

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.

Last evening, I drove home from the Capitol, and I thought about the day. When I left, I left the conference committee between the House and the Senate on agriculture appropriations. It was a conference committee in a small room. There were a lot of people. It was cramped and hot. The result of that conference committee was a party-line vote to reject a proposal by President Clinton to provide nearly \$8 billion of emergency aid to deal with the farm crisis.

Instead, the conference committee accepted the majority party's proposal of roughly \$3.9 billion which almost everyone understands comes far short of what is necessary. I also thought about the news yesterday that was described in a story in the Washington Post this morning. I was thinking about it on the way home because I was thinking about the juxtaposition. It was a story about a hedge fund. This particular hedge fund apparently had liabilities upwards of \$100 billion and ran into serious problems. And then the rescuers were brought together under the Federal Reserve Board's so-called official sponsorship.

The banks were brought together, and they put together a rescue package for this group that is involved in hedging. By the way, the Fed spokesman said they are helping sponsor this rescue package not with Federal funds but from all of the lenders. The Fed felt it had to get these lenders together for a rescue package because it had a "concern about the good working of the marketplace and the large risk exposure and potential for a disruption of payments."

One wonders about such an organization that is involved in hedging. By definition this is a rather speculative occupation. In fact, one of the principals had been one of the top officials at the Federal Reserve Board. He went over to this hedging operation. It grows and expands, and then has liabilities up to \$100 billion. I have no idea what the assets were. Then it gets in trouble. But then instead of having the marketplace assess its future, the Federal Reserve Board apparently brings together the lenders and says, "Well, gosh, you're too big to fail."

If you apparently work in these environs, have these contacts, and are involved in this kind of risk, you are too big to fail. But what if you are one of those family farms out there that has seen what has happened to their wheat price. The price of wheat has been going down, down, down. These family farmers are told, "You're too small to matter." What is the difference between those who are too big to fail and those who are too small to matter?

I guess it is economic clout in the form of sheer raw economic power.

I would hope that we would have the opportunity to decide in this Congress that family farmers ought not be failing in this country either. The fact is this country will lose something very

important to its future if we decide that family farmers do not matter. Right now they are suffering through a crisis that is very significant and one that we must address.

The question is whether we will address it in a kind of a puny, cheap way that does not solve it? Will Congress do just enough to pull us through the election for a month or two? Or is Congress going to address it and say, "Farmers, we're on your side. You matter to this country. We're going to do something significant to help you get in the field next spring, help you harvest next fall, and give you some hope that maybe you can make a decent living?"

Mr. President, I notice that a couple of my colleagues perhaps want to propound a unanimous consent request. And I will be happy to yield the floor briefly provided that I retain my right to the floor and provided it is not going to take 15 or 20 minutes. If they intend to propound a unanimous consent request that is very brief, I am happy to interrupt my presentation and allow them to do that so they don't have to wait.

Mr. HARKIN. I thank my friend from North Dakota. I wanted to join him in talking about the agriculture situation, but I appreciate if he would yield the floor, and he can get the floor back when Senator DOMENICI and I finish.

Mr. DORGAN. I ask unanimous consent I regain the floor following the unanimous consent request.

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

UNANIMOUS CONSENT AGREEMENT—CONFERENCE REPORT ON H.R. 4060

Mr. DOMENICI. Mr. President, I ask unanimous consent that the Senate now proceed to consideration of the conference report to accompany H.R. 4060 and that there be 45 minutes for debate, with 30 minutes under the control of Senator GRAHAM of Florida, 5 minutes under the control of Senator JEFFORDS, and the remaining 10 minutes equally divided between Senator REID, the minority manager, and myself; further, I ask that upon the conclusion or yielding back of the time, the conference report be agreed to and the motion to reconsider be laid upon the table.

Mr. HARKIN. Reserving the right to object, and I won't object, but I did want to engage in a brief colloquy here with the distinguished chairman of the Budget Committee regarding statements I made earlier on the floor that Senator DOMENICI also made earlier on the floor.

I did not want to hold up the energy and water bill at all, but I did want to make a strong case that the Labor, Health and Human Services Appropriations Subcommittee is having some very, very severe problems in meeting the basic health and education needs of the country and the requirements that other Senators and House Members

have imposed on us. We simply don't have the outlays necessary to do the job. I asked the help of the Budget Committee chairman in this regard.

At the outset, again, I want to make clear for the record that Senator DOMENICI has been a strong supporter of our subcommittee. I know he has worked very hard and very diligently to make sure we do have the kind of resources that we need. However, it is clear that we have come up short.

I just wanted to ask the Senator from New Mexico if he could, perhaps, enlighten me further as to where we might be on this issue.

Mr. DOMENICI. Senator HARKIN, let me thank you very, very much for the consideration you are giving us today in letting this very important bill pass.

I think the Senator knows that while a lot of what I do as chairman of the Budget Committee is fun work, a lot of it isn't very much fun. That part that isn't very much fun is the issue of who is right on the scoring—OMB or CBO. I am charged with the responsibility, if there is a difference between them, of going through it, line by line, program by program, with my staff, and if there are, indeed, errors that run in favor of OMB, which means you would have more money to spend, if they are based on policy differences that were not taken into consideration when CBO did theirs, we make the adjustment.

I can report, as staff on your committee knows, we have found \$215 million in outlays where we found policy errors, and they came mostly from the IDEA program where they made changes and they were taken into consideration regarding the new policy costs, so we are at \$215 now.

I assure the Senator that I am totally aware of the difficulties in the bill. I will continue to review the scorekeeping baseline assumptions made for your bill by both OMB and CBO and see if there are any other adjustments that need to be done to accommodate the concerns the Senator has expressed on the floor.

Mr. HARKIN. I thank the distinguished chairman of the Budget Committee for his diligence in looking at this.

Believe me, I know it is a tough job. I can only imagine being chairman of the Budget Committee in these times, working under the constraints under which we have to work. I have a lot of sympathy for the Senator's position on this.

As I said in my opening remarks, I know from my past experience in dealing with the Senator from New Mexico of his strong support for those programs that we have, whether it is IDEA, whether it is drug treatment, or NIH research or community health centers. I could go down the list. I know the Senator from New Mexico has been a strong supporter of these. I am very grateful for his work in diligently finding this extra money in terms of finding the policy differences. And I appreciate his commitment to