

federal legislation to guarantee protections such as full information about their conditions and treatment options, a list of benefits and costs, as well as access to specialists.

But when folks were asked how they feel about their own health plan, an April survey by the Employee Benefit Research Institute showed that 53 percent of respondents were extremely or very satisfied with their health plan. And in a November 1997 Kaiser/Harvard survey, 66 percent of Americans in managed care plans said they would give their own health plan a grade of A or B. Such mixed results are more reason to approach any debate of federal mandates with the greatest degree of caution.

What would the polls show if people were asked about additional costs? What would the polls show if changes could eliminate being able to see a doctor at all?

I will talk in a minute about the frontier, the rural, aspects of that.

Yes, another factor that has produced mixed results is the cost of each of these bills. I've seen estimates for a number of pending bills that could raise the price of premiums by at least 2.7 percent all the way up to 23 percent. Why aren't the people being polled about that? I don't believe that you can get quality out of any bill that forces people not to purchase insurance. We'd essentially be driving people away from coverage, not toward coverage. This is why cost estimates for the different proposals are vital. But with mixed results like this, I'm not about to assume that my constituents—who budget their incomes on a day to day basis—will swallow any additional price increases that federal mandates could create.

We are always asked that we not judge a book by its cover. Well, don't judge a bill by its title. The devil is in the details. Or, as we accountants like to say, the numbers should make us nervous, or the numbers should show the nightmare.

Aside from the morass of misleading information pertaining to this issue, I also have serious reservations about any legislation that would dismantle traditional state regulation of the health insurance industry. While serving in the Wyoming State Legislature for 10 years, I gained tremendous respect for our state insurance commissioner's ability to administer quality guidelines that cater to the unique type of care found in Wyoming. That is critical. I firmly believe that decisions which impact my constituent's health insurance should continue to be made in Cheyenne—not Washington.

I cannot emphasize how important it is to consider demographics when debating health care. Wyoming has 465,000 residents living within 97,000 square miles. That is living in a State that is 500 miles on a border. We are one of those square States that couldn't exist if somebody hadn't invented the square. There are 99,000

square miles with only 465,000 residents. The State has an average elevation exceeding 4,000 feet. We have high altitude and low multitude.

Most communities have a higher altitude than population. In fact, if you look at one of the Wyoming roadmaps, you will find a list of about 150 cities. We call them cities out there. If you look at the population following the name of the city, you will see that half of them have no population at all. They are a place where the ranchers come to pick up their mail. Even the Postmaster doesn't live in the town where the Post Office is. It is a long way between towns. I live in the sixth largest town in the State. It is 135 miles to the next biggest town—135 miles. The town I am from has 22,000 people. The biggest city in Wyoming is 50,006. We don't have that much population. We have a lot of miles. It is tough to get to doctors.

It's in those conditions that my constituents have to drive up to 125 miles one-way just to receive basic care. Moreover, we have a tough enough time enticing doctors to come to Wyoming, let alone keep them there once their residency is finished. Even more troubling is the limited number of facilities for those doctors to practice medicine in Wyoming. Let me just say that if you don't have doctors, or facilities for them to practice in, you sure don't have quality health care.

We have even talked here about an overabundance of doctors in parts of the country. In Wyoming, we wish for that affliction.

The majority of bills now pending consideration in the House and Senate are primarily geared to overhauling managed health care plans. In a rural, under-served state like Wyoming, managed care plans account for a very small percentage of state-wide health plans and services currently available. This is partly due to the state's small population. Managed care plans generally profit from high enrollment, and as a result, the majority of plans in Wyoming still remain fee-for-service. In terms of legislation, however, this doesn't make a bit of difference. Many fee-for-service insurers in my state also offer managed care plans elsewhere. Those costs could be distributed across the board. Is it fair for the federal government to force my constituents to pay for a premium hike that's caused by federal mandates on managed care? The availability and cost of care for 465,000 rural frontier residents may not mean much to some folks, but it sure means a great deal to me.

Is this a problem that can be fixed from Washington? I certainly don't believe so. People from Wyoming understand that life in our state is much different than in California or New York. A one-size-fits-all policy doesn't help states like Wyoming, it only excludes them further from obtaining the type of care they deserve. I encourage my colleagues to look at the fine print when considering legislation in the

coming days. You just might agree that getting quality out some of these bills is like trying to squeeze blood out of a turnip. And we'll want to spend some time talking about whose blood!

Thank you, Mr. President.

I yield the floor.

Mr. KENNEDY addressed the Chair.

The PRESIDING OFFICER. The Senator from Massachusetts.

AZORES EARTHQUAKE

Mr. KENNEDY. Mr. President, I want to bring to the attention of the Senate a rather tragic set of circumstances that has taken place in the Azores in the last several hours.

Some 1,500 minor aftershocks hit the Azores last night after a strong earthquake struck the islands, killing 10 people, with very severe damages to the island of Faial in the Portuguese mid-Atlantic archipelago. There are many individuals sleeping out in the open, in the parks, and in their cars, to avoid the risk of being caught inside of a building if another quake should strike.

The impact of that was 5.8 on the Richter scale, which is a very, very sizeable earthquake.

As I mentioned, there have been some 1,500 aftershocks. And the terror and loss that has struck the people in that island and in that archipelago is a great human tragedy. Obviously, the people of the United States want to reach out to all of those islanders and all of the people and families who have lost loved ones and those who are suffering injury.

I know that the United States will do what it can in terms of help and assistance to the people and to the Portuguese Government, particularly people on those islands, and we will want to give whatever humanitarian help and assistance that we can.

This happened a number of years ago. Some 40 years ago I can remember those circumstances, and I think many of us in Massachusetts who are fortunate to have families and friends who have families in the Azores and from the island of Faial, know that they are suffering greatly today, and it is appropriate that we take whatever steps, as a country, to help and assist them. In the meantime, our thoughts and prayers are with all the people of the Azores.

THE PATIENTS' BILL OF RIGHTS

Mr. KENNEDY. Mr. President, on another item, I want to just take a few moments to bring the Senate and those who are watching up to date about where we are on our battle for debate and discussion on the issue of the Patients' Bill of Rights.

As we have pointed out, that issue, which is of fundamental importance to the American people, is a rather basic and fundamental issue. It comes down to this very simple concept—that medical decisions ought to be made by doctors and patients and not by insurance