

I only hope that one day, there will be no need for a National Missing Children's Day or a center to locate missing and exploited children. Until that day comes, I will continue to do whatever I can as a United States Senator to assist in the efforts to bring these children home and to impart the most severe punishment for any depraved person who harms a child. This issue is dear to my heart and I will remain close to the efforts to help children and their families. We will not stop until the problem has ceased.●

“I TOLD YOU SO”—WHITE HOUSE
MEMO LAYS GROUNDWORK FOR
COERCION

● Mr. ROTH. Mr. President, today the Associated Press broke a story that should take no one by surprise. The concern expressed on this floor as we debated reforming the Hatch Act was that without protection for Federal employees, a sitting President could coerce his appointees to contribute to his campaign.

Today, we see from a wire story that the White House has laid the groundwork for the kind of coercion we predicted.

A memo dated May 2 from White House Counsel Abner Mikva and addressed to “Heads of all All Agencies and Departments”—a memo written on official White House stationery, states that the Hatch Act Reform of 1993 “provided that civilian executive branch employees are no longer prohibited from making a political contribution to the reelection campaign committee of an incumbent President.”

The memo then asks the agency heads to share the information with employees inside their agencies. Frankly, Mr. President, I find this absolutely outrageous, and believe that this memo could be seen as setting up a coercive situation for executive branch civilian employees—something I warned against when we considered the so-called reform of the Hatch Act.

The purpose of the Hatch Act was straightforward—to protect Federal employees from just this type of pressure. I fought tooth and nail against the repeal of provisions in the Hatch Act for just this reason. I find it interesting that of all of the changes made to the Hatch Act, contributing to the reelection campaign committee of an incumbent President is the change they chose to highlight. This memo is a glaring example of the abuses that can occur without the protection of the Hatch Act.

When the White House asks agency and department heads to tell their employees that they may contribute to their boss' reelection, that clearly can be seen as coercion. Those employees may feel that their continued employment depends on contributing. Furthermore, that this was sent out on official White House stationery makes things even worse.

What is an employee to think when he or she receives this information—

this narrow information—concerning the changes to the Hatch Act. All the changes were highlighted by the media when the act was reformed. Certain Federal employees kept themselves abreast of the news. “So why,” one would have to ask, “would the highest levels at the White House use official stationery to direct attention to only one of several changes in the law?”

“Is it because the President wants to remind me that I serve at this leisure—and if I don't contribute, I may not serve?” As Ann McBride, president of Common Cause says, “There's just no way that a message comes from the White House and people don't feel some sense of implicit coercion.”

This is unfair to our Federal employees. At a time when the President is seeking to build goodwill and esteem among those who work in the bureaucracy, he shouldn't be strapping them with the bill for his reelection campaign.

THE AGENCY FOR HEALTH CARE
POLICY AND RESEARCH

● Mr. ROCKEFELLER. Mr. President, I would like to submit for the RECORD, a recent Washington Post article on the Agency for Health Care Policy and Research (AHCPR).

Before submitting the article, I would like to say a few words about the AHCPR. The Agency for Health Care Policy and Research (AHCPR) was established as the eighth agency in the Public Health Service by the Omnibus Budget Reconciliation Act of 1989. I was pleased to work on a bi-partisan basis—with Senators Mitchell, HATCH, DURENBERGER and KENNEDY, and Representatives Gradison, STARK, and WAXMAN—to help establish AHCPR.

In creating the agency, Congress gave increased visibility and stature to the only broad-based, general health services research entity in the Federal Government—one of the most important sources of information for policymakers and private sector decision-makers as they seek to resolve the difficult issues facing the Nation's health care system.

Congress gave AHCPR the following mission:

“to enhance the quality, appropriateness, and effectiveness of health care service and access to such services, through a broad base of scientific research and the promotion of improved clinical practice and in the organization, financing and delivery of health services.

The Members of Congress who supported the creation of AHCPR did so because of their concern that while the Nation was spending at that time some \$800 billion on health care, it is now more than a trillion dollars, we had little information on what works in the delivery or financing of care. We wanted to encourage support for research to find the best ways to finance and provide health care at the lowest cost and the highest quality. We believed then that for a relatively low expenditure

we could find ways to save health care money without sacrificing quality. The AHCPR's work has proven us right.

The 1989 Reconciliation Act authorized AHCPR to conduct research in three basic areas: Cost, Quality, and Access (CQA) and medical effectiveness research and outcomes research.

Cost, Quality and Access research funding has provided:

The fundamental research that led to the development of the Diagnosis Related Groups (DRG) system;

The basic research that first documented major variation in physician practice patterns;

A landmark study, called the Medical Outcomes Study (MOS) which will help understand the impact of financial incentives and practice setting (e.g. Health Maintenance Organizations vs. fee-for-service) on practice style and, in turn, on health outcomes;

Research that documented that utilization review can significantly cut utilization costs of health care; and

The most comprehensive survey on the costs and utilization patterns of AIDS patients, which will help target treatment programs, more effectively.

Part of AHCPR's work is in technology assessment and this effort has made a significant contribution to saving federal funds. For example, according to the Institute of Medicine, at least \$200 million a year in medicare expenditures are saved through AHCPR's technology assessment program. Again, AHCPR is helping us as policymakers understand what works.

Congress greatly expanded the federal effort to support research on the outcomes, appropriateness and effectiveness of health care services. The ultimate goal of this program is to provide information to health care providers and patients that will improve the health of the population and optimize the use of scarce health care resources. This program includes research, data development and development of clinical practice guidelines.

It was our hope that the guidelines, which are just that, not requirements, would lead us to find ways to save money without compromising care. It is now apparent that our modest investment in the process has paid off.

For example, AHCPR, research has found that some 90% of low back pain problems—a condition estimated to cost more than \$20 billion a year in health expenditures—disappear on their own in about one month. This finding has enormous cost savings implications.

One hospital in Utah found that after six months of using an AHCPR guideline on prevention of pressure ulcers that it saved close to \$250,000. That hospital is part of the Intermountain Health Care system which has now implemented the guideline in its 23 other hospitals. Use of this guideline has reduced the incidence of bed sores by 50% at savings of \$4,200 per patient.

I cite the cost savings aspects of AHCPR research because of a recommendation by the Budget Committee to cut AHCPR research by 75%. The committee report also indicates that AHCPR was established to manage health care reform. That assertion is just plain wrong. AHCPR is an important agency for its research, but it was not envisioned to be a health care implementation agency. We may save a few Federal dollars by cutting AHCPR's funding, but we will lose far more in potential savings in our health care system.

The budget resolution also proposes deep reduction cuts in Medicaid and Medicare spending. I oppose those harsh cuts because the people of West Virginia will have health care benefits taken away from them as a result. It seems to me that the only way to rationally reduce costs and not hurt people by reducing their access to care or their quality of care, is to know what works and what does not work. That is precisely the point of the research of AHCPR.

The current budget of AHCPR is about \$160 million. This modest investment is just now paying off in research and guidelines which have the potential to reduce cost and without a reduction in quality of care. It is my hope that the Appropriations Committee will continue to provide adequate appropriations for AHCPR and I will do my best to support the agency as the Congress makes its decisions on authorizations and funding for the coming fiscal year.

I ask that the article from the Washington Post be printed in the RECORD.

There being no objection, the article was ordered to be printed in the RECORD, as follows:

[From the Washington Post, May 15, 1995]

HOUSE PANEL WOULD KILL AGENCY THAT COMPARES MEDICAL TREATMENTS

(By David Brown)

It doesn't take long to go from being a solution to waste to simply waste.

That, at least, is the congressional budget committees' view of the Agency for Health Care Policy and Research. The \$162 million agency is the government home for "medical effectiveness research."

When it was created by Congress in 1989, the AHCPR was viewed as an essential tool in the effort to control medical costs without damaging medical care. Last week, the Senate Budget Committee proposed cutting its budget by 75 percent, and the House Budget Committee said it should be eliminated altogether.

AHCPR was launched with the great hope—much of it enunciated by politicians—that it would help the country cut health care costs painlessly by comparing competing treatment strategies to see which works, best, and at the least cost.

Over the last five years, the agency has sponsored 20 Patient Outcomes Research Team (PORTs), each headquartered at a different hospital or university, which studied such topics as back pain, schizophrenia, prostate enlargement, knee joint replacement, cataracts, breast cancer and heart attack.

The teams reviewed the published medical literature on the topic, delineated the vari-

ations in treatment, attempted to uncover links between specific treatments and patient outcome (often using large data banks kept by Medicare or private insurance companies), and occasionally devised new tools. For example, the prostate PORT created a video to educate patients about what to expect with certain treatments—including no treatment—and formally incorporated the tool into medical decision-making.

Recently, AHCPR has begun funding randomized controlled trials, which are generally the best way to compare one treatment with another. The topics are ones unlikely to appeal to the National Institutes of Health, where new therapies, not old ones (or low-tech ones), are the preferred subjects of clinical research.

AHCPR trials, for instance, are comparing chiropractic treatment to physical therapy in low back pain; testing a mathematical equation that identifies which patients are most likely to benefit from "clot-busting" drugs for heart attacks; and comparing homemade vs. commercial rehydration fluids for children with diarrhea.

The agency also has sponsored 15 "clinical practice guidelines," which, based on the best medical evidence, suggest how to treat such common (and unexotic) problems as cancer pain, urinary incontinence and chronic ear infections.

In a recent example of that program's effects, researchers at Intermountain Health Care System in Utah reported they had cut the incidence of bedsores in high-risk (generally paralyzed) patients from 33 percent to 9 percent at LDS Hospital in Salt Lake City after implementing a modified version of AHCPR's guideline on pressure ulcers. Incidence of ulcers—which cost an average of \$4,200 to treat—also fell among lower-risk patients, and the hospital estimated the annual savings will be at least \$750,000.

To defund a relatively modest effort like that at a time when the questions they need to answer are becoming even more critical doesn't make a lot of sense to me," said Jay Crosson, an executive in charge of quality assurance at Permanente Medical Group, the physician organization of the Kaiser Permanente health maintenance organization (HMO). There's a lot more work that needs to be done than even AHCPR can fund."

In explaining its recommendation of a 75 percent budget cut, the Senate Budget Committee said AHCPR "was to be the primary administrator of comprehensive health reform."

This, however, is not true. Although data-gathering by AHCPR-funded researchers presumably would have helped assess the equity of a national health care program, the agency had no official role in the defunct Clinton administration plan.●

TRIBUTE TO THE CITY OF LAUREL

● Mr. SARBANES. Mr. President, celebrations to commemorate the 125th anniversary of the establishment of the city of Laurel, MD, are being held throughout this year. The mayor of Laurel, Frank Casula, along with the entire community, have planned several significant events to commemorate this milestone.

First known as the "Commissioners of Laurel," the citizens of Laurel established their home as recognized by the laws of Maryland in 1870. Yet, even before then, the people of Prince Georges County were living off the land now known as Laurel. The first grist

mill that was erected in Laurel would be the outset of community development; many industries, storefronts, offices and homes would eventually appear along that particular stretch along the Patuxent River. Creating what is now known as Laurel's Main Street, the mill built by Nicolas Snowden in 1811, had laid the foundation for a thriving community.

By 1888, Laurel was the largest town in Prince Georges County and had become the focal point along the Baltimore and Ohio Railroad between Baltimore and Washington, DC. In 1879, the Laurel Leader, one of the oldest newspapers in the State of Maryland, was founded. The Leader continues to serve not only Laurel and Prince Georges County, but also the bordering counties of Howard, Montgomery, and Anne Arundel.

Laurel was also a pioneering community in education. The first public high school in Prince Georges County is located in Laurel. Laurel Elementary School was also the first public school in the county to have a cafeteria to serve its students.

Laurel is a model of community spirit and cooperation. The activities being sponsored to commemorate this auspicious occasion exemplify the deep devotion of Laurel's residents to their community. The spirit and enthusiasm of Laurel's citizens have been the foundation of its success. These celebrations provide the opportunity to renew the dedication that has supported Laurel throughout its history and helped it to develop from a railroad stop to one of Prince Georges County's most attractive communities.

We in Maryland are fortunate to have an area as community-oriented as Laurel. I join the citizens of Prince Georges County in sharing their pride in Laurel's past and optimism for continued success in the years to come.●

PROSPECTS FOR PEACE IN BOSNIA AND CROATIA

● Mr. LIEBERMAN. Mr. President, I commend the United Nations for its May 25 air strikes against the Bosnian Serbs. It is about time the United Nations took an assertive, instead of a passive, approach to carrying out its mandated responsibilities to defend Bosnian safe areas and the Sarajevo weapons exclusion zone. Even before the formal expiration of the January-April cessation of hostilities in Bosnia, Bosnian Serbs were violating their commitment to refrain from violence. The Bosnian Government has defended itself, and apologists within the U.N. have mistakenly treated as equal the cease-fire transgressions of the Serb aggressors and the Bosnian victims. This has been wrong. Today's decision, finally, to use force, which has long been authorized, against those violating the weapons exclusion zone is a step in the right direction.

But it is only a small step. I was not surprised to learn of the failure of the