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## House of Representatives

The House was not in session today. Its next meeting will be held on Tuesday, July 14, 1998, at 12:30 p.m.

## Senate

MONDAY, JULY 13, 1998

The Senate met at 12 noon and was called to order by the President pro tempore (Mr. THURMOND).

The PRESIDENT pro tempore. Today's prayer will be offered by our guest Chaplain, Father Paul E. Lavin, St. Joseph's on Capitol Hill Church, Washington, DC.

We are glad to have you with us.

### PRAYER

The guest Chaplain, Rev. Paul E. Lavin, offered the following prayer:

A reading from the Psalms of David.  
*Sing joyfully to the Lord, all you lands; serve the Lord with gladness; come before Him with song.*

*Know the Lord is God; He made us, His we are; His people, the flock He tends.*

*Enter His gates with thanksgiving, His courts with praise; Give thanks to Him; bless His Name.*

*For He is good; the Lord, whose kindness endures forever, and His faithfulness to all generations.—Psalm 100.*

Almighty and eternal God, You have revealed Your glory to all nations. God of power and might, wisdom and justice, through Your authority is rightly administered, laws enacted, and judgment decreed. Let the light of Your divine wisdom direct the men and women of the Senate and shine forth in all the proceedings and laws framed for our rule and government. May they seek to preserve peace, promote national happiness, and continue to bring us the blessings of liberty and equality.

We also pray for all the citizens of the United States, that we may be blessed in the knowledge and sanctified in the observance of Your holy law. May we be preserved in union and that

peace which the world cannot give; and, after enjoying the blessings of this life, be admitted to those which are eternal. We pray to You who are Lord and God, forever and ever. Amen.

### RECOGNITION OF THE MAJORITY LEADER

The PRESIDENT pro tempore. The able majority leader, Senator LOTT from Mississippi, is recognized.

Mr. LOTT. I thank the Chair.

### SCHEDULE

Mr. LOTT. Mr. President, this afternoon there will be a period for morning business until 2 p.m. Following morning business, the Senate will begin debate on a motion to proceed to the property rights bill. At 5:45, under a previous order, the Senate will proceed to a cloture vote on the motion to proceed to the private property rights bill. Following that vote, the Senate will consider any legislative or executive items that may be cleared for action.

For the remainder of this week, the Senate will attempt to complete action on the private property rights bill, finish several appropriations bills, including agriculture appropriations, the HUD/VA appropriations bill is a possibility, and hopefully the legislative appropriations bill. We could also begin consideration of the credit union bill, and we are also looking at when we will begin and how we will debate and consider the Patients' Bill of Rights. We have some Internet bills that we are trying to get cleared so that we can

consider those under a short time agreement.

Also, as a reminder, on Wednesday, July 15, at 10 a.m., there will be a joint meeting of Congress to receive the address from the President of Romania.

So we have a good bit of work that we need to do this week, as usual. The focus will be on appropriations bills throughout most of the week, turning late in the week or early next week to the Patients' Bill of Rights or the credit union bill.

I yield the floor, Mr. President.

I observe the absence of a quorum.

The PRESIDING OFFICER (Mr. HAGEL). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

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

### MORNING BUSINESS

Mr. DORGAN. Mr. President, is the Senate in morning business?

The PRESIDING OFFICER. The Senate is in morning business, under the previous order, until 2 p.m., and Senators are permitted to speak for up to 5 minutes.

Mr. DORGAN. Mr. President, I ask unanimous consent to speak for 15 minutes.

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

### PATIENTS' BILL OF RIGHTS

Mr. DORGAN. Mr. President, I would like to just talk briefly about two

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short items today, the first of which is the Patients' Bill of Rights legislation, which we hope the Senate will take up perhaps as early as this week. Some suggest that there isn't a need for legislation to ensure the quality of care provided by managed care plans. They believe, I suppose, as some insurance companies do, that things are just fine in managed care and health care in this country. But others, and that includes most of the American people, know better. They worry that health care in this country is now often directed not by doctors or other medical professionals but by some accountant in an insurance office 500 or 1,000 miles away from where the patient is.

Let me describe, as we have nearly every day for some weeks, a case that illustrates why the American people are so anxious about what is happening in our health care system. This is the example of Mr. Vaughn Dashiell. Vaughn Dashiell is one more reason why HMO reform, or managed care reform, in the form of the Patients' Bill of Rights, should be brought before the Senate.

Vaughn lived with his wife, Patricia, and their three children in Alexandria, VA, not too far from the U.S. Capitol. He owned and operated his own printing company. On November 20, 1996, Vaughn stayed home from work. He had awakened that morning sick, suffering from a sore throat, a dry mouth and tunnel vision that limited his sight to only 18 inches. He tried to get an appointment to see a doctor within his HMO network but was told there were no appointments available at his designated facility. He was able to speak only to an HMO-employed nurse on duty over the phone. She could have told Vaughn to go to an emergency room for treatment, but instead she told him to make a regular appointment, even though none were available. So here is someone who has health care coverage, wakes up ill, calls the HMO, can't speak to a doctor, instead speaks to a nurse, and the nurse says, "Make an appointment," but no appointments are available.

As Vaughn's symptoms worsened, he called his HMO again requesting permission to see a doctor somewhere, or to go to a nearby emergency room for treatment. He was told only to wait and that he would receive a call back from a doctor on duty. When the doctor on duty was consulted, he agreed that Vaughn should go to an emergency room, but neither made a call himself, nor followed-up to see that Vaughn was contacted. And that night Vaughn Dashiell was not contacted—not by the nurse, not by the doctor, or by any other HMO staff regarding his condition and the request he had made for health care.

The next morning, Patricia Dashiell found her husband incoherent, with his eyes rolling. She hurriedly called the HMO hoping for an answer to Vaughn's problem, and they advised her to call 911. She called 911 and Vaughn arrived

at the hospital at 9:18 a.m. in a diabetic coma. His blood sugar level was more than 20 times greater than the normal level. Just 2 hours after being rushed to the emergency room, Vaughn was dead from hyperglycemia. He was 39 years old. He had health insurance coverage, but he couldn't get care when he needed it, and he died.

This should not happen in this country. Health insurers should not put profits ahead of patients. And too often these days, they do. Vaughn Dashiell's condition would have and could have been treated if his health plan had enabled him to get care when he needed it. But all over this country, we are hearing of patients who need health care and are told by those who have covered them with health insurance, "It is not now available."

The Patients' Bill of Rights we have offered in the Senate is very simple. This legislation says that people who have health insurance coverage ought to get the health care they need when they have an urgent need for it. They ought to be able to seek emergency room care if a reasonable person would consider it an emergency. They ought to be able to see the doctor they need for the health care problem they are experiencing. Patients have a right to know all of the options for the treatment of their problem, not just the cheapest, and there are a whole series of other provisions to ensure that medical care will be practiced in a doctor's office or a hospital room, not an insurance office 1,000 miles away.

I have told, often, of the woman who, having fallen from a horse and hitting her head severely, was in an ambulance, with her brain swelling, on the way to the hospital. She had the presence of mind to tell the ambulance driver that she wanted to be driven to the hospital further away rather than to the nearby hospital. And when she recovered, she was asked why she had insisted, as she was lying there injured in the back of the ambulance with her brain swelling, on being taken to the hospital further away. She said it was because she knew the reputation of the closer hospital, and she knew that it was a for-profit institution with a reputation for being interested in its profit and loss margin than its patients' care. She did not want her body delivered to an emergency room where she would be looked at in terms of dollars and cents.

That story and the tragic story of Vaughn Dashiell and so many others like it that we have presented to the Senate daily now for so many weeks, describes the anxiety and concern people have in this country. We have the best health care in the world in many respects, but it is available to people in need of health care only if they are able to access the kind of doctors they need when they have need for that medical specialty.

It is available only if they are able to get to an emergency room when they have need for emergency care. When we

have American citizens—thousands and thousand and thousands of them—who are denied care because someone in an office 500 miles away said, "Well, gee, that care is not needed, it is not to be delivered, it is not available," then the American people have a right to say, "What on Earth kind of health care system is this?"

One of the stories we presented earlier on the floor of the Senate was of a young boy with cerebral palsy whose managed care officials determined that he had only a 50 percent chance of being able to walk by age 5. And because he had only a 50 percent chance of being able to walk by age 5, plan officials decided that was a minimal benefit and they would withhold it from that young child; it was not cost effective. It was a minimal benefit to have a 50 percent chance of being able to walk when you are 5 years old.

Shame on the people who make those judgments. Shame on them.

We are saying with the Patients' Bill of Rights that those who need medical treatment in this country have certain rights, and those who deliver medical treatment certainly should be cost conscious, but cost ought not take precedence over quality. Those who have coverage for their health care needs ought to be able to expect to get their needs taken care of and responded to adequately. That is, regrettably, not the case in many parts of our country today.

We are led to believe that perhaps this week we will take up some form of the Patients' Bill of Rights. If that happens, it will be the right subject to be debated. It is a subject Americans expect to be addressed. I, as a cosponsor of the Patients' Bill of Rights, feel, as will many of my colleagues, that it is time for us to address this important issue on behalf of the American people.

#### FARM CRISIS

Mr. DORGAN. Mr. President, I want to make some remarks on the subject of the farm crisis that exists in North Dakota and other parts of the country, and discuss some legislation a number of us intend to offer in the coming days and weeks dealing with that issue.

As a way of describing that issue, the New York Times had a front-page story yesterday that talks about it. The article reports, "As the national economy is booming, lawmakers have begun to focus on one of the few places in the country where times are bad—the northern plains where wheat and livestock prices have plunged and many farmers are desperate."

The story goes on to describe the condition in North Dakota and some other States where we have a serious agricultural crisis. Collapsing profits in agriculture mean that we are seeing family farmers going out of business at a record pace.

Let me describe that with one chart for those who watch these proceedings. In my home State of North Dakota, net