

likewise—on this. If I could just focus on two items. The most contentious area between patients and their health maintenance organization is the emergency room. That is where the greatest number of disputes as to the appropriateness of service and responsibility for payment of service occurs.

Recognizing that fact, last year, this Congress passed a very strong provision for the 35 million Americans who receive their health care financing through Medicare, to protect them relative to their HMO in an emergency room setting. Basically, the standard is, if you are a reasonable lay person and you are suffering from symptoms that a reasonable lay person would feel appropriate for emergency room treatment—say, you have a pain in your left chest—you can go to the emergency room, receive treatment, and not be faced a month later with an enormous bill from that same emergency room because the HMO denied coverage. The HMO is required to provide coverage.

If you will notice on the chart, I believe it will indicate that both bills—the GOP's and the Democratic—have emergency room access. But that is not the end of the matter. It is not just a matter of getting into the emergency room and having assurance that somebody is going to look at you and determine whether your pain is angina or a heart attack. Then, after that decision is made, there is another critical period. That is what is called the postdiagnostic stabilization period, where something is done to you to bring you back to a level of health that will allow you to return home.

There is a significant difference, because the Democratic bill provides that that postdiagnostic stabilization period is also guaranteed to be covered. That is not the case with the Republican bill. So you can't just look at a chart with three or four words behind the number and assume that we are talking about parity protections. That is what we ought to be debating. Is there a rational reason to have emergency room access covered, as it is in Medicare, but not to have, as it is in Medicare, the postdiagnostic stabilization covered? We could have a good debate on that issue, and we ought to have that debate.

Secondly, the issue of informed judgment. Many citizens now have the opportunity to select from a variety of HMOs. They may be with an employer plan that provides multiple HMOs, or if they are purchasing from their own resources from the marketplace, what typically is absent is the means by which even the most concerned and conscientious citizen can make an informed judgment among this variety of plans.

So we have a provision for information to be made available on the quality of the plan: What kind of things might we anticipate would come from that information about performance outcomes? How many of the patients under one particular plan who, for in-

stance, have a particular type of surgical procedure have a successful outcome? If you are about to have surgery, you would be pretty interested in knowing what the prospects were of your having a positive result.

Another provision that is likely to be included is information about what will this plan do to help you maintain your state of good health? Will this plan, for instance, provide for screening tests and periodic examinations? Those kinds of things, we know, have the greatest potential of spotting a problem before it becomes a fatal condition, giving you the opportunity to do something to maintain the quality of your health. That provision is in the Democratic plan, but it is not in the Republican plan. I think that is a critical matter for Americans attempting to use their own best efforts to select a plan that will best protect the health of their family.

So, Mr. President, this is an urgent and critical issue. We are taking up a lot of matters in this last couple of weeks, and I would let the American people make a judgment as to our sense of priorities. Is it more important to be considering the Judicial Vacancies Act during the last 6 or 7 days of this Congress, or to be considering the Bill of Rights for 161 million Americans, in terms of their health care? That is a judgment that the American people should make. I think it is a judgment about which we in the Congress should feel a sense of responsibility to the citizens of this country—to prioritize our efforts on their behalf.

Mr. President, I am certain we will have more to say on this issue.

Mr. KENNEDY. Mr. President, I thank the Senator.

Mr. GRAHAM. Mr. President, I ask unanimous consent that my following remarks be included in the RECORD when the energy and water appropriations conference report is considered by the Senate.

The PRESIDING OFFICER. The Senator is informed that the energy and water appropriations bill is not on the calendar. It is scheduled to be on the calendar. The acting President does not believe the remarks today can be put in tomorrow's RECORD.

Mr. GRAHAM. Mr. President, in light of that comment, I will therefore defer my comments until the appropriate day when this matter will be considered. I would like to alert the Senate that it will be my intention at the appropriate time to provide such a statement and a colloquy among Senators DOMENICI, REID, MACK, and myself on the issue of funding for the Kissimmee River Restoration Project as part of the Everglades Restoration Project as it relates to that item within the energy and water appropriations conference committee.

Mr. President, in light of the comments of the Chair, the uncertainty as to whether this bill will be before us today, I will conclude my comments with that information to the Senate

and look forward to participating when this matter is before the Senate.

Mr. HARKIN addressed the Chair.

The PRESIDING OFFICER. The Senator from Iowa.

ENERGY AND WATER CONFERENCE REPORT

Mr. HARKIN. Mr. President, first all, I thank my friend and colleague from Rhode Island for letting me jump in front of him. I will only take a couple minutes.

The chairman of the Budget Committee, Senator DOMENICI, was in the Chamber earlier talking about the fact that I had not permitted the energy and water conference report to proceed under a unanimous consent agreement. I objected to that. And the reason I did so not objection to the energy bill; I have none. Rather I objected because I wanted to once again bring the attention of the Senate to the fact that we have a very unfair situation presented to us in terms of the allocation of money for the defense portion of fiscal year 1999 Appropriations and for the nondefense portion.

I again ask Senators to look at the July 30 CONGRESSIONAL RECORD, page S9404, when I spoke, and there was a short colloquy with Senator SPECTER, myself, Senator LAUTENBERG, and Senator DOMENICI at that time.

Basically, it goes back to a letter that was written on April 2, 1998, by Senator DOMENICI to Senator STEVENS which basically said that by using OMB scoring figures and policy decisions, they had identified \$2.2 billion more in outlays for defense by using the OMB policy assumptions rather than CBO policy assumptions.

At the end of the letter Senator DOMENICI writes, "Pursuant to your amendment, we are also looking at the issue of nondefense outlay scoring and will report back to you shortly."

That was April 27, and we still don't have a report.

Right now, based on informal preliminary meetings being held with the House, it is clear that a considerable increase over the funding in the Senate bill will be required to meet all of the demands and get this bill signed into law.

Now, earlier today I spoke to Senator DOMENICI about this, and Senator DOMENICI mentioned something to me about \$300 million that he had already given. That unfortunately is not my understanding of where we officially stand. We still haven't seen it, and I do not know where it is. If it is \$215 million or even \$300 million, that still means we are going to have to trim over half a billion dollars from what the preliminary discussions with the House have led us to.

So where are we going to trim? Head Start? Are we going to cut IDEA, the Individuals with Disabilities Education Act? Are we going to cut community health centers? Are we going to cut the Ryan White AIDS Program? Drug

treatment? How about our vitally important medical research at NIH? Are we going to cut all those? A half a billion dollars we are going to have to cut.

Well, I and others have said what is fair is fair, and if you use OMB policy statements for defense scoring, you ought to use them for nondefense also. If that were the case, the Labor, Health, and Human Services Subcommittee would not be getting \$215 million; it would, in fact, get \$770 million—not \$215 million.

So the reason I have said that we need this time—and I will not take a lot of time now because I know that Senator REED has prepared a speech here, and I don't want to interrupt his time. He was kind enough to give me a couple minutes here just to lay this out. But right now we need fair treatment for these domestic programs, and \$215 million doesn't do it. But if we have the same kind of scoring as we got for defense, we should get about \$770 million.

So I just wanted to alert Senators as to why I was taking this course of action. We have been waiting since April 22. We talked about it on July 30. Here we are in the final closing days of the Congress and programs vital to the health, to the education, and the security of the people of this country are going underfunded.

I don't know what kind of games are being played. I don't know what all is going on behind the scenes. But we are going to continue to demand fairness until we get it. I am sorry that Senator SPECTER can't be here. Of course, he is home because of the Jewish holy day. I would just again refer to Senator SPECTER's comments on July 30 of this year in which he basically echoed what I was saying, and that is that we need to get this correct scoring. I would not want to put words in Senator SPECTER's mouth without him being here, but I believe he feels the same way I do.

I thank the Senator from Rhode Island for letting me get ahead of him. I yield the floor.

Mr. REED addressed the Chair.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. I thank the Chair.

PATIENTS' BILL OF RIGHTS

Mr. REED. Mr. President, I rise today in strong support of the Patients' Bill of Rights and join my colleagues, Senator KENNEDY, Senator GRAHAM, Senator HARKIN, and many others in urging that this very important legislation be brought to this floor immediately, debated thoroughly, and passed.

When I go back to my home State of Rhode Island, I encounter lots of issues. But there is no issue that is more important to my State and to this Nation than having a health care system that works for them, having a health care system that is governed by

rules which require that people get what they pay for. There are thousands and thousands of individuals who are paying for managed care coverage, thousands and thousands and thousands of companies that are providing coverage. The shocking thing is that many times people discover they really do not have the coverage they need when they need it. With the Patients' Bill of Rights, we are going to provide a framework of sensible rules which will guarantee access to quality health care coverage for the vast majority of Americans.

The Democratic bill, S. 1890, does that. In stark contrast to the Republican proposal, it will provide broad coverage to the American people. As illustrated by this chart, the only group of people covered by the Republican proposal are just those who are covered through a self-funded employer plan, only 48 million Americans. The Republican bill leaves out 113 million Americans. It leaves out people whose employer provides coverage through an insurance policy or an HMO directly. It leaves out State and local government workers and people buying individual health insurance policies.

I hope that we can at least agree that if we are going to do something with respect to reforming managed care in the United States, we will do something that covers all people who are insured by HMOs throughout the United States.

As my colleague from Massachusetts, Senator KENNEDY, just pointed out, when you leave out State and local government workers, you are leaving out police officers, firefighters—those people who not only do we depend upon, but people who we hope will have access to high-quality care. That is just one example of groups of people who are denied protections under the Republican version but will be provided these protections under the Democratic bill, S. 1890.

Throughout this debate, we have heard a lot about what we must do with respect to health care. Again, as my colleague from Massachusetts, Senator KENNEDY, pointed out, the Democratic bill is supported by the broadest possible coalition of health care organizations. Here is a partial list of those organizations: The American Medical Association, the American Cancer Society, the National Association of Children's Hospitals. Every major health care organization in the United States has recognized the need for protections with respect to managed care and has recognized the value of S. 1890, the Democratic bill, and is strongly supportive of this proposal.

We have people throughout this country demanding that we take appropriate action. We have every major organization committed to the health and welfare of this country and its people—all of them—together asking us to act. And yet here we find inaction; we are not able to bring this bill to the floor for a thorough debate and for a

vote. I think that is wrong, and I think we are not doing our job as representatives of the American people. Congress is not responding to one of the critical needs of every family in this country: Providing high quality health care for all families.

My focus throughout the debate has been to ensure particularly that children are treated fairly by managed care health care plans. If a family has a problem with a managed care plan, it is serious. When it is an adult, a mother or father, it is serious. But it is particularly serious, and many times tragic, when it involves a child.

Earlier this year, I introduced legislation that deals specifically with the issue of children in managed care. This legislation was prompted by my own observations and advice I received from the American Academy of Pediatrics, by the National Association of Children's Hospitals, by many pediatric specialty organizations—all of these groups together pointed out to me that we just can't consider children as small adults. If a child has a particular condition, the expertise needed to deal with that pediatric condition is not something gained generally in medical education. Pediatric specialists are vital to our health care system because they can treat the unique needs of children. Children often need access to these specialists, and frequently they are denied that type of care.

Earlier this year in the Labor Committee, we heard the story of Melissa Froelich. I have a picture of Melissa right here. She is 2 years old and has become the poster child for the American Red Cross. As this poster describes, "Melissa spent her first 18 months in a hospital clinging to life. Thanks to medical miracles and blood donors like you, she is finally home and doing well." I would imagine her parents would hasten to add something along the lines of, "No thanks to the managed care plan" because her medical ordeal was matched by a bureaucratic ordeal waged by her parents, particularly her mother, on her behalf.

Melissa was born with serious congenital heart defects. In the first 2 years of her life, she spent a great deal of time in and out of hospitals. Her mother, Staci Froelich, had to fight a battle every day, a relentless battle to get Melissa the kind of care she needed and deserved and that they had paid for.

Staci Froelich is a registered nurse, a licensed nursing home administrator. She is someone very sophisticated in the way the system operates. I hesitate to speculate what would have happened if Melissa's mother hadn't had that kind of expertise—if she were, like so many Americans, not prepared to deal with all the bureaucratic red tape, all the hurdles that HMOs can throw up when they deny coverage and deny care.

She persevered, and she did it day in and day out. In her words, this is what her struggle was like: