

MEASURE PLACED ON THE  
CALENDAR—H.R. 3717

Mr. JEFFORDS. Mr. President, I have further business for the leader which I neglected here. I understand that there is a bill that is due for its second reading at the desk.

The PRESIDING OFFICER. The clerk will report.

The assistant legislative clerk read as follows:

A bill (H.R. 3717) to prohibit the expenditure of Federal funds for the distribution of needles or syringes for the hypodermic injection of illegal drugs.

Mr. JEFFORDS. Mr. President, I object to further proceedings on this matter at this time.

The PRESIDING OFFICER. The bill will be placed on the calendar.

Mr. JEFFORDS. Mr. President, now I will proceed in morning business.

(The remarks of Mr. JEFFORDS pertaining to the introduction of S. 2054 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. JEFFORDS. Mr. President, I yield the floor and suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. KENNEDY. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KENNEDY. Mr. President, I know we are in morning business with a time limitation of 10 minutes. I ask unanimous consent to be able to proceed for 15 minutes.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. KENNEDY. I thank the Chair.

PATIENTS' BILL OF RIGHTS

Mr. KENNEDY. Mr. President, in the United States we have the best doctors and hospitals in the world, and the investments we have made in research pay off each day in the form of new therapies and procedures that save lives or dramatically improve the quality of life for countless patients. Yet, too many people are being denied access to medically necessary care by cost-driven insurance companies that are bent on putting profits before patients.

People across the country are concerned. In a recent survey by NBC News and the Wall Street Journal, 80 percent of the respondents said passing a bill of rights, a health care bill of rights, a Patients' Bill of Rights, is very important—including 33 percent who said it was vital.

So, what is wrong with today's health insurance system? We could ask Glenn Nealy's young widow. But before we go through that rather tragic story, I will just review very quickly the essential elements in our Patients' Bill of Rights.

It guarantees the access to specialists and emergency rooms and other needed care.

It expands the choices, which enable patients to select doctors and plans, and it removes the gag law which, in too many instances, denies doctors the ability to tell their patients about the best medical procedures to take care of their particular needs.

It ensures independent appeals. If individuals find they are denied access to certain types of procedures, there will be an opportunity for an independent appeal—to make sure the kind of care that those individuals are receiving is really the best.

It holds plans accountable for medical decisions. That is extremely important. We should not be excluding these health plans from accountability for the decisions that they make. I am confident that the good plans have nothing to fear from this proposal. They make medical decisions that are carefully considered and justified. But there are increasingly too many plans in this country that are putting the bottom line first and are not living up to their responsibilities. And there is no reason in the world that those plans should not be accountable, consistent with what the State laws provide.

It restores the doctor-patient relationship. All patients who are being treated need to know they are receiving the treatment that is necessary from the medical point of view, rather than from the insurance company's point of view, or some accountant's point of view, back in an office that may be practicing almost cookbook medicine. That is, obviously, not in the interest of the patient and doctor. This is a proposal that allows doctors—who have dedicated themselves to good patient care and then find themselves restricted by the various HMOs and insurance plans—the opportunity to practice the best in medicine.

And it establishes quality and information standards so patients have information available to them and are able to make informed and good judgments.

As one who was the principal sponsor for HMO legislation in the 1970s, I am a great believer in using the concept of preventive medicine in the treatment of patients and in trying to build into our health care system the concept that the system should generate income for those who are going to keep the patients healthy, rather than reward a system that treats patients only when they are sick. That was a very basic and fundamental concept. The good HMOs, and we have many of them in my own State of Massachusetts, have done this. They have invested a great deal in preventing illness and disease. That is not a general feature of our health delivery system today. But some HMOs have done that and have been very aggressive in doing it, in keeping people healthy. In those areas where they have been very successful in keeping people healthy and

then providing quality care for those who are sick, they are an extraordinary example for good health care delivery in this country today, and we salute them. We salute them.

But, what we are finding is that these excellent groups are, too often and increasingly, put at a disadvantage by those who are going to represent that they are going to provide those kinds of services to the patients and then, when the time comes, cut back on those services because they are being driven by the economics of treatment of the patients and are making decisions that are based on interest in the bottom line of these HMOs, rather than what is in the interest of the patients.

So we have developed legislation here in the Congress for the Patients' Bill of Rights. It is legislation that also has strong support over in the House of Representatives. There is a broad group of Members of this body who have supported this legislation. There is a very considerable number of our Republican colleagues and friends who have supported this and similar legislation—Congressman NORWOOD, Congressman GANSKE and others in the House of Representatives. There are some differences in the proposals, but there is a general recognition of the need for action in this Congress. That is what we are hopeful of, at least having some action in this Congress.

This past week, we attended to the abuses in the IRS and its reform. It seems to me that we ought to now turn to the abuses that exist out there in the delivery of health care systems which, in many, many instances, mean the difference between life and death.

All of us were shocked and horrified after learning of the abuses of bureaucrats in the IRS and how they treated individuals. That was shocking for, I think, all Americans. We passed legislation responding to that. We acted quickly.

We have even more egregious challenges that are facing patients across this country, and this issue demands action as well. It is really going to be a question of whether we are going to have the opportunity to debate these issues and come to a resolution on those items and do it in the next several days, because we do not have a great deal of time in this session. The time is moving on. We are now into May. Only about 75 legislative days remain before we move towards adjournment.

I cannot think of many measures that are more important than having legislative action to debate and pass this, and to send it to the President.

The President of the United States supports it. There is strong indication by the vote that we had during the budget consideration that almost half of the Members of this body support these concepts. And I believe if we have a full opportunity to debate and discuss these issues, we can certainly develop broad support for this type of legislation.