

It protects HMOs, the insurance industry and the pharmaceutical companies.

Mr. Speaker, instead of false claims and gifts to HMOs, we need a bill like the Conyers-Dingell substitute that was not made in order.

Unlike H.R. 5, the Conyers-Dingell bill is balanced and would eliminate frivolous lawsuits, increase competition, and reduce costs, without sacrificing crucial protections.

Let's be real, Mr. Speaker. This bill is yet another example that shows where Republican priorities lie—with their contributors—HMOs and insurance companies.

Patients and people deserve more.

I urge my colleagues to reject the false claims and vote "no" on H.R. 5.

Mr. BLUMENAUER. Mr. Speaker, there are two ways of dealing with the medical malpractice problem. One is to take the approach that the House Republican leadership has chosen for years; a narrowly drawn proposal that appeases their partisan supporters but doesn't solve the problem. As I said last year, the rationale was weak and there was little evidence it would succeed. Instead, it may do more harm to the health care community and doctors. Most important, because it is so narrow and partisan, it's very unlikely to become law. Pushing a political solution is the approach that has been tried repeatedly and is what Oregon voters rejected again at the polls last year.

The other approach is to work cooperatively, bringing people to the table to make progress. This is what appears to be happening in Oregon in the aftermath of the last defeat. In Oregon, doctors, hospitals, and other healthcare professionals are working with consumer advocates, trial lawyers, and people from government to fashion a solution that is acceptable; to make progress building on cooperation and trust.

Between the two approaches it's clear that the narrow, partisan, and unbalanced approach is not only questionable on its merits, but is a political dead end. I see no reason to change my longstanding opposition to both the narrow solution and to the approach that created it. Given the nature of the crisis of healthcare in the United States, the problems will only get worse; politicizing them will only put off the day when real progress is achieved.

Mr. HOLT. Mr. Speaker, I rise in opposition to H.R. 5. This legislation will not reduce medical liability premiums, and it unfairly and arbitrarily discriminates against those most severely injured by medical errors.

I have consistently heard from physicians in Central New Jersey that the rising cost of medical malpractice insurance represents a growing crisis. The rising premiums have compelled many physicians to leave the state or leave medicine altogether. My wife is a general practice physician, so I fully appreciate the gravity of the situation facing many doctors. The rising cost of insurance poses obvious dangers for access to care, particularly for populations most in need.

Unfortunately, the Republican leadership has brought to the floor a bill that does not reduce premiums for physicians and imposes an arbitrary cap on damages for the most severely injured victims of malpractice or negligence.

Capping non-economic damages at \$250,000 for patients who have won a medical malpractice tort will not result in lower insur-

ance premiums for physicians. Just listen to what the insurance industry itself has said. "We have not promised price reductions with tort reform," said Dennis Kelly, an American Insurance Association spokesman in the Chicago Tribune. In fact, over the past few years, payouts for medical malpractice cases have remained flat while premiums have continued to rise, in some cases doubling.

Because of insurance companies overcharging doctors for insurance, the fifteen largest insurers have accumulated a surplus that is double what they actually need to pay claims. We should be debating how to most effectively rebate this surplus to the doctors, rather than looking for ways to reward them for the squeeze that they are executing on our healthcare system. The insurance industry is gouging medical doctors and is trying to use patients as a scapegoat.

Imposing a cap on damages inherently affects the patients most severely injured by malpractice or negligence. Setting the cap at \$250,000 is an insult to all those who have had their lives permanently changed by medical errors. The figure is lifted directly from the 1975 California MICRA law. Adjusted for inflation, this amount would be close to \$1 million in 2005 dollars. \$250,000 does not come close to compensating for loss of life or permanent disability or disfigurement.

I am disappointed that, for the third time in three years, the Rules Committee has eliminated any opportunity to amend the legislation. I am particularly disappointed that the Rules Committee disallowed substitute legislation by Ranking Members JOHN CONYERS and JOHN DINGELL. Their bill would weed out frivolous lawsuits, require insurance companies to pass savings on to health care providers, and provide targeted assistance to the physicians and communities who need it the most. That Congress is not permitted even to consider this legislation as an alternative demonstrates that the bill we have before us cannot survive on its own merits.

As liability insurance premiums continue to rise for physicians across the country, the Republican leadership continues to prescribe the same tired and ineffective legislation. For good reason, this bill has not survived the legislative process for the past three years, yet we are once again debating whether to enrich insurance companies at the expense of victims of medical malpractice and negligence.

We need a comprehensive, fair, and effective approach to lowering insurance premiums for physicians. The legislation we have before us is none of the above. I encourage my colleagues to oppose H.R. 5.

Ms. DELAURO. Mr. Speaker, we can all agree on one thing—the skyrocketing cost of malpractice insurance impacts every doctor and, indeed, every American. But contrary to what this majority has repeated time and again, the reason for these soaring costs has nothing to do with frivolous lawsuits.

Indeed, a new report by the Center for Justice and Democracy found that in the last 4 years, the 15 largest malpractice insurers increased premiums by 120 percent—more than doubling premiums. And what about all those frivolous lawsuits supposedly driving those costs? The same report found that claims during that same period rose by just 5.7 percent. In my State of Connecticut, the contrast between claims and rates is even starker, with premiums for our 3 largest malpractice insur-

ers shooting up 213 percent over the last 4 years while claims have increased only 1.6 percent.

So, let's call this situation what it is, Mr. Speaker—insurance companies gouging doctors. To inflate their own profits, insurance companies are putting doctors at risk, destabilizing our health care industry and driving up costs for everyone.

And what is this majority's response? Granting authority to State insurance commissioners to order refunds for doctors when excessive rates are imposed? Requiring insurance companies to get approval before rate increases? Demanding that States set standards for actuaries to calculate rates?

No. Their response: "blame the patients." Limit damages. Drive a wedge between the parties being hurt the most by rising malpractice costs—doctors and patients. At all costs, it seems they are saying, do not hold the insurance industry's feet to the fire on this issue.

Mr. Speaker, this debate ought to be about helping doctors—about doing something meaningful to ensure they can afford to continue practicing medicine. Instead, this bill would insulate insurance companies from having to follow any kind of responsible guidelines regarding how malpractice insurance rates are set. And, as such, this bill will do nothing to actually drive those rates down—an admission the insurance industry itself has acknowledged.

None of this is to say that we do not need to crack down on frivolous lawsuits—indeed, last year I voted to penalize lawyers who file frivolous suits with a tough "3 strikes and you're out" rule. And today, Democrats wanted to offer a substitute, which would have taken a comprehensive approach to the malpractice insurance crisis. Our bill would have prevented frivolous lawsuits but also required insurance companies to pass some of their savings on to health care providers, as well as providing assistance to the physicians and communities who need it the most.

We had also hoped to strike a provision of this bill that would have protected manufacturers such as the makers of Vioxx from liability. But again, Republicans prevented that amendment from coming to the floor today for consideration. And little wonder—I would not want to justify why Republicans were protecting the makers of a drug found to be responsible for thousands of deaths either.

Mr. Speaker, in the face of premium increases that are 20 times faster than malpractice claims increases—frivolous or otherwise—this legislation is irresponsible, plain and simple. I urge my colleagues to do right by doctors and families by opposing this bill. Let's come back and pass a bill that will actually address the malpractice insurance crisis.

Mrs. BIGGERT. Mr. Speaker, I rise today in strong support of H.R. 5, the HEALTH Act.

Will County, Illinois, part of which I represent, no longer has any practicing neurosurgeons. A recent survey found that 11 percent of OB/GYNs no longer practice obstetrics in my home State of Illinois. And more than half of OB/GYNs in the State are considering dropping their obstetrics practice entirely in the next 2 years due to medical liability concerns.

Women and children are the first to suffer in a crisis like this. As a mother and a grandmother, I don't want to see pregnant women driving to another State because they can't