

PRIVILEGE OF THE FLOOR

Mr. THOMAS. Mr. President, may I ask unanimous consent that Vickery Fales from our office be granted privileges of the floor.

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

PATIENTS' BILL OF RIGHTS

Mr. THOMAS. Mr. President, I wanted to take the opportunity today as we gather, and before we begin debate on a specific bill, to talk a little bit about the Patients' Bill of Rights, the Republican bill that was introduced last week, a bill that I believe has a great deal of value for the American people. S. 2330, the Patients' Bill of Rights, will be the subject, I think, of our discussion this week and, indeed, should be.

For some time now we have been hearing from the other side of the aisle with respect to a Patients' Bill of Rights, and they will have one. Hopefully what will happen, we will have an opportunity to consider both of these bills, have an up-or-down vote on each of them, and successfully pass one of these versions that will protect patients throughout the country.

The Republican proposal is a carefully crafted plan intended to give patients and families more choices as we change the way health care is delivered in this country. And as we move toward more managed care, then there needs, I believe, to be some additional provisions put into law which will ensure that Americans and their families receive the kind of care we would like them to receive.

There are differences between the two bills. Some of them, I believe, are significant—some of them are broad differences that are philosophical, I suppose. For example, the Republican bill deals with those health plans that are not regulated by the States.

In Wyoming, my home State, things are quite different in terms of a health care delivery system compared to New York or California. We have a State of 100,000 square miles with 470,000 people, so you can imagine—we have small towns, and we have a different kind of system. Just this weekend I was in Casper, WY, celebrating the 15th anniversary of the Life Flight program in Wyoming. That is the helicopter, and a fixed wing as well, from the Central Wyoming Medical Center which serves the whole State.

We have one Life Flight program for all of Wyoming. It serves the mountains in the north; it serves the towns in the south. It is quite different, for example, than you would have in New England. So I think it is important that we allow States to continue regulating those health plans that they have jurisdiction over so they may craft regulations tailored to their specific needs. The Republican Patients Bill of Rights, therefore, focuses solely on health plans outside State jurisdiction.

Secondly, Republicans propose a different type of appeals process. The Democratic proposal says go to the courts; let's have more litigation; let's bring the lawyers in to decide health care issues. Republicans, on the other hand, say let's have a health care system where the appeals are decided more quickly, less expensively, and are made by doctors.

I think those are very important differences. The main focus of this debate, then, will and should center around patients. That is really what health care is all about. And I think the Republican plan achieves the goal of dealing with the needs of patients.

It includes at least six new consumer standards that I think are important for us to consider. One is access to emergency care. This is the kind of thing that I just spoke of in terms of Wyoming. As you can imagine, the Life Flight helicopter is an expensive project but very necessary. There is no other way to carry patients from a small town in the Big Horns to the medical center in Casper. This ensures that emergency care will be received.

The prudent lay care standard is adopted where emergency health care screening is guaranteed. And this is not the case, of course, in all managed care plans. So it is very important.

Point-of-service access, point-of-service coverage, this provides that if you choose to see a provider outside of the managed care network, the program should make arrangements for you to be able to do that. We think that is important. For continuity of care in case the physician leaves the health plan or the plan changes, patients must be notified of such changes. Patients also should have the opportunity to continue seeing that provider for at least 90 days while they make the transition to choose another provider in the health plan's preferred network. This transition period would apply to patients in their second trimester of pregnancy or for those who may be terminally ill. Again, also, that is an important issue. By the way, many of these issues are the same in both bills and that is good; there will be some agreement. There needs to be open discussion of all treatment options. Those of us who are in managed care need to know exactly what is coming. We need to know exactly what benefits will be covered. On the other hand, if you are going to have managed care and choose that as a less expensive option, then we can only expect to utilize the benefits that are covered. So there needs to be open discussion of all treatment options, as well as full disclosure of the health plan's terms and conditions.

There are some key differences, and I have mentioned them, between the GOP and the Kennedy bills. Most of the areas considered are the same or are, indeed, similar, and I think that is as it should be. But I have already mentioned that there is a grievance process that replaces litigation. I happen to think that is a great idea.

One of the real problems we have had in health care through the years is not only the cost of litigation itself, but also the types of duplicative services performed to prevent lawsuits, tests that are terribly expensive. Over the last several years, we have been able to reduce these costs. But now we find ourselves faced with similar circumstances than may raise the cost of health care again.

Obviously, you have to have some form of appeals program. However, the key is to make sure it proceeds in a timely manner so you do not wait 2 or 3 years to get redress. You don't have the time to do that in health care. You need some decisions made very quickly. The other requirement is to make sure such decisions are made by doctors, not by lawyers. That is important. So I think there is a great deal of merit to our approach.

So there are a number of reasons why I think the Republican approach is best. One is, it gives rights and remedies to 48 million Americans whose current coverages are unregulated. It also provides for some new provisions. It allows full deductibility for the purchase of health insurance by the self-employed, which has not been the case in the past. It outlaws gag rules placed on physicians. Most States have done that. It expands emergency room coverage. It makes it easier to get service outside of the HMO. It remove barriers to seeing obstetricians, gynecologists and pediatricians, which provides great peace of mind. It also requires the continuity of care and more information to consumers. Consumers are entitled to these standards. Standards which are designed to make managed care plans more accountable. So as we change health care in this delivery system, there needs to be some regulatory revisions, and that is what the Republican Patients Bill of Rights does.

This bill is something we need to do. The purposes are good. The legislation is well-written. It provides quality care based on sound medical evidence, and that is something that we sorely need in this country. I urge Members of the Senate to support the Republican health care bill.

I yield the floor.

Mr. WELLSTONE. Mr. President, I say to my colleague from Wyoming, way over there, if he needs more time, we don't have many people on the floor. I don't want him to rush on my account. Does he need more time? If so, I am pleased to wait.

Mr. THOMAS. I thank the Senator from Minnesota. I have finished what I have to say. I appreciate his patience.

The PRESIDING OFFICER. The Senator from Minnesota is recognized.

FEDERAL EMERGENCY
MANAGEMENT AGENCY

Mr. WELLSTONE. Mr. President, there are a number of matters I thought I would cover, since there are not a lot of people here on the floor

today yet. First of all, I want to talk about the appropriations bill that we passed for VA and HUD last week. While I submitted a statement for the RECORD, since we were in a rush and squeezed for time, I didn't have a chance to talk about FEMA and in particular the Director, James Lee Witt. I feel bad about that. I want to talk about FEMA, and I want to talk about Mr. Witt today on the floor because this small agency with a very big heart has made a huge difference to a lot of our States—to a lot of people in our States. As we go to conference, I hope the conferees will remember the very big job I think FEMA does and will honor the level of funding requested by the President in the President's budget.

My contact with James Lee Witt—I want to talk about him, and then I want to talk about FEMA. It is about more than one person. It goes back to 1993. The Chair today, from Kansas, of course, knows agriculture as well as anyone and knows what happens when you are faced with record flooding. We were hit with just terrible flooding in 1993. Farmers couldn't plant the crop. There was a lot of economic pain. I think that is the first time that I had a chance to just watch James Lee Witt in action.

What I was most impressed about was just what we call the hands-on approach. I felt he was the opposite of somebody who was impersonal, the opposite of a "bureaucrat." By the way, there are many bureaucrats who aren't "bureaucrats." There are many people in Government who do their very best for people. I get tired of the bashing sometimes. But he was so personable and really came through for people.

Then, of course, not that long ago—what was it, a year ago, a year-and-a-half ago—we had the floods in North Dakota. Everybody remembers Grand Forks, the flooding, the fire, the cold winter weather, and East Grand Forks in Minnesota, and other communities—Ada, Warren—it was just devastating.

I just want to say, again, the bad news is that, with FEMA, you know FEMA people are going to come out because there is a real crisis. The bad news of a James Lee Witt, the Director, visiting your State, is you know he wouldn't be there and other FEMA people wouldn't be there except for some kind of disaster, except for some kind of a crisis. The good news is that always good things happen afterwards.

Once upon a time, I remember, there was all sorts of frustration about FEMA. I don't want my colleagues to forget what Mr. Witt has done. I think he is one of the best appointments the President has ever made. He has done an excellent job of making this agency so much more responsive to people in our communities, people who are facing a real crisis. What he did, and what FEMA did, to help people who had been affected by the devastating flood of the Red River, was just remarkable. It was just remarkable. I want to comment on that on the floor.

Again, this past year, we were hit with tornadoes, and again the town of Comfrey was essentially leveled to the ground. St. Peter was hit hard, Le Center—I could talk about a lot of communities. Again, James Lee Witt came.

The people in Minnesota, the people in these communities who have been faced with these crises, have tremendous appreciation for this Director—tremendous appreciation. He has gone the extra mile every time to try to push the categories of assistance as far as he can, to try to get the help to people, to try to make sure there is not unnecessary delay, to try to make sure he cuts through as much of the bureaucracy as possible. And he has done that. I just want to say to colleagues, especially to the conferees, I hope we give this agency the funding they really deserve.

The other thing I think is real important is, FEMA is now focused on this predisaster mitigation program, which I think is real important. This is another example of FEMA being in a good partnership with our local communities and with our businesses, to figure out, given what we have been faced with, how, in fact, we can do the mitigation work to prevent a lot of the damage and a lot of the pain and a lot of cost that happens afterwards. This is a very proactive Director.

My last point is, I have fallen in love with FEMA people. I don't know if I would ever do this or not, but I am tempted, if I have the skill, when I am no longer in politics or public life, to work for FEMA. It is really fascinating when you get to know people. These are people from all around the country, and they travel around, they respond to these crises, they come into your State, they live in the State—it is like a family.

It is constant responding to people—people who have been flooded out of their homes, people who don't have any clothing, people who don't know where they are going to stay, people whose businesses have been destroyed.

Of course, it is so difficult, but I am so impressed with a lot of the FEMA people and the job that they do. It is just quite amazing. You meet a former head of the State patrol of California, retired military person here, retired business person there—a whole lot of pretty fascinating people who work for FEMA who are just experts at dealing with these crisis situations.

I don't think that any of us had an opportunity to speak about FEMA as we were going through the VA-HUD appropriations bill. I wanted to speak about FEMA, and I wanted to speak about FEMA's very able Director. I am positive that I am not just speaking for myself. I am also positive that I am not just speaking for Democrats. I think there are many Republicans who would echo my sentiments about Mr. Witt and about FEMA.

AUTO WORKERS' STRIKE

Mr. WELLSTONE. Mr. President, last week I had a chance to speak about the auto workers' strike in Flint, MI. Today, this strike is about local issues, but it is of national importance. Today the presidents and the other active members of United Auto Workers locals from around the country are in Flint, MI. I wanted to one more time say that we now are more than 5 weeks into this strike.

This has affected, I think, well over 100,000 workers in the country, not just the workers of Flint. The issues are clear cut—health and safety issues, which still are very important issues at the workplace in America, the speeding up of production lines, and the sending of work or the contracting out to outside suppliers.

My own view is that GM has made a mistake with what I characterize as hardball tactics, because I think what happens is with hardball tactics—the walking away from negotiations, the threat of cutting off health care benefits of those who are out on strike, the threat of shutting down the two parts plants in Flint, MI—what it does is it undercuts the very good labor relations that actually are so critical to productivity.

On the floor of the Senate, I say to GM in particular that I think good labor relations begin with a handshake, not a 2 by 4, and I hope to see both parties back in negotiations, and the sooner the better.

What is happening in Flint, MI—again, the issues are local but the significance of it is national. What is at stake is American jobs, good jobs, living-wage jobs, jobs that pay a good wage with good fringe benefits.

As I stand today on the floor of the U.S. Senate, I want to make it clear that as a Senator, that even though I am on the floor of the Senate, I also feel like my heart and soul are with the auto workers in Flint, MI. I extend my support as a Senator from Minnesota.

There is a whole tradition to this. When I was a college teacher, I used to teach labor history, a labor politics class, and some of the most famous sitdowns took place in Flint, MI, in 1937—a very courageous, very courageous action by workers. These auto workers come out of a very rich tradition, a lot of courage by their parents and their grandparents, and I believe they are showing the same courage today.

My hope is that we will see that negotiations will resume, that there will be a fair settlement, and that the United Auto Workers will not only have done well for themselves, but, more importantly, will do well for workers around the country.

There are key issues here—health and safety issues. People who work have a right to say, "Look, we're going to work, but we're going to work under civilized working conditions." People have a right to have a decent wage.