

importance of passing a strong Patients' Bill of Rights in this Congress.

The bill that my colleagues on the other side of the aisle want us to consider, I believe, is fundamentally flawed. First, it fails to cover two-thirds of privately insured Americans. Secondly, it fails to prevent insurers from arbitrarily interfering with the decisions of a patient's treating physician. And, third, it is weak in giving consumers the right to sue their insurance companies for faulty decisions to withhold care.

Today, I want to focus on a few issues that have critical importance to me: access to specialty care, network adequacy, and genetic discrimination.

When we marked up the bill in the Health, Education, Labor and Pensions Committee, I offered an amendment to ensure that patients have access to the specialty care they need. I intend to offer it again if we are ever allowed a full and fair debate on this bill.

This is a critical issue for people with disabilities, women with breast cancer, and others with chronic health conditions. But it is important for all Americans. The inability to access specialists is the number-one reason people give when they leave a health plan, and it is a top issue they want Congress to address.

The Republican bill is deficient in this area. Aside from two minor provisions regarding access to OB/GYNs and pediatricians—access that almost all health plans already provide—there is nothing in the Republican bill that guarantees access to specialty care such as that provided by neurologists, pediatric oncologists, rehabilitation physicians, and others.

We need to ensure that people can see specialists outside of their HMO's network at no additional cost if specialists in the plan's network cannot meet their needs. We need to allow a specialist to be the primary care coordinator for patients with disabilities or life-threatening or degenerative conditions. And we need to provide for standing referrals for people who need ongoing specialty care, which enables them to go straight to the specialist instead of jumping through hoops with primary care doctors or insurance companies.

These provisions would not create onerous new burdens on plans. In fact, many plans already allow specialists to be primary care coordinators, and they let people have standing referrals. Most importantly, they address the tragic cases we have heard about that stem from delay or denial of access to specialists.

Finally, helping people get timely access to specialty care is not just smart and compassionate policy; it will also help minimize the need for litigation that results from a failure to have access.

Another amendment I have been working on ensures that each insur-

ance plan has sufficient providers in its network to deliver the care that is promised. Again, this is an area where the Republican bill is, I think, very inadequate. There is no provision in the Republican bill to ensure network adequacy. This is a very important issue in my State of Iowa.

My amendment ensures that every network plan has a sufficient number and mix of providers to deliver the covered services.

It also requires plans to incorporate a primary care physician in their network who is within 30 minutes or 30 driving miles of a patient's home. If the plan cannot include patients within that distance, patients need to be allowed to go "out-of-network" to obtain the care they need. In other words, no one should have to drive more than 30 miles or 30 minutes to see a primary care physician.

It is important to understand what is happening now. Many managed care companies now contract only with urban-based providers. Not only does this require patients to travel considerable distances to receive basic health care, but these urban-based networks also weaken the rural health infrastructure by shutting local doctors and local clinics out of the network. This is wrong and must be stopped.

I have been working also on the genetic issues of this since the early 1990s when I introduced an amendment to the HIPAA that prohibited genetic discrimination by group health plans. As ranking member of the Labor-HHS appropriations subcommittee, I have also been and continue to be a strong supporter of the Human Genome Project. In the HELP Committee, the authorizing committee, I worked with Senators DODD and KENNEDY on a genetic discrimination amendment. I intend to continue working on this issue when and if we get a Patients' Bill of Rights on the floor.

We have all discussed at length the importance of prohibiting discrimination on the basis of all predictive genetic information in all health insurance markets. I am pleased that the Republican bill recognized that we need to prohibit discrimination in the group and in the individual markets, and that we need to prohibit discrimination not only on the basis of genetic tests but on the basis of a person's family history.

Still, the Republican bill failed to address several other equally critical issues in this area. The bottom line is that we must prohibit discrimination by insurers and employers.

To prohibit discrimination in one context only invites discrimination in the other. For example, if we only prohibit discrimination in the insurance context, employers who are worried about future increased medical costs will simply not hire individuals who have a genetic predisposition to a particular disease.

Similarly, we must prohibit health insurance companies from disclosing genetic discrimination to other insurance companies, to industry-wide data banks, and employers. If we really want to prevent discrimination, we should not let genetic information get into the wrong hands in the first place.

Finally, if we really want a prohibition of genetic discrimination to have teeth, we have to have strong remedies and penalties. The \$100-a-day fine against health insurers that my colleagues across the aisle have proposed will do little to prevent health insurers from discriminating, and it does nothing to compensate a victim of such discrimination. We must do better than this.

Mr. President, let me say that we must not pass up this chance to make true and significant reforms to managed care programs. This is the issue that the American people have said they most want the Congress to address. And they are watching us carefully to see if we will enact real reform or a series of meaningless sound bites.

If we take strong action that allows clear-cut access to specialty care, ensures network adequacy, and prohibits genetic discrimination, we will have gone a long way to providing real reform and providing for a meaningful Patients' Bill of Rights.

I yield the floor.

Mr. LEAHY addressed the Chair.

The PRESIDING OFFICER. The Senator from Vermont is recognized.

Mr. LEAHY. Mr. President, I ask unanimous consent that I be allowed to speak for up to 10 minutes on a subject involving landmines.

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

KOSOVO'S MINEFIELDS

Mr. LEAHY. Mr. President, as thousands of Kosovar Albanians flood across the Macedonian and Albanian borders, we are getting the first reports of refugee landmine victims. Last week, two refugees were killed and another seriously injured as they hurried to return to their homes in Kosovo.

Just put this in perspective. Some 25 people have been injured or killed by mines in Kosovo since the refugees began returning. It is a senseless loss of life and it is tragic, but it is predictable. It is predictable because tens of thousands of landmines were left behind by Serb forces. Others were put there by the KLA. They litter fields, roads, and bridges, and they have even been left in houses. They have been left in booby traps. As sad as anything, there are mass graves marking the atrocities that have occurred there. And as family members go back to try to find out if their loved ones are in those graves, even some of the graves have been booby-trapped by landmines.