

The PRESIDING OFFICER. The Senator from Michigan.

#### PATIENTS' BILL OF RIGHTS

Ms. STABENOW. Mr. President, today, the Senate will begin serious consideration of one of the most important issues for every family in America—genuine protections for patients in managed care plans. As many of my colleagues know, this issue has been one of my top priorities for a very long time and I am very pleased that real debate has begun on the McCain, Edwards, Kennedy bill—a bipartisan compromise for a meaningful Patients' Bill of Rights.

It is important to note that there has been a tremendous amount of work done to get to this point. This truly is a compromise. It is truly bipartisan. I congratulate my colleagues for working so hard. I am very proud to be one of the cosponsors of this bill.

I strongly believe that every person has a right to affordable quality health care. Whether we are talking about access to nursing homes, prescription drugs for seniors, or the Patients' Bill of Rights, I have fought to improve health care for every American.

As we start this debate, I remind all of my colleagues that this debate is about real people and their real experiences with HMOs.

We have not made this up. This is about real people who have come to us who have expressed concerns. They paid for health care. They assumed that their families would have it when they needed it. Too many people find out that when it is time for that care to be given, whether it is in an emergency room, whether it is a doctor recommending a form of treatment, they are not able to receive it for their family. It is not right. That is why we are here.

I want to share one story today about a young woman named Jessica and her family in Royal Oak, MI. Jessica's story is one example of many of why we need to pass these important patient protections.

I am proud to have worked with this family, speaking on behalf of families all over this country.

Jessica was born in 1975 with a rare metabolic disorder that required vigilant medical care. Unfortunately, her disorder was not curable and she passed away September 10, 1999.

During the last year of her life, Jessica's health insurance changed. Her family doctor, who had been treating her all of her life, was not covered by the new HMO that she was forced into, and Jessica had to seek treatment through another physician. Her disease, however, was so complex that she and her family could not find a new doctor with the HMO.

Mrs. Luker talks about going name by name, page by page, and book by book through all of the physicians in the HMO, and none of them were willing to treat Jessica.

As her mother said, when Jessica's family should have been spending precious time—she used to like to sit on the porch and read books and blow bubbles—with Jessica in her final year of life, they were forced to spend countless hours fighting with the HMO bureaucrats about her care.

Jessica's insurance plan was changed just days before she was admitted to the hospital for surgery. After months of trying to figure out what to do about her seizures—she had 60 seizures in a row—her family worked with the doctor who had been treating her. This is prior to the change. They said she needed an operation. It was scheduled for May 12 of 1999. Unfortunately, her insurance changed to the HMO on May 1 without their knowledge. She had the operation on May 12.

On May 17, they got a notice that the insurance had changed and they wouldn't cover it because she didn't have preauthorization.

This is not a new story. We hear story after story about people who find themselves in situations where they didn't have preauthorization for things that were beyond their knowledge at the time.

Unfortunately, to this day, that surgery was not paid for, and the Lukers are paying for that themselves, while at the same time after they found out that she had the HMO, they would not allow her doctor of 14 years to treat her—and in her final year of life.

Jessica's story demonstrates why we need patient protections. We must make sure when our families have insurance and believe the health care will be there when their families need it that they can count on that to happen; that they are not fighting about what day they got a notice about a change in the insurance; or they are not fighting about their doctor who has been treating a family member for years not being able to continue because they do not fit into the list of the HMO.

This is just one example. I have heard stories throughout Michigan. But today we have an opportunity to begin the process to change it.

When I came to Washington as a United States Senator from Michigan, I brought a picture of Jessica. The picture is sitting on my desk in my office in the Hart Building. That picture is going to remain there until we pass this bill. This bill is for Jessica and every person who has ever needed care and been denied it by an HMO.

This picture I want to be able to take down pretty soon. It has been there long enough. Families have had to fight long enough. I am looking forward to the day when I can give that picture back to Mr. and Mrs. Luker and say: We did it.

Today we can begin that process. Let's not fight about all the various wranglings of the internal politics of this body. Let's keep our focus on the Jessicas and on the families of this country. If we do the right thing, ev-

erybody will be able to celebrate that we have created the important patient protections that our families in this country need.

I yield back, Mr. President.

The PRESIDING OFFICER (Mr. NELSON of Florida). The Senator from Nevada.

#### CONCLUSION OF MORNING BUSINESS

Mr. REID. My understanding is that the hour of morning business is now terminated; is that right?

The PRESIDING OFFICER. The Senator is correct.

Mr. REID. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

Mr. DASCHLE. Mr. President, this is an important day—and one that has been a long, long time coming.

It has been nearly 5 years since President Clinton, at the time, appointed an independent panel of health care experts and asked them to come up with a Patients' Bill of Rights.

It has been more than 4 years since President Clinton urged Congress to pass a Patients' Bill of Rights reflecting the panel's recommendations.

It has been more than 3 years since the first bipartisan Patients' Bill of Rights was introduced in the House.

And, it has been nearly 2 years since the last time we debated a real Patients' Bill of Rights here in the Senate.

We have talked long enough. There is only one thing left to do. We need to pass a real, enforceable Patients' Bill of Rights now.

The reason we are debating this bill is because so many people—inside and outside of Congress—refused to give up. I especially want to thank the Senate sponsors: my colleague, Senator KENNEDY, who has spent his entire adult life—nearly 40 years—working to improve health care for all Americans; my colleague, Senator JOHN EDWARDS, who has played an indispensable role in finding an honest, honorable middle ground on the difficult question of liability; and my colleague, Senator JOHN MCCAIN, for having the courage—once again—to disregard party labels and challenge the special interests in order to change what needs to be changed.

This bill matters—deeply matters—to America's families. More than 70 percent of all Americans with insurance and 80 percent of all Americans who get their insurance on the job—are now in some kind of managed care program. To them, this isn't a political issue; it can be a life-or-death issue.

This bill ensures that doctors, not insurance companies, make medical decisions. It guarantees patients the right

to hear all of their treatment options—not just the cheapest ones. It says you have the right to go to the nearest emergency room when you need emergency care. It guarantees you the right to see a specialist if you need one. It gives women the right to see an OB-GYN without having to see another doctor first to get permission. And it guarantees that parents can choose a pediatrician as their child's primary care provider, if they need one.

But rights without remedies are no rights at all. That is why our bill guarantees people the right to appeal decisions by their HMO to an independent review board, and to get a timely response. Finally, if the HMO ignores the review board, our bill allows people to hold HMOs accountable—the same way doctors and employers, and everyone else in America is held accountable for their actions. The 85 million Americans enrolled in Medicare, Medicaid and other Federal health programs already have each of the protections in our bill. So does every Member of this Senate.

Our bill extends them to all privately insured Americans—no matter what State they live in, or what insurance plan their employers choose.

Opponents claim that guaranteeing these rights will cost too much. They say people will lose their insurance because insurance premiums will go through the roof. But the facts show otherwise. According to the non-partisan Congressional Budget Office, our bill would increase employee premiums an average of about \$1.20 a month for real rights that can be enforced—\$1.20 a month.

Many things have changed since the first time this Senate passed a Patients' Bill of Rights. The bill itself has changed. We started with a bipartisan compromise: the Norwood-Dingell Patients' Bill of Rights. This bill is a bipartisan compromise on a bipartisan compromise.

One of the most important compromises concerns liability. This bill says very clearly that employers cannot be held liable unless they participate directly in a decision to deny health care. The only employers who can be held liable are the small fraction of companies that are large enough to run their own health care plans—less than 5 percent of all American businesses. Small businesses never make treatment decisions, so they would never be sued.

We have also compromised on where people can seek justice. Instead of allowing all disputes to be heard in State courts, this bill says disputes about administrative questions should be heard in Federal courts. Only cases involving medical decisions should go to State courts—just like doctors who make medical decisions.

Support for a Patients' Bill of Rights has grown—inside and outside of Congress. In the Senate, we have Senators MCCAIN, EDWARDS, and KENNEDY. In the House, we have Congressman JOHN DINGELL and two conservative Repub-

licans, CHARLIE NORWOOD and GREG GANSKE. Outside of Congress, 85 percent of all people surveyed—and 79 percent of Republicans—support the protections in this plan, and so do more than 500 major health care, consumer and patient-advocate groups all across the country.

There has been one other significant change since the first time we debated a Patients' Bill of Rights. Before, we could only guess what would happen if people were able to hold HMOs accountable. Now we know. Texas and California have both passed Patients' Bills of Rights.

Texas passed its law in 1997. In nearly 4 years, 17 lawsuits have been filed—about five a year. In the last 6 months since California passed its law, 200 disputes have gone through the independent appeals process. None—not one—has gone to court. And two-thirds of the disputes were resolved in favor of the HMO. Experience from the two largest States—the two best laboratories—show that the scare tactics used by opponents of this bill are simply that: scare tactics.

There are some important things that have not changed in the years since we started this debate. Americans are still being hurt by our inaction. Every day that we delay passing a real Patients' Bill of Rights, 35,000 Americans are denied access to specialty care—and 10,000 doctors; see patients who have been harmed because an insurer refused to pay for a diagnostic test.

Despite the growing support inside and outside of Congress, we still face formidable opposition from the special interests.

HMOs and their allies reportedly are spending \$15 million on ads to try to kill this bill this week. We welcome an honest and open debate on the issues. We hope opponents will resist the temptation to kill this bill by loading it up with amendments that make passage difficult.

Our hope is that this debate will be like the one we had not long ago on another important reform—campaign finance reform. In fact, I have personally suggested to Senator LOTT that we take up this bill under the exact same understanding that we took up campaign finance reform; that we have a good debate on amendments; that we offer the motion to table, if that would be offered; if it is not tabled, that it be subject to second degrees. I think it worked as well on the campaign finance reform as any bill I have recently had the opportunity to consider, and I hope we can do the same thing for the Patients' Bill of Rights. I am hopeful our Republican colleagues will agree to that this afternoon.

There is one more important change that has occurred since the first time we debated a Patients' Bill of Rights. We now have a new President. Members of his staff have said President Bush will veto our bill if this bill makes it to his desk. We remain hopeful that the

President will decide to join us once he hears the debate and sees what our bill actually does.

In the second Presidential debate, then-Governor Bush said:

It's time for our nation to come together and do what's right for people. . . . It's time to pass a national Patients' Bill of Rights.

We agree. The American people have been waiting too long. Working together in good faith we can end this wait and pass a real Patients' Bill of Rights.

I announce to all of my colleagues that it is my intention to stay on this bill for whatever length of time it takes. Obviously, we have this week and next week that are full weeks for consideration of the bill. My expectation is that if we finish the bill a week from this Thursday night, there would not be a session on Friday preceding the recess.

If we are not finished Thursday night, we will then debate the bill and continue to work on it Friday, Saturday, Sunday. We will not have a session on the Fourth of July, but we will pick up again on July 5 and go on as long as it takes. We will finish this bill. It is also my expectation that if we finish this bill in time, I would be inclined to bring up the supplemental appropriations bill following the completion of the Patients' Bill of Rights.

Those two pieces of legislation are bills I have already indicated to the Republican leader would be my hope that we could complete before the July 4th recess. In fact, it is my expectation and absolute determination to finish at least in regard to the Patients' Bill of Rights. We will see what happens with regard to the supplemental in the House and here in the committee.

#### BIPARTISAN PATIENT PROTECTION ACT—MOTION TO PROCEED

Mr. DASCHLE. Mr. President, I ask unanimous consent that the Senate now proceed to the consideration of Calendar No. 75, S. 1052, the Patients' Bill of Rights.

The PRESIDING OFFICER. Is there objection?

Mr. THOMAS. Mr. President, I object.

The PRESIDING OFFICER. Objection is heard.

Mr. DASCHLE. Mr. President, I now move to proceed to S. 1052.

The PRESIDING OFFICER. The motion is debatable.

The Majority Leader.

Mr. DASCHLE. Mr. President, I regret we are not in a position to begin consideration of this important legislation at this time. I remain hopeful that by the end of the day we will be able to do so. In the event that the Senate cannot proceed to the bill today, it is my intention to file cloture on the motion. Under the rules, this cloture vote would occur on Thursday morning 1 hour after the Senate convenes.

I yield the floor.

The PRESIDING OFFICER. The Senator from Arizona.