

to obtain prior authorization or referral from their primary physicians.

A Patient's Bill of Rights now means ready access to Pediatric Care. Parents will be able to readily designate a pediatrician as their child's primary care provider.

A Patient's Bill of Rights now means ready access to Specialty care. Specialty care will be included as a benefit to ensure that patients receive timely access to specialists. If no participating specialist is available, the bill requires the plan to provide for coverage by a non-participating specialist at no extra cost to the patient.

These and countless other measures in the Bi-Partisan Patient's bill of Rights will be compromised because of the latest agreement with the White House to limit the accountability of HMOs. The Ganske-Dingell-Norwood-Berry Bi-Partisan Bill of Rights legislation is a meaningful patient's bill of rights that has been open to scrutiny and debate. This legislation should not be compromised because of late agreement that did not include all of the authors of this bill.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. PALLONE).

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Mr. PALLONE. Mr. Speaker, I deeply resent the suggestions on the other side that somehow what they are doing today is going to help a person who is denied care get the care, get to the hospital, get the operation. Just the opposite is going to happen here.

This rule allows for amendments to be brought up on things totally unrelated to care, malpractice reform, medical savings accounts. These are the kinds of provisions that, if they are included in this bill, when we go to conference with the Senate, will kill the bill, just like it did last time.

And then you have the other amendment that changes the liability and makes it almost impossible for someone who has been denied care to even have an independent review by an outside board. All sorts of roadblocks are put in the way so that a person can never have an actual review. Forget the court. They will never get to the court. They will never have that kind of independent review by an external review board that will let them have their care, let them go to the hospital.

Finally, most insidious of all, you change the State law so progressive States like my own of New Jersey or Texas or others that have put in place a real Patients' Bill of Rights, are now going to be preempted. That person will never get to the hospital. You are making the situation even worse for them than it is now.

Mr. GOSS. Mr. Speaker, I am very pleased to yield 2 minutes to the distinguished gentleman from Kentucky (Mr. FLETCHER), from the Committee on Education and the Workforce, who has also been a major player in this legislation.

Mr. FLETCHER. Mr. Speaker, I thank the gentleman for yielding me time. We appreciate the work the gentleman has done, as well as the Committee on Rules, on putting together a fair rule, and a rule that is very timely.

As a family physician, one of the things that you learn to recognize very early is that some things need to be done in a timely basis and other things can wait. This needs to be done, I think, in a basis that we can get this accomplished, because this has been debated for at least 6 years, even longer. I think the first Patients' Bill of Rights in this body was offered in 1991. Anyone, I say anyone and everyone who has been engaged in this debate, is familiar with all the language in all of these amendments.

I woke up this morning and got over here to read the bill very early, it is 30 pages long, very easy to read, very understandable for those folks who have dealt with this issue for a long time. It is something not uncommon here. Five hours is plenty of time for folks to understand what this bill does.

I commend the gentleman from Georgia (Mr. NORWOOD). He has been willing, and maybe let me say very willing, to finally say let us put patients above politics, let us break away, let us stop the logjam, let us get a bill that the President will sign.

This rule allows the House to really express its will. We have an excellent opportunity to start with the base bill, that the other side prefers, and we allow for some amendments to that bill.

The bill certainly ensures us of quality. We are going to have some access provisions, because I think there has been a flagrant disregard for the uninsured from the other side. We address that.

But I think it is also important to realize that we do modify and reach a compromise on liability, so that HMOs are held accountable, but so that we do not allow frivolous lawsuits that drive up the cost and take money out of patient care and put it into personal injury lawyers' pockets.

I encourage Members to support this rule, and I thank the Committee on Rules for an excellent job.

Ms. SLAUGHTER. Mr. Speaker, I yield 3 minutes to gentleman from New York (Mr. RANGEL).

(Mr. RANGEL asked and was given permission to revise and extend her remarks.)

Mr. RANGEL. Mr. Speaker, it is amazing how the leadership here can get hold of one or two Democrats and believe that everything they do is bipartisan. It reminds me of the story that Jim Wright told about this wonderful Texas stew that everyone loved, and they asked what kind of stew it was?

He said it was horse and rabbit stew. They said, it tastes delicious. What is the recipe?

He said, oh, it is one horse and one rabbit.

They said, it tastes delicious, but how do you do it?

He said one-half horse, one-half rabbit is how we make it.

Except it is one whole horse and one small rabbit. And that is how the Republicans have moved forward in trying to get bipartisanship here.

But I tell you, the tax bill, the \$1.3 trillion tax bill, certainly was not bipartisan. This bill is not bipartisan. And the rule which I stand to oppose will not even allow us the opportunity to provide the revenues to pay for this bill, if and when it becomes law.

There is a train wreck that is going to occur, and the train wreck is that we have signed more checks, or promised to sign more checks, than we have made deposits in the bank.

We have this \$500 billion contingency fund over 10 years, but we said we are going to have \$300 billion of it for defense, \$73 billion for agriculture, \$6 billion for veterans, \$50 billion for health insurance, \$82 billion for education, \$122 billion for expiring tax provisions, \$200 billion to \$400 billion to change the alternative minimum tax. And there is just not enough money in our account to pay for these things, without invading the Medicare trust fund or the Social Security trust fund.

Now, we know that there are some people on the other side of the aisle that wish that we did not have these programs, and we also know that they know that these programs are so popular that they cannot be legislated out. But what you can do is to do what the President said in his campaign, and that is get the money out of Washington, because they will spend it.

I think the answer is, if we are spending it for Social Security benefits, if we are spending it for health care and education, if we are spending it for a stronger America, to invest in our young people, then that is what we were sent here to do.

But if we are just getting the money out of Washington so that we can create a deficit, so that we leave to our kids indebtedness, that we do not repair the Social Security system, we do not repair the health system, then I do not think that is what we were sent to Congress to do.

In the middle of the night a deal was cut, after so many good Members on both sides of the aisle tried to present a bill to the President that was good for the men and women of the United States of America. It is not a day to be proud of, but it is a day that we are going to vote down the rule, I hope, and vote down this legislation.

Mr. GOSS. Mr. Speaker, I yield 2 minutes to the distinguished gentleman from Texas (Mr. PAUL).

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

Mr. PAUL. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, as you know, I am a physician. I practiced medicine for more than 30 years, and I can certainly

vouch for the fact that medicine is a mess, managed care is not working very well; and, hopefully, we do something good to improve it. Unfortunately, I am not all that optimistic.

I support this rule because it is dealing with a very difficult subject and it brings the Democratic base bill to the floor. I do not see why we should not be able to amend that bill, so I do support the rule.

But the IRS code has 17,000 pages of regulation. The regulations that we as physicians have to put up with are 132,000 pages. Most everything I see that is happening today is we are going to increase those pages by many more thousands. So I am not optimistic that is going to do a whole lot of good.

I think we went astray about 30-some years ago in the direction of medical care when the government, the Federal Government, got involved. The first thing is we changed our attitude and our definition of what "rights" are. We call this a Patients' Bill of Rights. It has very little to do with rights, because most of what we do in medicine, we undermine individual rights.

We have a right in society, in a free society, to our life and our liberty, and we have a right to use that liberty to pursue our happiness and provide for our own well-being. We do not have a right to medical care. One has no more right to a service than one has a right to go into someone else's garage and steal an automobile. So the definition of "rights" has been abused for 30 years, but the current understanding is that people have a right to services. So I think that is a serious flaw and it has contributed to our problem today.

The other serious flaw that we have engaged in now for 30 years is the dictation of contract. For 30 years now under ERISA and tax laws, we have forced upon the American people a medical system where we dictate all the rules and regulations on the contracts; and it causes nothing but harm and confusion. Today's effort is trying to clear this up; and, unfortunately, it is not going to do much good.

Ms. SLAUGHTER. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. BONIOR).

Mr. BONIOR. Mr. Speaker, the gentleman from Texas (Mr. PAUL) really said it well, probably one of the understatement of the day, when he said that the managed care system is not working very well.

In the last 2 weeks, 20,000 Michigan seniors have been told that they will lose their health insurance. They are being dropped by their HMO health insurers who are abandoning their commitments. Our seniors are getting broken promises instead of the care that they expected and the care that they deserve.

Now, on top of that, we get this double whammy that has come before us, yesterday and today. For 6 years the American people have been waiting for a Patients' Bill of Rights. For 6 years insurance companies have done every-

thing they can to block it. Access to the nearest emergency room, insurance companies say no; give doctors the authority to make the medical decisions that are right; insurance companies say no; hold HMOs accountable for denying patients the care they need, the HMOs and insurance companies say no.

The deal cut yesterday, the deal that is being rushed through this House so we do not have to read the fine print, and, boy, if there was ever one area you wanted to read fine print, it is this area, is not a Patients' Bill of Rights, it is an insurance company bill of rights.

It is a radical betrayal of the public trust. Instead of protecting patients, it protects HMOs. Instead of helping patients get the care they need, it puts more roadblocks in that patient's way. Instead of giving injured patients the right to seek justice, it gives HMOs special immunity from the lawsuits and the standards and the laws that every other American business must uphold.

Mr. Speaker, it is time we hold the insurance companies accountable. Pass a true Patients' Bill of Rights. Defeat all these poison pill amendments that this rule would make in order. Pass a good bill. Vote no on the previous question, vote no on this rule.

Mr. GOSS. Mr. Speaker, I am privileged to yield 1 minute to the distinguished gentleman from Indiana (Mr. PENCE).

Mr. PENCE. Mr. Speaker, I thank the gentleman for yielding me time.

Mr. Speaker, even though I am a new conservative Member of this institution, I came to Congress anxious to support a Patients' Bill of Rights. I became involved in the front end of this debate to preserve our free market health care system and to strengthen patient choice.

For too long, Mr. Speaker, I believe Congress has walked by on the other side of the road, leaving patients, doctors and well-meaning employers to fend for themselves in an increasingly complex health care economy.

What we have before us today is truly a bipartisan Patient Protection Act that will provide protections for all Americans, and trust doctors with the power to make medical decisions, and so it will also encourage employers to provide quality health insurance for their employees.

I urge all of my colleagues, regardless of your stripe or party, let doctors provide timely care, give patients choice, and let this Congress end the decade of walking by on the other side of the road, and speed this timely aid to patients, doctors and well-meaning employers.

Support the bipartisan Patient Protection Act.

Ms. SLAUGHTER. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. GREEN).

(Mr. GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GREEN of Texas. Mr. Speaker, I looked forward to this day when we could have a Patients' Bill of Rights on the floor, but after seeing what happened, I am so disappointed and so frustrated, and I think that is what is going to happen with the American people.

Instead of a Patients' Bill of Rights, we have a patients' bill of wrongs. We have a Patients' Bill of Rights that is masquerading, but it is really the patients' bill of wrongs.

What it does is it transfers the decision-making from the State courts, where in Texas we have it now, to under Federal rules in State courts; and that is wrong, and nowhere in our jurisprudence history do we have that. So it is going to make it harder.

It gives a presumption for the HMO so they are right and you have to prove them wrong. We are actually going to increase litigation. My colleagues do not want more litigation. When you give that right to the insurance companies, you are going to make people hire an attorney just to go through the appeals process, and that is wrong.

□ 1330

In Texas, we had a Patients' Bill of Rights for 4 years, very few lawsuits, 1,400 appeals, 52 percent in favor of the patient. So more than half the time, the HMO was wrong; and they are wrong today.

Mr. GOSS. Mr. Speaker, I am pleased to yield 1 minute to the gentleman from Ohio (Mr. BOEHNER), the chairman of the Committee on Education and the Workforce.

Mr. BOEHNER. Mr. Speaker, I thank the gentleman from Florida for yielding me this time, and I congratulate the Committee on Rules for bringing to the floor the Patients' Bill of Rights.

Let us not make any mistake about what this bill is. It is the same patient protections that we have talked about for years. It is the base bill. There is only one real change in the bill that we are going to bring to the floor today, and that is in the area of how much liability we are going to impose on employers and insurers.

Many of us believe, under the base bill, that we will have unlimited lawsuits that will tremendously increase costs for both employers and their employees, and as a matter of fact, I believe will cause tens of millions of Americans to lose their health insurance because of these increased costs. That is unacceptable when we have 43 million Americans with no health insurance at all.

Under the rule, the gentleman from Georgia (Mr. NORWOOD) will offer a compromise that he struck with the President that does provide for greater remedies and greater access to courts for those who have been injured. But it will not unduly raise the cost of health insurance and it will not force employers out of employer-provided coverage.

I think it strikes the right balance for the American people and we ought