have a cause of action for the denial or the delay of care.

Let me further say to you, and I think I can say this also for the President, we want to be as sure as we possibly can we do not preempt other causes of action at the State level. I know that can be debated whether the language actually does that or does not, but that is pretty common as I understand it between lawyers for one set of lawyers to believe language says one thing and another set of lawyers believes language to say the other, but you just need to know my intent is to make sure at every way I can do that we do not preempt other causes of action at the State level and that is going to be my intent through conference. I am happy that the President agrees that that is our intent. If for some reason when we get into conference that that language is not worked out, I am going to be in there slugging out for it, because that is my intent as well as it is your intent.

Just do not say there is no recourse for a patient who is harmed, that is denied care or delayed care. There is recourse.

Mr. ANDREWS. Mr. Chairman, I yield myself 1 minute.

I appreciate the fact that the gentleman from Georgia's intent is not to preempt these claims; but with all due respect, that is not what his language says. On page 15, line 16, delivery of medical care claims are preserved but everything else is not. Is not.

I yield to the gentleman from California (Mr. GEORGE MILLER).

Mr. GEORGE MILLER of California. Mr. Chairman, I thank the gentleman for yielding. I think also if you read the language that they borrowed from the ERISA statute, they now have taken the determination that it is not a standard of medical care no matter how flawed the process is, no matter how egregious the medical malpractice is. The question will be not with the medical professionalism, but it will be whether it passes the review of an insurance industry muster of the acceptable standard of claims.

It is very clever what you have done here, but you have moved from a medical standard to an insurance claims processor on whether or not I have had medical malpractice. You do not get to review the medical standard.

Mr. ANDREWS. Reclaiming my time, this with all due respect is what happens when you start drafting a bill at midnight and finish at 7 o'clock in the morning.

Mr. Chairman, I yield 1 minute to the gentlewoman from Florida (Ms. BROWN), a fighter for working families in Florida and throughout the United States.

Ms. BROWN of Florida. Mr. Chairman, during last year's campaign, a patients' bill of rights was the top priority of the American public. But just like the Presidential election, the American people are not getting what they voted for.

The President and the leadership of this House is pushing amendments that are a complete sham on the American people. Instead of a patients' bill of rights, they are pushing an HMO bill of rights. The Republican amendments side with special interests over patients, provide special protections for the HMOs, and roll back patient protections.

In last year's election, the Green Party candidate claimed that there was not a dime's difference between the Democrats and the Republicans. I can guarantee Mr. Nader and the rest of the American public if we had a fair election, we would really be debating a patients' bill of rights and also a prescription benefit for our seniors.

□ 1615

The American people deserve quality health care. I ask my colleagues to do the right thing for their constituents, not the big insurance companies. Vote for a real Patients' Bill of Rights. Put the doctors back in charge of medical care, with insurance company accountability, that sometimes kills and harms patients.

Mr. ANDREWS. Mr. Chairman, I am pleased to yield 1 minute to the gentleman from New York (Mr. ISRAEL), who has listened to the doctors and patients of Long Island.

Mr. ISRAEL. Mr. Chairman, I thank the gentleman for yielding me time.

Mr. Chairman, I have only been here in Congress for months, but I have already learned some interesting lessons. Only in Congress can we weaken patient protections, and call it stronger; only in Congress can we protect the HMOs, and call it a Patients' Bill of Rights; and only here can we protect profits, and say we are protecting patients.

Mr. Chairman, I believe in compromise. I came here to try and compromise. But the only thing compromised in the majority's bill is the fundamental right of doctors, nurses, and their patients. The only true Patients' Bill of Rights, Mr. Chairman, is Ganske-Dingell-Berry, and that is what we should pass today.

Mrs. JOHNSON of Connecticut. Mr. Chairman, it is my pleasure to yield 2 minutes to the gentleman from Arizona (Mr. HAYWORTH).

Mr. HAYWORTH. Mr. Chairman, I thank my colleague for yielding me time.

Mr. Chairman, I listened with great interest to what has slowly evolved into sloganeering, rather than finding solutions here on the House floor.

It has been interesting, Mr. Chairman, to hear talk about coming together to find some solutions, and now to hear the refrain from the left, it is kind of like that old country song, ''That Is My Story, and I Am Sticking to It.'' It is almost the equivalent of legislative hypochondria.

Now, look: we have a solution and a commonsense compromise crafted by the gentleman from Georgia, the President of the United States, and thoughtful Members from both sides of the aisle. And one thing I agree with is my colleague from Florida, who said put doctors in charge of health care, that is absolutely right. The tragedy of the product offered from the left is that it again seeks to put the trial lawyers' lobby in charge.

Now, like any good piece of legislation, we have come together here. There is quality care here, there is a level of care here, there is an appeals process here. There is a protection device to ensure the sanctity of the relationship between the physician and the patient. That is the key.

But, again, the left will tell us, no, the trial lawyers' lobby must be there, solutions need to come in court rather than in the clinics; and, worse yet, if we come together, no, no, we cannot have that, because it is much more enticing to have an issue than a solution. It is much more politically feasible to continue to indulge in rhetoric, rather than deal with a real solution.

Now something has been crafted to find the hard-won compromise, to deal first with health care, and to say both to insurance companies and to the trial lawyers, neither group gets in the way, quality health care is dependent on the sanctity of the physician-patient relationship.

Mr. ANDREWS. Mr. Chairman, I yield myself 15 seconds.

I agree with my friend from Arizona that doctors should be the decision-makers, which is why the AMA today said, ''Representative NORWOOD made a sincere effort to find a workable compromise, but the resulting effort is seriously flawed, and we oppose it. It helps HMOs more than it helps patients.''

Mr. Chairman, I am pleased to yield 1 minute to my friend, the gentleman from Tennessee (Mr. CLEMENT).

Mr. CLEMENT. Mr. Chairman, I thank the gentleman for yielding me time.

Mr. Chairman, this is a serious matter. We have heard from doctors, patients all over the country, and we want some relief now. I was hoping the conversation that the gentleman from Georgia (Mr. NORWOOD) had with the President would bring about some fruition. Unfortunately, we now feel like we have been whitewashed, we have not solved the problem, that we have caved in.

Therefore, I do not think any of us have a choice but to go along with Ganske-Dingell, which is a bipartisan approach, in order to solve some of these difficult problems that so many people are having with HMOs.

Just think of someone in their 20's that is injured, has a couple of children, sustains a terrible injury, loses income, debts to pay, extended health care services, theoretically going to live for 40 to 50 years. They are not going to get the help that they need under the Norwood bill. That is why we need to get behind the Ganske-Dingell