

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:

My husband and I are responsible middle-class American citizens. We were both employed and had two healthy children. We took out the best health insurance policies our places of employment had to offer. We believed if there were ever a medical emergency, we would be covered. After all, we had done everything in our power to have the necessary coverage should that occur. We were in for a rude awakening.

With the birth of Melissa, with her serious heart problems, they found out that literally that their HMO didn't provide much coverage at all when they needed it most. This HMO forced this family to jump through repeated hurdles. For example, after Melissa's first open heart surgery, the HMO wanted to transfer her to a nursing center for senior citizens. Can you imagine that, an infant being sent to a senior citizens nursing home facility where the only specialists are geriatricians, not pediatricians? That is what the HMO wanted to do to save some money. Of course, her mother had to fight tooth and nail to prevent that from happening.

This example illustrates something else that underlies my concerns: The presumption by many HMOs that a child is no different from an adult, and if there is an open bed in a senior nursing center, send the child there. That is not the type of care that those parents expected to get for their child when they paid their premiums and when they sought out the best coverage they could.

During the course of Melissa's illness, oftentimes the HMO would try to switch her specialist or try to suggest she didn't need pediatric specialists. All of this added up to an ordeal on top of the basic ordeal of a very sick child. In this country, we should not tolerate that situation.

I am happy to say, as Melissa's picture demonstrates, she is a thriving, beautiful child of 2 years—the result of her family's efforts, the result of many people, but certainly not the result of a health care system that was out there to assist her and to provide for her family.

Her story illustrates all too well what we hear constantly: every day consumers face difficulties to get the services that they need, they face delays, complex rules and regulations which an average lay person can't understand. We can change this situation if we act promptly and timely, and if we act immediately to bring this legislation to the floor.

Managed care has provided great benefits to our country, particularly when it comes to preventive services. The emphasis on prevention is good. But all too often we hear stories like Melissa's story, and other stories, where the system is not working to the benefit of the public, and where people are not getting the health care services they've paid for. It is our responsibility to make sure that this situation does not continue.

We also sometimes look at HMOs and think, "Well, maybe they've got some

problems, but maybe the problems are not really being addressed here." There was a study done at the University of California at San Francisco by Elizabeth Jameson at the University of California. She compared the pediatric care provided to children by private and public managed care plans.

Frequently people consider Medicaid and say, "Well, that's not top-grade health care because that's a public health care program for low-income Americans and, you know, it is not good compared to some of the large employer programs, the blue chip HMOs." Her study was very revealing though. It found that low-income children in California's Medicaid program received age-appropriate care that is consistent with recognized clinical guidelines, while those in private health care plans often did not.

In effect, there was a better chance for a child in the California Medicaid system to have access to a pediatric specialist, to have the kind of focused specialized care that we assume would be found in the HMOs. Certainly, both the employer and the employee are paying a lot of money for those HMO premiums. I assume that he or she believes that all that money is buying care at least as good and probably better than what you would find in a public program. But the reality is, that is not the case. This is another indication that we should act to improve the quality of health care that is delivered by HMOs throughout this country. That is, we should pass a Patients' Bill of Rights.

This study in California also found that some managed care plans impose restrictions on referrals to pediatric specialists. Jameson also found that complex pediatric diseases are being treated by providers without pediatric expertise when, in fact, a pediatric specialist would provide more appropriate care. All of this, again, suggests that we have to act promptly to pass this bill to ensure that the American public gets what it is paying for: Good quality care through managed care plans.

Again, I am particularly pleased that the Democratic bill incorporates many of the provisions from my legislation that would deal particularly with the problems of children and managed care. The Democratic bill includes, for example, a guarantee of access to necessary pediatric services, and appeal rights that address the special needs of children, such as an expedited review if the child's life or development is in jeopardy.

Again, here is another example where adults and children differ. Children have special needs, not just with their present health state like adults, but also with their development. And if our insurance plans are not keenly attuned to the developmental aspects of children, they are going to provide inferior care. So this legislation would require HMOs, in the context of appeals rights, to consider not just the present health status of the child as they do with

adults, but also with the child's development.

Also, the Democratic bill would require pediatric expertise in staff performing utilization review. Under our proposal, when the HMO is examining the use of services for a child, the HMO would have to ensure that reviewers had pediatric expertise. Too often today HMO plans' utilization review is solely in the context of adults. This practice overlooks our children, and overlooks the fact that children often have very different health care needs than adults.

The bill would also require that HMOs give information to parents about quality and satisfaction related to the treatment of children. This information should be easily obtainable so that when a parent signs up for a health care plan, they will know upfront what to expect for their children. They will not have to wait until that child has a serious, serious illness.

All of these provisions are incorporated in the legislation that we should be debating here in the Senate today. All of this is incorporated in the legislation that has been endorsed by over 18 organizations whose sole commitment is to the health care quality of the American people.

The Patients Bill of Rights legislation, too, will cover the vast majority of Americans. It will cover all who are in private health care plans, unlike the Republican alternative. In the days ahead, we have to make critical choices. I can think of no more important issue to debate, to discuss, and to act upon than improving the quality of health care in the United States, passing the Patients' Bill of Rights, giving each American family an opportunity to know what they are getting, and ensure that they are getting the health care they are paying for.

I hope we can do that. I hope that this debate will begin. I hope that we can go back to our states in a very few weeks and report to the American people that we have listened to their concerns, we have listened to what they feel is important and that we have acted in their best interests by passing the Patients' Bill of Rights.

I yield the floor.

Mr. DORGAN addressed the Chair.

The PRESIDING OFFICER. The Senator from North Dakota.

Mr. DORGAN. Mr. President, I know that we are in a 30-hour postcloture debate on the motion to bring to the floor the Internet tax bill. I believe I am correct in that.

The PRESIDING OFFICER. The Senator is correct.

#### THE FARM CRISIS

Mr. DORGAN. Let me say that piece of legislation and a lot of other legislation that has been considered by the Congress, by this 105th Congress, in my judgement pales in importance to the responsibility we have to deal with the current farm crisis that exists in this country.