years ago, a young man and his mother came up from Atlanta, Georgia, to see how the debate would go. This little boy's name was James Adams.

When James was 6 months old, one night about 3 in the morning, he had a temperature of about 105 degrees. He was a pretty sick little baby. His mother phoned the 1–800–HMO number and she said, my little baby is really sick and has a temperature of over 104, and I think he needs to go to the emergency room. She was following the rules to get an authorization.

The HMO reviewer at the end of that telephone line said, well, I guess that would be all right. I will authorize you to go to this one particular emergency room because that is where we have our contract. But if you go to another one, you are on your own. So Jimmy's mother said, well, where is it? And the voice at the end of the telephone line said, I do not know, find a map.

Well, it turned out that this authorized hospital was clear on the other side of Atlanta, Georgia, at least 50 miles away. So, with an infant who was critically ill, a mom and dad who were not health professionals put little Jimmy in the car, they wrapped him up, and started their trek to the hospital. En route they passed three emergency rooms, but they did not have authorization to stop at those emergency rooms, and they knew if they did they would be left with the bill.

They were not medical professionals. They did not know how sick little Jimmy was.

□ 2300

So they pushed on. But before they made it to the authorized emergency

room, little James Adams had a cardiac arrest.

Imagine yourself as the mother of this little baby, trying to keep him alive, or as the father driving this car when your wife is holding your son. He is not breathing, and you are trying to find the authorized emergency room.

Finally, he pulled into the driveway. His mother, Lamona, leaped out of the car screaming, ''Save my baby. Save my baby.''

The nurse came running out and started resuscitation. They put in an IV. They gave him drugs. They got his heart going, and they managed to save his life. But you know what? They did not save all of Jimmy.

Because of that arrest and the loss of circulation to his hands and to his feet he developed gangrene. Both hands and both feet had to be amputated. That was a medical decision that that HMO made. That reviewer could have said, your baby is sick. Take him to the closest emergency room. No. Dollars came over good sense. We have a contract with that distant emergency room. So we are only going to authorize care there.

Mr. Speaker, I suspect that we are going to have some people on this floor next week or maybe in September when we debate this bill, and they are going to get up here and they are going to say we should not legislate on the basis of anecdotes. That is just an anecdote.

I would say to those folks, that little boy is never going to touch the cheek of the woman that he loves with his hand. He is never going to play basketball. He is able to pull on his leg protheses with the stumps of his arm. But to get on his bilateral arm prostheses he needs help. He has hooks.

I will tell you, that little anecdote, he is now about eight. He is a pretty good kid. He is doing all right. I think he will be a productive member of society. But that little anecdote, as some would call that little boy, if he had a finger and you pricked it, it would bleed.

So I talk to my friends here on both sides of the aisle and I ask, why has it taken 5 years to rectify that? Do you know why that HMO did not take the proper care and precaution? Why they ''cut the corners,'' as a judge who looked at the case said. That HMO's margin of error was razor thin, razor thin that judge said about that HMO's margin of safety. Probably about as razor thin as the scalpel that had to cut off both hands and both feet.

Do you know why that HMO did that? Because they passed here in Congress a law 25 years ago that said that the HMO is responsible for nothing but the cost of care denied. If they deny care to somebody who is dying and the patient dies, then they are not responsible for anything. In the case of this little boy, the only thing that HMO was responsible for was the cost of his amputation.

That child was in an employer plan protected under a law that was passed here in Congress 25 years ago, never meant to be applied to the health system. It was a pension law meant to benefit the people who were to get the pensions. It was not supposed to be a protection for health plans.

Mr. Speaker, how did this come about? Well, there has been a change in the health care system. It used to be the insurance companies, back 25 years ago, they did not make those kinds of decisions. They did not manage the care like they do now. You had a fee-for-service system, but the system has changed. We have seen time and time again HMOs consider the bottom line to be better or more important than the care of their beneficiaries.

That is why it is very important that we address this situation. I can tell one story after another, but those would just be anecdotes.

I can tell about a woman in Des Moines, Iowa, who just a week or two ago came up to me with tears in her eyes. She said, Congressman, I have had breast cancer. I have been on chemotherapy. My doctor told me that I needed a test to see whether the cancer had come back. But my HMO would not authorize it. They said it was not, quote, medically necessary. And HMOs can define medical necessity any way that they want. Some define medically as the cheapest, least expensive care, quote/unquote.

She said, I had to ask my husband to do something I had never asked him to do before. She said, I told my husband, Bill, you are going to have to fight and battle that HMO for me because they have worn me out. I am fighting my cancer. I need a test. All of my doctors say I do. There is no specific exclusion of coverage in my contract, and they will not give it to me.

Well, after a long time they finally said, yes, we will give it to you; and the morning she was supposed to have the test they changed their mind.

Mr. Speaker, we need a way to resolve these disputes before patients are injured. That is why in the Ganske-Dingell-Norwood bill we have a way to resolve these disputes. If an HMO denies care, a patient can appeal it in the HMO; and if they continue to deny it and the patient thinks they are not being treated fairly, the patient can go to an independent, external review panel of physicians. Their decision will be binding on the plan. But their decision would not be bound by the plan's own arbitrary guidelines of medical necessity, and that is one of the crucial differences between the Ganske-Dingell bill and the Fletcher bill.

If we look at the details of the language in the Fletcher bill, the bill supported by the leadership of this House, Members will see that through very, very clever, I would say cunning language, the independent panel can really only tell the HMO to do what an HMO reviewer would have done.

Furthermore, that HMO would not be liable for anything other than what a person acting in a similar situation, i.e., another medical reviewer, would have done. Ordinary care is the definition defined in a way that puts into legislative language protections that the HMOs do not even have now. The Fletcher bill gives HMOs affirmative defenses that they do not have under ERISA now. What we are trying to do is fix the law as it exists now.

□ 2310

So I tell my colleagues and friends on both sides of the aisle, if you vote for that Fletcher bill, you are going to be voting for a bill that is worse than current law. You are going to be voting for a bill that protects HMOs more than ERISA does now.

I do not know whether my colleagues want to go home and explain to their constituents how when we are dealing with a bill that is supposed to protect patients, they voted for a bill that protected HMOs. That does not make sense. We need a real patient protection bill.

I could go through a long list and read in boring detail how the legislative language in the Fletcher bill is worse than current law. But let me just read a short section from a nonpartisan law professor at George Washington University who has analyzed the Fletcher bill and says of the Fletcher bill:

First through its strong preemption language, the Fletcher bill would significantly restrict legal remedies that are potentially available now under State law in the case of death and injury caused by managed care organizations that operate medically substandard systems of care. In doing so, the Fletcher bill would displace decades of American jurisprudence regarding the liability of health organizations for the death or injury that they caused.

The Fletcher bill basically moves State law into Federal law. So for all of my colleagues who have spoken highly of States rights and the 10th amendment in the past, how are you going to justify that position with a vote for Fletcher? Dr. Rosenbaum says:

Second, the Federal remedy created by the legislation fails to provide a minimally acceptable alternative and even this remedy is rendered meaningless through caveats, limitations and provisos. The Federal remedy would have the effect of federalizing managed care medical liability law.

Now, my friends, you have an alternative. It is called the Ganske-Dingell-Norwood-Berry bill. This bill has been debated in the Senate. A lot of Republican Senators worked very hard to improve that bill. For instance, Senators SNOWE and DEWINE further strengthened the bill's language protecting employers from liability. It allowed an employer to shift responsibility to a designated decision-maker and thus free itself from liability when it is not involved in medical decision-making. That is important. That adds to our employer protections on liability that

says unless you are directly participating in an HMO's decision, you cannot be held liable. That is fair. Almost all the employers in my district back home hire a PPO or an HMO, they do not get involved in the decisions that they make and they are not responsible. They would not be liable. That will be in our bill as we bring it to the floor.

The DeWine amendment, Senator DEWINE from Ohio, a Republican, further restricted the ability to file class actions. The Warner amendment, JOHN WARNER, Republican from Virginia, had an amendment that will be in our bill. It caps attorneys' fees. The Thompson amendment, Senator FRED THOMPSON, Republican from Tennessee, will be in our bill, that requires exhaustion of appeal remedies before a cause of action can be brought. The Phil Gramm amendment, Senator PHIL GRAMM, Republican from Texas, clarified that nothing in the bill prevents independent medical reviewers to require plans or issuers to cover specifically excluded items or services. That will be in the Ganske-Dingell-Norwood-Berry bill.

There are a number of other important amendments that will be in our bill. One of them was the Santorum amendment, Senator RICK SANTORUM, Republican from Pennsylvania, defines fetuses born alive as persons under Federal law and makes them eligible for protection under the patients' rights bill. That will be in our bill. Furthermore, we have provisions in the Ganske-Dingell-Norwood bill that would help people afford health insurance. We have 100 percent deductibility for the self-insured, for their health premiums, as an example. We expand medical savings accounts. That was a significant compromise from the Democratic side.

We think that the cries that the sky will fall, the sky will fall that we heard in Texas but never happened, that premiums would go out of sight, that lawsuits would just multiply, there would be an explosion, none of that happened. We wrote our bill several years ago based on Texas law. The Congressional Budget Office estimated that the cost of this bill in terms of insurance premiums would be a cumulative 4 percent over 5 years. Our opposition bill based on the Breaux-Frist bill from the Senate would raise premiums about 3 percent cumulative over 5 years. That is about 1 percent difference. We are talking in terms of increased costs for our bill of somewhere in the order of one Big Mac meal per employee per month. Most people in this country think that that would be well worth it in order to know that their insurance will actually mean something if they get sick.

There certainly has not been any explosion of lawsuits in Texas which our bill is modeled after. There have just been a handful. Several of them involve health plans that did not follow the law, demonstrating that there is a need for some type of enforcement. But a health plan ought to be liable if they are not following the law. There is a health plan in Texas that had a patient in the hospital who was suicidal, the doctor said the patient needed to stay in the hospital, the health plan said, ''No, in our judgment, he doesn't need to be there, we're not going to pay for it,'' the family could not afford it, they took him home, he drank half a gallon of antifreeze and committed suicide that night. That health plan did not follow the law, because the law said that if there is a dispute, you are supposed to go to an expedited independent review and they just ignored it. If there is not an enforcement provision in these bills that is worth the paper it is written on, then nothing else in the bill will be worth what it is written on.

We have over 800 endorsing and sponsoring organizations commending our bill, calling for its passage. This includes most if not all of the consumer groups, the professional groups. They have looked at this bill in detail. They have looked at the Fletcher bill in detail. They know that if the Fletcher bill became law, it would abrogate the advances that have been made in States around the country in terms of protecting patients, particularly in the States that have placed some responsibility, some legal responsibility, on HMOs, States like Texas.

□ 2320

Now, Mr. Speaker, President Bush has issued a list of principles. We firmly believe that the Ganske-Dingell-Norwood bill meets those principles, especially after the addition of the amendments that were passed almost unanimously in the Senate.

The President has rightly been concerned about increases in costs. We think that our bill is affordable. The estimates by the Congressional Budget Office confirm that. Since the President during his campaign spoke glowingly of the patient protection bills in Texas, this is what we wrote our bill after. When I look at those seven points that the President said he would need to have for his signature, our bill meets those requirements.

Now, we are more than happy to work with President Bush on this, and our door is open. Members of our group have continued to discuss these items with the President. But it is time to move. It is time to get this legislation through the House and get it into the conference. We will be more than happy to continue discussions with the President on these.

I believe President Bush wants to see a Patients' Bill of Rights signed into law and this is the bill that meets his requirements, and it would just be a darn shame not to end up at the end of the day with a bill that meets those requirements, as we think our bill does.

Mr. Speaker, the Speaker of the House promised that we would have a vote on this patient protection bill before we left for our August recess. In fact, we were supposed to have this debate last week. Then it was postponed to this week. The word is out now that we may not have this vote next week either before we go home for August recess.

I would just remind my colleagues that every day HMOs around this country are making health decisions that in many cases are life and death. Those decisions are affecting our family members, our friends, our colleagues, our constituents back home. There is no excuse for not moving ahead and allowing the will of the House to work.

This is supposed to be a democratic institution. Let us have a fair debate, with a fair rule. Sure, there can be amendments. And let us let the will of the people work, and let us move forward in a prompt manner to help patients and our friends get a fair shake from their HMOs and their health insurers in their time of need.

I expect that people will keep their word on this. If we do not have this debate next week, that would be a shame. We should at least move promptly in early September.

But I will tell you, to not bring this bill up because you just cannot have your way, because you do not have the votes, is what I would call a pocket veto without a debate, and I do not believe that is the democratic way that we should run this House.

Mr. Speaker, let us move to a prompt and fair debate on this bill, and let us get on with the people's business.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. LINDER (at the request of Mr. ARMEY) for after 5 p.m. today and the rest of the week on account of personal 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. OLVER) to revise and extend their remarks and include extraneous material:

Mr. DEFAZIO, for 5 minutes, today.

Mr. PALLONE, for 5 minutes, today.

Mr. DAVIS of Illinois, for 5 minutes, today.

Mr. LANGEVIN, for 5 minutes, today.

Mr. BROWN of Ohio, for 5 minutes, today.

Mrs. JONES of Ohio, for 5 minutes, today.

Mr. HOYER, for 5 minutes, today.

Ms. BROWN of Florida, for 5 minutes, today.

Mr. MATHESON, for 5 minutes, today.

Ms. CARSON of Indiana, for 5 minutes, today.

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