

Mr. DORGAN. 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 President, I ask unanimous consent that the order for the quorum call be rescinded.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. DORGAN. Mr. President, I ask unanimous consent to speak for 15 minutes as if in morning business.

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

PATIENTS' BILL OF RIGHTS

Mr. DORGAN. Mr. President, as we near the summer of this legislative session and discuss the agenda remaining for this Congress, I want to raise, as my colleagues and I have for many, many days in this Chamber, one of the pieces of legislation we want considered in the Senate during this session of the Senate. That legislation is the Patients' Bill of Rights.

About 160 million Americans are now enrolled in managed care organizations. HMOs—health maintenance organizations, one of the main types of managed care—can save money and they can improve care. But by the same token, managed health care organizations can cause real serious problems for many Americans. I want to describe just a few of them and describe why we believe a Patients' Bill of Rights should be enacted by this Congress.

To describe part of the problem with managed care organizations, let me tell the story of a woman who had just suffered a brain injury. As she was lying in an ambulance being hauled to a hospital, with her brain swelling, she advised the ambulance drivers that she wanted to be taken to the hospital that was farther away, rather than the nearest hospital.

She survived and was asked later why she issued directions to be taken to the hospital farther away. She said she had learned a lot about the hospital that was nearest to the ambulance at that point, and it was a hospital that by reputation had made health care a function of its profit and loss statement. She did not feel comfortable presenting herself to an emergency room where her care was going to be a function of someone else's profit and loss.

And that is something that concerns a lot of the American people these days, especially as health care moves more towards for-profit health care, more towards managed care. Let me give you another example.

This example, whose name is Wendy Connelly, a wife and mother from Sherwood, OR, is yet another reason why we need a Patients' Bill of Rights.

In 1994, Wendy Connelly experienced symptoms of what she feared was a heart attack, including heaviness in her chest and a heart that began beating wildly, at a rate approaching 150 beats per minute. She thought she was having a heart attack, so Wendy sought treatment at the local hospital emergency room, as one would likely

do in that situation. Fortunately for Wendy, the doctors on call treated her for what was not a heart attack, but rather, a previously undiagnosed thyroid imbalance. When she first began to fear the worst, Wendy had contacted her HMO's on-call physician for advice. Obviously, he was unable to make an over-the-phone diagnosis for her, and he told her to seek emergency room care if her symptoms did not subside. And so she did. But when the bill came due, the HMO denied payment of Wendy Connelly's claim. They said that her case was not deemed emergency care. The HMO was basing its decision on the final diagnosis, not the heart-attack like symptoms that sent her to the emergency room.

Wendy Connelly, to her credit, felt that the HMO was wrong in its denial, and so, for more than a year, she sent letters explaining what had happened. Even her doctors and the hospital that treated her urged the HMO to cover that claim. Finally, the HMO conceded and she was no longer liable for the costs that she incurred more than a year before. But she decided that she would help others in this situation who were being unfairly denied coverage, so she filed a complaint against the HMO with the Oregon Department of Insurance. It was found by the Department of Insurance that what had happened to Wendy Connelly was a routine practice for this insurer. If a person went to the emergency room but found that the final diagnosis is not something that would require emergency care, despite what the presenting symptoms were, then the claim was denied.

Here is what Wendy said:

I went to an emergency room (because) I thought I was having a heart attack. . . . I felt that if I went somewhere else or delayed longer, I would (have been) putting my life in jeopardy.

But all across the country now we discover these cases, time after time after time, of the managed care organizations deciding that they won't cover someone showing up in an emergency room. Or, in fact, some of them have clauses in their contracts with their doctors that say if a doctor's patient shows up in the emergency room, it comes out of the doctor's compensation for the managed care organization. You talk about a terrible incentive; you talk about a conflict of interest; that is it.

We have proposed a Patients' Bill of Rights, proposed by Democrats and Republicans, in the Congress. Let me go through, just for a moment, what some of these rights would be.

Patients in this country ought to have an opportunity to know all of the medical options available to treat their illness or disease—all of the medical options, not just the cheapest. A number of managed care organizations have gag rules in their contracts with their doctors. They will only allow their doctors to tell patients what they want the patients to know. If there are other treatments available, perhaps better

treatments, treatments that are more appropriate but perhaps more expensive, then they have no obligation to tell the patient that there are other treatment options. Many patients worry, and some investigations confirm, that often the patients learn not all of the treatments available but only those which are the cheapest.

You have a right to choose the doctor you want for the care you need, including specialty care. One person from my home state of North Dakota whose employer recently switched to a closed network health plan has a chronic heart condition. But his new health plan has refused to allow him to see the cardiologist who has been caring for him for his heart condition for a decade. This employee has no option to choose a health plan that will allow him to continue seeing his cardiologist, even though he says he is willing to pay for that right. So under the Patients' Bill of Rights, patients will have the right to choose the doctor they want for the care they need.

You have the right to emergency room care whenever and wherever you need it. In fact, a Missouri managed care organization plan sent all of its customers a letter saying a trip to the emergency room with a broken leg, or a baby running a high fever, should not generally be assumed to be covered. The letter read like this:

An emergency room visit for medical treatment is not automatically covered under your benefit plan.

An Arkansas woman suffered a broken neck in a car wreck and was rushed to the hospital. Her managed care company refused to pay for her emergency room care—this is a patient with a broken neck from a car accident—because she failed to get prior authorization. Managed care organizations think that the first thing to do when you break your neck in a car accident is to seek prior authorization to get to an emergency room? So, another of the patients' rights is the right to emergency room care whenever and wherever you need it.

You also have the right to a fair and speedy process for resolving disputes with your health care plan. You have the right to considerate, respectful care without discrimination. You have the right to keep your medical records confidential.

Why is it important that these rights be made available to patients? Because too many managed care organizations are denying those basic rights to American citizens and to those who are sick right now. We have a proposal that has been dealt with by the Senate, dealing with mastectomies. Why should the Senate be talking about the length of hospital stays available for a woman who has a mastectomy? Because managed care organizations are taking these women into hospitals for mastectomies, radical mastectomies, and 8, 10, 12 hours later, with tubes coming from their bodies, sending them home. And the same is true with

drive-through baby deliveries. That is why Congress addressed that particular problem in 1996.

Is this body part by part legislation the best way to address these issues? No, not for Congress to be dealing with these specific procedures. But why are we even confronted with this? Because health care all too often—regrettably, for those who are sick, for those who are in need of health care—has become more a function of dollars and cents, more a function of someone's profit and loss, than someone else's critically needed health care. That is why we want a Patients' Bill of Rights passed by this Congress.

Some say this will cost a lot of money. No it will not. The ultimate cost for the American people is to deny treatment, to deny coverage, and deny opportunity for those who are sick to get the treatment they need. If you want to mushroom the health care bill in this country, then keep doing what we are doing and say to the American people: If you break your neck, we won't pay for emergency services for you because your first stop should be some accountant's desk to get prior authorization. Your first stop, before the doctor's office or the hospital room, is to appeal to some accountant in an insurance office 500 miles away to ask what kind of health care delivery that managed care plan will give you, your child, your parents, or your family. That doesn't make any sense.

Doctors all across my State and across this country support the Patients' Bill of Rights, because they understand medicine ought to be practiced in the doctor's office and in the hospital room, not in some insurance company's office by some junior accountant who is 500 or 1,000 miles away from the problem the patient is suffering.

Mr. President, I hope very much that in the coming weeks this Congress will include on its agenda a Patients' Bill of Rights so that all Americans will understand their rights and all managed care organizations will understand their obligations to people in this country when they need health care.

FARM CRISIS

Mr. DORGAN. Mr. President, as I finish my time I want to turn to a separate matter for a moment to discuss some meetings that I held in North Dakota during this past week. While the U.S. Senate was not in session, I held a number of farm neighbor meetings around North Dakota to talk about the farm crisis that exists in our part of the country. It is not something you read much about, but it exists and it is serious.

We have seen all kinds of natural disasters and they break your heart. We have seen tornadoes, earthquakes and floods. We have had floods in North Dakota, our neighboring State of South Dakota had devastating tornadoes over the weekend. They are all tough to deal with.

But there is another kind of crisis and disaster that occurs that does not come from a single event that climaxes in massive, visible immediate destruction. I am talking about a farm crisis that is devastating farm families in States like North Dakota. Chronic grain disease, such as scab that results in vomitoxin, chronically low farm prices, a wet cycle, diminished production, and a range of other things have combined to put literally thousands and thousands of family farmers in harm's way. By harm's way, I mean these farmers are not going to get financing to put in another year's crop. They are going to see their lifelong dream of operating their family farm gone, ripped apart and torn to shreds.

At one of the farm neighbor meetings I had, there were three generations of farmers sitting there—a granddad, a dad and a son. The son was about 20 years old, kind of a husky young man. The granddad started that farm many, many decades ago, and the father took over that farm. Now the son is getting ready to graduate from college and would like to come back and farm as well. But the son said he wasn't sure he was going to be able to do that. In fact, the dad wasn't sure he was going to be able to hold on to the farm even if his son did want to farm it. Three generations of farmers and their hope for the future is gone.

At one of the farm meetings we had, the sky clouded up with big black storm clouds to the west. A storm was imminent, when one of the farmers stood up and explained what a lot of people probably do not understand.

He said, "You know, I've lost money 4 years in a row. I run a small grains farm. I put my kids through college. This is what I love to do. It is what I know to do," and he said, "yet, the grain prices are far below my cost of production. We have had crop disease and every problem you virtually can conceive of, and I don't know how long I can keep farming."

He said, "See that cloud bank out west. Those storm clouds that will be here in an hour or so, that's pressure. That's pressure for us, and people don't understand that. That might ruin what little crop that has started to come. That might wash out seeds that haven't yet sprouted. That is pressure."

You don't think much about that until you sit on those farmsteads and visit with the farmers who are trying to make a living under very difficult circumstances.

Farmers are the only business men and women in this country who have the following kinds of problems of risk: One, when they plant a seed after they plow the soil in spring, they have no idea whether the crop is going to grow, whether it be wheat, barley, flax, or corn. If it grows, maybe a month later the grasshoppers come. Maybe it is insects, maybe it is hail, maybe crop disease or maybe a dozen other things conspire to destroy that crop.

But maybe the crop doesn't get destroyed and the farmer harvests the crop and takes it to the grain elevator. Then maybe, as is the circumstance today, that farmer gets \$2 a bushel less than it cost him to produce the wheat. Then the farmer wonders, "I took all these risks and end up losing all my money, all my equity, and then I am told by my banker that the U.S. Congress changed the farm program and reduced price supports so I can't cashflow anymore. Because Congress changed the farm programs, I no longer have the loans available to me to put in the spring crop." And they rightfully wonder what is happening to our country.

We must, as a country, do something if we want to save family farmers. This country has an obligation to stand up in international trade and farm policy. We need to say that a network of family farms in our country's future matters to this nation.

We can do better in a range of areas. We need a better crop insurance program, a better price support program, and better trade policies that prevent other countries from unfair trade practices against us. We can do all these things.

This Congress, in my judgment, has a responsibility now to respond to the growing farm crisis. I hope my colleagues who come from farm States will understand that this is not some parochial issue. It is not some parochial concern that is of no consequence to anyone else.

It is of consequence to everyone in this country whether or not our family farmers have an opportunity to survive and succeed. I think it is interesting, Mr. President, that the price of wheat has gone from \$5.50 a bushel to \$3.50 a bushel, nearly \$2 below the cost of production for a bushel of wheat. And yet, at the same time, the folks in town go to the grocery store and they discover the price of bread has increased a bit. The price of wheat has dropped like an anvil, and the price of bread keeps going up. The price of wheat drops, the price of cereal keeps going up. What it says is that family farmers are down there at the bottom of the economic totem pole. Yet, they are the ones who produce. They plow the ground in the spring, they harvest it in the fall, they take all the risks in between and, in all the circumstances, they are the ones who lose the money. At the same time the big millers have record profits and the big grocer manufacturers have record profits. You can take a look at the big grain trading companies—record profits.

Everybody profits, except those who have to put on work clothes to plant the field and harvest the crop. It is everybody who doesn't have to work in that kind of a situation who makes a record profit, while the farm families are going out of business.

In my home State, they have had to call auctioneers out of retirement to handle the number of auction sales for