

suppliers and lose access to important markets for decades to come. This amendment would begin to restore the U.S. reputation as a reliable supplier of agricultural products.

Access to export markets is more important than ever given the decline in projected exports for 1999 and depressed commodity prices worldwide. We endorse your efforts to keep our export markets open.

American Cotton Shippers Association; American Farm Bureau Federation; American Soybean Association; American Vintners Association; Animal Health Institute; Archer Daniels Midland Company; Biotechnology Industry Organization; Cargill; Central Soya Company, Inc.; Cerestar USA; ConAgra, Inc.; Continental Grain Company; Corn Refiners Association; Farmland Industries, Inc.; Florida Phosphate Council; Independent Community Bankers of America.

National Association of Animal Breeders; National Association of Wheat Growers; National Barley Growers Association; National Cattlemen's Beef Association; National Chicken Council; National Corn Growers Association; National Council of Farmer Cooperatives; National Food Processors Association; National Grain Sorghum Producers; National Grange; National Oilseed Processors Association; National Pork Producers Council; National Renderers Association; North American Millers' Association; Philip Morris Companies Inc.; Sunkist; USA Rice Federation; United Egg Association; United Egg Producers; U.S. Wheat Associates, Inc.

MISSOURI FARM BUREAU FEDERATION,
Jefferson City, MO, June 17, 1999.

Hon. JOHN ASHCROFT,
U.S. Senate,
Washington, DC.

DEAR SENATOR ASHCROFT: Missouri Farm Bureau, the state's largest general farm organization, strongly supports the Ashcroft-Hagel-Baucus-Kerrey amendment that provides U.S. agricultural producers with much-needed protection from unilateral trade sanctions. Furthermore, I commend the sponsors of the amendment for recognizing the damage inflicted upon our nation's farmers when food is used as a weapon.

This amendment is especially important given the current weakness of the U.S. farm economy. Ill-conceived trade policy that prevents U.S. agricultural exports not only has financial ramifications for our farmers but also provides new market opportunities for our competitors.

This amendment exempts agriculture from unilateral trade sanctions, yet recognizes there may be instances where such drastic action is warranted. When a situation arises where the President feels it is necessary to include agriculture, the amendment provides a procedure to obtain this authority.

Unilateral trade sanctions have proven to be a tool best to avoid. I commend your efforts and urge other Senators to support this important amendment.

Sincerely,

CHARLES E. KRUSE,
President.

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

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

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

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

Mr. BAUCUS. Mr. President, I ask unanimous consent to speak for 15 minutes as in morning business, and I also ask unanimous consent that Senator DORGAN be allowed to follow me when I have finished.

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

PATIENTS' BILL OF RIGHTS EMERGENCY SERVICES PROVISIONS

Mr. BAUCUS. Mr. President, I join my Democratic colleagues in their fight to have an open and unrestricted debate on the Patients' Bill of Rights. Over the past several days, we have heard the Republican leadership say they are interested in having an up-or-down vote on their bill, followed by a vote on the Democratic bill. We all know this is not how the Senate is supposed to work. We are a deliberative body, and as such, we should have debate on important issues that affect the lives of Americans.

The Patients' Bill of Rights addresses one of the most important issues the Senate can debate: the rights of Americans to have access to quality health care.

Our health care system essentially relies on three important factors: First is access to health care; second is the quality of our health care; and third is cost controls, that is, the cost of our health care.

The problem is it is extremely difficult, if not impossible, to have the best in all three areas. If we concentrate on two of the areas, that usually results in sacrifices in the third area. The whole reason we are trying to have this debate is that this trio of access, of quality, and of cost control has shifted out of balance. Our market-driven health care system has become too focused on controlling costs and protecting corporate profits. Although predictable, this, unfortunately, has led to sacrifices in access to health care and quality health care.

It is important to point out we do need to be concerned about cost control in our health care system, no doubt about it. In fact, managed care has done many of the things we hoped it would do. For example, it has improved the efficiency of health care delivery, it has slowed down the growth in health care costs, and it has enhanced the collection of data to assess the quality of care. It has done all that, and that is good.

The message of this debate is not that managed care is the enemy. As I said, managed care has done a lot of things which are very important. This debate, rather, is about restoring a balance in our health care system.

We certainly could design a health care system that is only concerned about money, but that would miss the point. Unfortunately, though, we are headed in that direction. We need to stop and ask ourselves what we value in our health care system and what it means to have health insurance in America. That is why we want this debate so we can find answers to those questions.

I stand with my Democratic colleagues who have called for an open debate. One of the reasons an open debate would be helpful is there is room for compromise. In fact, I am a cosponsor of a bipartisan patient protection bill that I think strikes an important balance between the two sides which we have heard about in the last few days.

We need to come out of our corners and debate the issues because I believe there is an important middle ground, one that many Senators can support, if we simply have the courage to debate the provisions of these bills and let the votes fall where they may.

I want to address an important area in the Patients' Bill of Rights; that is, the provisions that address coverage for emergency services. Both the Republican and Democratic bills provide coverage for emergency services using a prudent layperson standard. Unfortunately, the Republican version of the prudent layperson standard falls short of the standard that Congress has already enacted for the Medicare and Medicaid programs in the Balanced Budget Act of 1997.

This means that under that bill, hard-working Americans with private insurance will have less protection for emergency services than beneficiaries in Medicaid and Medicare programs. The bipartisan bill that I cosponsor and the Democratic Patients' Bill of Rights contain the real prudent layperson standard for emergency services.

What is the problem with the other version, that is, the Republican version of the prudent layperson standard? There are two important weaknesses in that standard.

First, that standard provides an inadequate scope of coverage for emergency services. We have heard a lot of discussion about the scope of coverage in the two bills over the last 2 days. The best example of why we need to have uniform protections for patients throughout the country is the prudent layperson standard.

The Federal Government is already involved in every emergency room visit in this country. We have strict Federal standards to protect patients with medical emergencies. These standards are embodied in the Emergency Medical Treatment and Labor Act or EMTALA. It is hard to argue that the Federal Government should not be involved in protecting patients with medical emergencies when the Federal Government already is involved.

The prudent layperson standard in the Republican bill only applies to 48 million people. Both the bipartisan bill and the Democratic bill apply this important protection to all 180 million people with private health insurance. We need to realize in the Senate, again, we have already mandated that anybody who goes to an emergency room should receive health care. That is mandated. We now have an opportunity to ensure that patients are not held financially hostage for the decisions they make in an emergency. There is broad bipartisan support for the patient-centered concept of the prudent layperson standard. Now we need to extend this scope of coverage so that it parallels the Federal statutes that are already on the books.

The other major weakness in the prudent layperson provisions in the Republican bill is the lack of provisions for poststabilization services. I want to point out what the debate about poststabilization services is all about. It simply boils down to two questions.

First, is poststabilization care going to be coordinated with the patient's health plan, or is it going to be uncoordinated and inefficient?

Second, are decisions about poststabilization care going to be made in a timely fashion, or are we going to allow delays in the decisionmaking process that compromise patient care and lead to overcrowding in our Nation's emergency rooms?

We have heard a lot of rhetoric about how poststabilization services amount to nothing more than a blank check for providers. If these provisions are a blank check, then why did one of the oldest, largest, and most successful managed care organizations in the world help create them in the first place?

Kaiser-Permanente is a strong supporter of the poststabilization provisions in our bill for a simple reason: They realize that coordinating care after a patient is stabilized not only leads to better patient care, it saves money.

Let me give an example of a case which took place in the past 2 months. It illustrates the problem quite nicely.

A woman came to an emergency department after falling and sustaining a serious and complex fracture to her elbow. The emergency physician diagnosed the problem and stabilized the patient. The stabilization process took less than 2 hours. Unfortunately, the patient's stay at the emergency room lasted for another 10 hours while the staff attempted to coordinate the care with the patient's health plan.

The plan was unable to make a timely decision about the care this patient needed. The broken bone in her elbow required an operation by an orthopaedic surgeon. The patient's health plan did not authorize the operation in the hospital where the patient

was located. They denied this care because the hospital was not in its network, even though there was a qualified orthopaedic surgeon available.

After several phone calls, a transfer was arranged to another hospital. Unfortunately, the patient did not leave the hospital emergency room for almost 12 hours.

When the patient arrived at the second hospital, the orthopaedic surgeon looked at the complexity of the broken bone and decided he could not perform the operation. The patient, therefore, had to be transferred to a third hospital, where the operation was finally performed.

Let's look at the extra costs involved in this case. The patient had two ambulance rides and two extra evaluations in hospitals. The patient also laid in the emergency room with a painful broken bone for 12 hours before being transferred. During this time, the emergency room was very busy and the staff had to continue to care for new patients as they arrived.

So why did this occur? In this case, the problem occurred because the plan was unable to make a timely decision about the poststabilization care this patient needed.

This should not be how we in this country take care of patients with a medical emergency. I hope Republicans will join with us to pass a really prudent layperson standard for emergencies.

I urge my colleagues to allow us to have an open debate on the Patients' Bill of Rights. We need to have this debate. Americans want protections in their health plans. Americans want a system that balances the needs for access, quality, and cost control in their health care.

Before I close, I just want to mention how delighted I am to hear my colleagues talk about the needs of the uninsured in America. If they are serious about working to address the problem we have with 43 million uninsured Americans, I obviously look forward to working with them. Once we have established basic, uniform rights in health care, we should return to the equally important task of providing access to health care for the uninsured in America.

It seems important that universal access to adequate health care should be our goal. But unless we recognize the importance of rights in health care, our constituents may end up with access to a system that is indifferent to both their suffering and their rights.

I yield the floor.

Mr. DORGAN addressed the Chair.

The PRESIDING OFFICER. The Senator from North Dakota.

THE CRIMINAL JUSTICE SYSTEM IN THE DISTRICT OF COLUMBIA

Mr. DORGAN. Mr. President, I want to call the attention of the Senate to a

couple of items that relate to an appropriations bill we will be marking up this afternoon in about half an hour in the Senate Appropriations Committee.

We are going to mark up three bills. I will be there as a member of that committee. One of the bills deals with the District of Columbia. I have spoken on the floor in recent weeks about an issue dealing with the criminal justice system in the District of Columbia. I want to comment on it again in light of a news story in today's paper, this Thursday morning's Washington Post.

Some while ago, a young boy was rollerblading in the District of Columbia—a matter of weeks ago—and he was hit and killed by a car that then sped away. That car allegedly was driven by a man who was arrested, Shane DeLeon. He was arrested and put in jail and then, of course, let out of jail, as is so often the case these days.

Shane DeLeon, it says in the paper today, walked away from custody. It says:

The man charged in the hit-and-run death of an American University student walked away from a District halfway house Tuesday and remained free last night. . . .

I want to read a couple of paragraphs because it describes, I think, the chronic problem in the criminal justice system in the District of Columbia and, I should say, elsewhere as well.

Shane Simeon DeLeon failed to return to the Community Correctional Center on New York Avenue NE by his 11 p.m. curfew, according to D.C. Department of Corrections officials. [He] was allowed out of the facility from 7 a.m. to 11 p.m. to remodel the basement of his girlfriend's home on MacArthur Boulevard in Northwest Washington. . . .

This is the third time [this fellow] has broken curfew. The first two times, he was under home detention.

Now he walks away again, this fellow who is facing second-degree murder charges.

I have spoken on the floor a lot about a case that was in the news a couple of weeks ago. I spoke about this case some years ago on a number of occasions and then again a couple of weeks ago. It is the case involving the murder of a young woman, Bettina Pruckmayr. Bettina Pruckmayr was a young attorney here in Washington, DC. She was abducted late at night and forced to go to an ATM machine and forced to withdraw money; and then her murderer, Leo Gonzales Wright, stabbed her over 30 times in a brutal murder.

It turns out, a couple of weeks ago, after this murderer was sentenced to Federal prison—3 years later, they discovered he had not been put in Federal prison, he was still out at Lorton. The Federal judge was justifiably angry, wondering, why couldn't they even get that right to send this murderer to Federal prison? My understanding is, he is in Federal prison now.

But the story in today's paper about a fellow facing second-degree murder charges simply walking away—he was