

Income Security Act of 1974 to establish standards for the health quality improvement of children in managed care plans and other health plans; to the Committee on Labor and Human Resources.

SUBMISSION OF CONCURRENT AND SENATE RESOLUTIONS

The following concurrent resolutions and Senate resolutions were read, and referred (or acted upon), as indicated:

By Mr. DOMENICI:

S. Con. Res. 86. An original concurrent resolution setting forth the congressional budget for the United States Government for fiscal years 1999, 2000, 2001, 2002, and 2003 and revising the concurrent resolution on the budget for fiscal year 1998; from the Committee on the Budget; placed on the calendar.

STATEMENTS ON INTRODUCED BILLS AND JOINT RESOLUTIONS

By Mr. REED (for himself, Mr. KENNEDY, and Mrs. MURRAY):

S. 1808. A bill to amend title XXVII of the Public Health Service Act and part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974 to establish standards for the health quality improvement of children in managed care plans and other health plans; to the Committee on Labor and Human Resources.

THE CHILDREN'S HEALTH INSURANCE ACCOUNTABILITY ACT OF 1998

Mr. REED. Children should not be left out of the health care quality debate. I rise today to introduce legislation that provides common sense consumer protections for children in managed care. I am pleased that Senators KENNEDY and MURRAY are cosponsors of this legislation.

Not one of us can deny that managed care plays a valid role in our health care system. Managed care's emphasis on preventive care has benefits for young and old alike. And HMOs have resulted in lower co-payments for consumers and higher immunization rates for our children. But all too often these days we read a story in the paper about a child whose unique health care needs have not been met.

While the problems are clear, it is difficult to say how big a problem we have on our hands. However, the anecdotal evidence is overwhelming. And when it comes to our children, we should not take risks.

While there has not been a great deal of child-specific research in this area, one recent study by Elizabeth Jameson at the University of California compared the experiences of chronically ill children in California's Medicaid program to those in private managed care. There was an interesting irony in the study's findings—low income children in public programs receive age appropriate care that is consistent with recognized clinical guidelines, while those in private health plans often do not.

The study also found that: some managed care plans impose restrictions on referrals to pediatric specialists and

subspecialists for children with complex conditions; and, an increasing number of providers in managed care plans are attempting to treat complex pediatric conditions for which they have little experience.

The bill I am introducing is an attempt to address these issues by providing common sense protections for children in managed care. It is this simple: if we don't have health plan standards, there's no guarantee that we are providing adequate care for our children.

Our bill, The Children's Health Insurance Accountability Act, provides common sense protections for children in managed care plans—protections regarding access, appeals and accountability. These protections include: access to necessary pediatric services; appeal rights that address the special needs of children, such as an expedited review if the child's life or development is in jeopardy; quality programs that measure health outcomes unique to children; utilization review rules that are specific to children with evaluation from those with pediatric expertise; and child-specific information requirements that will help parents and employers choose health plans on the basis of care provided to children.

Mr. President, there is overwhelming public support for the ideas embodied in this legislation. According to a February 1998 survey by Lake Sosin Snell Perry and Associates and the Tarrance Group, 89 percent of adults surveyed favor having "Congress require HMO's and other insurance companies to allow parents to choose a pediatrician as their child's primary care physician." And 90 percent favor having "Congress require HMO's and other insurance companies to allow parents of children with special health care needs, like cerebral palsy, cystic fibrosis, or severe asthma, to choose a pediatric specialist to be their child's primary care physician." The poll also shows that people are willing to pay additional premiums adequate protections for children.

I am pleased that this legislation has the support of many groups, including the National Association of Children's Hospitals, the American Academy of Pediatricians, the Children's Defense Fund, Families USA, the National Organization of Rare Diseases, The Arc of the United States, Service Employees International Union, American Federation of State, County and Municipal Employees, the Association of Maternal and Child Health Programs, the National Mental Health Association, the American Academy of Child and Adolescent Psychiatry, the American Psychiatric Association, and the American College of Emergency Room Physicians.

Mr. President, the time is now for Congress to act. I urge my colleagues to join us in cosponsoring this bill, and to pass comprehensive managed care legislation that meets the needs of all of our citizens, including our children.

Mr. President, I ask unanimous consent that the text of the bill and a summary be printed in the RECORD.

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

S. 1808

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Children's Health Insurance Accountability Act of 1998".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Children have health and development needs that are markedly different than those for the adult population.

(2) Children experience complex and continuing changes during the continuum from birth to adulthood in which appropriate health care is essential for optimal development.

(3) The vast majority of work done on development methods to assess the effectiveness of health care services and the impact of medical care on patient outcomes and patient satisfaction has been focused on adults.

(4) Health outcome measures need to be age, gender, and developmentally appropriate to be useful to families and children.

(5) Costly disorders of adulthood often have their origins in childhood, making early access to effective health services in childhood essential.

(6) More than 200 chronic conditions, disabilities and diseases affect children, including asthma, diabetes, sickle cell anemia, spina bifida, epilepsy, autism, cerebral palsy, congenital heart disease, mental retardation, and cystic fibrosis. These children need the services of specialists who have in-depth knowledge about their particular condition.

(7) Children's patterns of illness, disability and injury differ dramatically from adults.

SEC. 2. AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.

(a) PATIENT PROTECTION STANDARDS.—Title XXVII of the Public Health Service Act is amended—

(1) by redesignating part C as part D; and

(2) by inserting after part B the following new part:

"PART C—CHILDREN'S HEALTH PROTECTION STANDARDS

"SEC. 2770. ACCESS TO CARE.

"(a) ACCESS TO APPROPRIATE PRIMARY CARE PROVIDERS.—

"(1) IN GENERAL.—If a group health plan, or a health insurance issuer, in connection with the provision of health insurance coverage, requires or provides for an enrollee to designate a participating primary care provider for a child of such enrollee—

"(A) the plan or issuer shall permit the enrollee to designate a physician who specializes in pediatrics as the child's primary care provider; and

"(B) if such an enrollee has not designated such a provider for the child, the plan or issuer shall consider appropriate pediatric expertise in mandatorily assigning such an enrollee to a primary care provider.

"(2) CONSTRUCTION.—Nothing in paragraph (1) shall waive any requirements of coverage relating to medical necessity or appropriations with respect to coverage of services.

"(b) ACCESS TO PEDIATRIC SPECIALITY SERVICES.—

"(1) REFERRAL TO SPECIALITY CARE FOR CHILDREN REQUIRING TREATMENT BY SPECIALISTS.—

"(A) IN GENERAL.—In the case of a child who is covered under a group health plan, or