

that protection. If you purchase your insurance as an individual, you are under State insurance commissioner protection. But if you receive your insurance through your employer, Congress 25 years ago passed a bill that basically said that health plan can give a definition of whatever they want to medical necessity.

Now, let me explain what that means. Before coming to Congress I was a reconstructive surgeon. I took care of children with cleft lips and palates, a hole in the lip and a hole in the roof of the mouth. The prevailing standard of care for treatment of that is surgical correction so that the child can learn to speak, so that food does not come out of his nose.

There are health plans, HMOs, that define medical necessity as the cheapest, least expensive care, quote-unquote. So what would that mean to a child with a cleft palate? It would mean that that health plan could say, Hey, we are not going to give you surgery to fix that defect that you are born with; we are just going to give you a piece of plastic to shove up into that hole. Will that little boy or girl be able to speak correctly? No. But it does not matter, because under federal law the health plan can determine medical necessity.

We need to change that. That change is in the bill that the AMA is endorsing.

The AMA talks about accountability of health plans. If they are making medical decisions, they ought to be responsible for those: point of service, emergency services, prohibiting gag clauses that will keep physicians from being able to tell a patient all of their treatment options.

Let us say that I have just examined a patient, a woman, with a lump in her breast, and she belongs to an HMO, and that HMO has a gag clause that says before you tell a patient her treatment options, you have to first get an okay from us.

So I listen to this patient's story, I examine her, and then I have to say, Excuse me, go out to the phone, get an HMO on the line and say, This patient has three treatment options, one of which may be more expensive than the other. Is it all right to tell her about them? That is absurd. It is ridiculous. But do you know what? Those types of practices have happened. Those types of contracts exist, or at least have existed until we started to shine the light of the disaffected upon those practices. We need to make sure that I can tell that patient her treatment options, whether her plan covers it or not. She deserves to know all of her treatment options.

Those are important reasons why, for instance, the American Medical Association has given its endorsement to the bipartisan Consensus Managed Care Improvement Act.

How about the American Osteopathic Association? The American Osteopathic Association represents the Nation's 43,000 osteopathic physicians. Eugene Oliveri, Dr. Oliveri says, "As president, I am pleased to let you know that the AOA endorses the Bipartisan Consensus Managed Care Improvement Act of 1999. Why? Because physicians are allowed to determine medical necessity. Health plans are accountable for their actions, a fair and independent appeals process is available and the protections apply to all Americans. Employers and patients," this letter says, "are tired of not receiving the care they are promised, they pay for and they deserve, and H.R. 2723 will help bring quality back into health care."

Here I have another letter of endorsement. This is from the American Dental Association:

"On behalf of the 144,000 members of the American Dental Association, we wish to endorse H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999. This is the first truly bipartisan comprehensive patient protection bill in the 106th Congress." This was a letter to Congressman NORWOOD.

"By joining forces with Representative Dingell, you have breathed new life into the movement to establish a few basic rules to protect all privately insured Americans from unfair and unreasonable delays and denials of care."

The letter goes on: "We recognize that powerful groups that oppose managed care reform will continue spending millions of dollars in their relentless efforts to scare the public and badger lawmakers who attempt to improve the health care system. However, we will do all we can to make sure that our members know of your courageous efforts on behalf of them and our patients. Patient protection is a genuine grassroots issue that cuts across geographic, economic and political boundaries, and we believe that only bipartisan action will achieve the goal that you want."

Here I have a news release from the American Academy of Family Physicians: "Today the 88,000 member American Academy of Family Physicians announces its support for H.R. 2723."

I have here a letter of endorsement from the American College of Physicians, the American Society of Internal Medicine: "The American College of Physicians, ASIM, is the largest medical specialty society in the country, representing 115,000 physicians who specialize in internal medicine and medical students. The American College of Physicians believes that any effective patient protection legislation must apply to all Americans, not just those in employer plans, require that physicians rather than health plans make determinations regarding medical necessity, provide enrollees with a

timely access to a review process that is independent, offer all enrollees in managed care plans a point of service that enables them to obtain care from physicians outside the network and hold all health plans accountable."

Mr. Speaker, I have a letter of endorsement from the American Academy of Pediatrics: "On behalf of the 55,000 general pediatrician-pediatric medical specialists and pediatric surgical specialists, I am writing to express our strong support of H.R. 2723. We are especially pleased that your legislation recognizes the unique needs of children and addresses them appropriately. Children are not little adults. Their care should be provided by physicians who are appropriately educated in unique physical and developmental issues surrounding the care of infants. You clearly recognize this, and have included access to appropriate pediatric specialists, and we are endorsing your bill."

□ 2115

I have here an endorsement from the American College of Surgeons: "We are pleased to note that H.R. 2723 requires health plans to allow patients to have timely access to specialty care and to go outside the network for specialty care at no additional costs if an appropriate specialist is not available in the plan."

This is important. A lot of health plans have incomplete physician panels. If the patient ends up with a complicated procedure, they need assurances their plan will cover them.

This letter of endorsement from the American College of Surgeons goes on: "If health plans continue to make medical determinations, then they should be held liable to at least the same degree as the treating physician. We are pleased to note that H.R. 2723 would allow patients to hold health plans liable when the plans' decisions cause personal injury or death. Additionally, the College agrees that it is reasonable to prohibit enrollees from suing their health plan for punitive damages if the health plan abides by the decision of the independent external review entity."

Let me expand on this, Mr. Speaker. What we are saying in this bill is that if there is a dispute on an item of coverage, let us say a patient's physician recommends a type of treatment, the HMO says no, then the patient would be able to appeal that decision in his plan. If the plan still says no, then the patient could take that appeal to an external independent peer panel of physicians and say, I really think that common standards of practice show that I should get this treatment.

Under our bill, that independent panel could make that determination. If they say, yes, we agree with you, and the health plan follows that recommendation, then the health plan is

free of any punitive damages liability. That is a fair, commonsense compromise on this issue.

Furthermore, in our bill we have a provision that says, you know, if an employer simply contracts with an HMO, the HMO makes the decision, the employer has had nothing to do with the decision, then the employer cannot be held liable, either. The responsibility lies with the entity that makes a decision that could result in a negligent harm to a patient.

What kind of problems are we talking about? Let me give one example. A few years ago a young mother was taking care of her infant son, 6-month-old infant son, in the middle of the night. The family lived south of Atlanta, Georgia.

Little Jimmy Adams had a temperature of 105 degrees. Mom looked at this baby and knew that baby Jimmy was pretty sick, so she gets on the phone. She does what she is supposed to. She is in an HMO. She phones a 1-800 number. She gets some voice from thousands of miles away and explains the situation.

The reviewer, the HMO bureaucrat, says, all right, I will let you take Jim. I will authorize an emergency room visit for little Jimmy, but only at this hospital. If you go to any other hospitals, then you are going to pay the bill.

It so happens that the hospital that was authorized was 70-some miles away. It is 3:30 in the morning. Mom and dad wrap up little Jimmy. They get into the car. They start to drive this long distance to the emergency room, even though Jimmy is looking really sick. But his mom and dad are not health professionals. On their way to Hospital X they pass three other hospital emergency rooms, but they are not authorized to stop there. They know that they would get stuck with the bill.

They do not know exactly how sick Jimmy is, so they drive on. Before they get to the designated hospital, little Jimmy has a cardiac arrest and stops breathing. Imagine, dad driving frantically, mom trying to keep baby Jimmy alive. They swing finally into the emergency room. Mom jumps out with baby in her arms, saying, help me, help me. A nurse comes out and starts mouth-to-mouth resuscitation. They put in the IVs. They give the medicines. Somehow or other they get little Jimmy back and he lives. But because of the medical decision that that HMO made, saying no, you cannot go to the nearest emergency room, Jimmy is really sick, you have to go 70 miles away, and he has this arrest because of that decision, well, little Jimmy is alive, but because of that arrest he ends up with gangrene in both hands and both feet, and both hands and both feet have to be implemented.

So I phoned Jimmy's mother recently to find out how he is doing. He

is learning how to put on his leg prostheses. He has to have a lot of help to get on his bilateral hooks. He will never play basketball. I would tell the Speaker of the House that he will never wrestle. When he grows up and gets married, he will never be able to caress the cheek of the woman that he loves with his hand.

Do Members know what that HMO is liable for under Federal law? Nothing, nothing, other than the cost of the amputations. Is that fair? Is that justice? I will tell the Members what, these victims of managed care, that the managed care companies just call anecdotes, if you prick their finger, if they have a finger, they bleed. They are our neighbors, or they may be our own families. I could tell hundreds of stories like this.

That is why these organizations say a primary part of this legislation should involve responsibility for an HMO that makes medical decisions.

Here I have a letter of endorsement from the American College of Obstetricians and Gynecologists: "The American College of Obstetricians and Gynecologists is pleased to offer its support for the bipartisan consensus Managed Care Reform Act of 1999. This legislation would guarantee direct access to OB-GYN care for women enrolled under managed care," pretty important.

Here is a letter of endorsement from the American Psychological Association. "The American Psychological Association expresses our strong support for H.R. 27. Broad bipartisan support for this legislation represents a major breakthrough on behalf of patients' rights. An analysis of the bill shows that the insurance and managed care industry could generate income of \$280 million for every 1 percent of claims that are delayed over 1 year."

That is the provision that is in the other body. Our provision in this bill makes for timely appeals. We appreciate the endorsement of the American Psychological Association.

The American Occupational Therapy Association endorses this bill. "Over the August recess we have notified our members, asking them to talk to their legislators. Please let us know if we can assist you in your efforts to have comprehensive managed care legislation addressed on the House floor."

The American Public Health Association, which represents more than 50,000 public health professionals, endorses the bipartisan bill because the bill would "improve access to emergency services, allow more people to enter clinical trials," something the HMO industry has run away from, "provide patients with a fair appeals process for denied claims, lift barriers to specialists, and hold plans responsible."

"We understand," this letter says, "that some within the managed care industry oppose any government regulation. But this issue is a very impor-

tant one for consumers, health care providers, and the public health community. H.R. 2723 is a significant and welcome step towards achieving new patient protections for managed care patients."

Here I have an endorsement by the American Association for Marriage and Family Therapy: "On behalf of the 46,000 marriage and family therapists throughout the United States, we want to applaud Congressman Norwood and Representative Dingell for their effort to provide Americans with comprehensive patient protections. Provisions of significance to our organization include an independent review process for determination of medical necessity, the ability of people with special health care needs and chronic conditions to continue to access their doctors, such as a person who had a rheumatoid arthritis being able to continue to see their rheumatoid arthritis doctor."

We have an endorsement from the American Counseling Association: "H.R. 2723 provides a wide array of consumer protections, including key components for mental health providers and their clients."

I have an endorsement from the American Academy of Ophthalmology. I am so proud of the provider groups who have given endorsements for this bill, because this bill is a patient protection bill. It is not a provider bill. There are issues that separate some of these groups. Not all of these groups see eye to eye on health care policy.

Here is an example. We have an endorsement by the American Academy of Ophthalmology and an endorsement by the Opticians Association. Sometimes these groups have policy disagreements, but on this issue they are in 100 percent agreement that patients need protection, basic protection, commonsense protection, from HMO abuses.

The opticians say, "This bill gives basic, commonsense protections to millions of Americans, and it is certainly refreshing to see the bipartisan way it was approached."

I have a letter of endorsement from the American Podiatric Medical Association, foot doctors, foot specialists. I have the same endorsement from the orthopedic surgeons.

I have an endorsement here from the Association for Oral and Maxillofacial Surgeons. We have an endorsement from the National Organization of Doctors Who Care. They say, "We strongly support H.R. 2723 because it ensures fairness and accountability in our health care delivery system lacking in the bill that passed the Senate," and other legislation that has gone before, and they are referring to a bill that passed this House of Representatives in the last Congress.

They go on and say in their letter, and I think this is important, "We are

not against managed care. It does have a place. However, we are strongly against managed care plans not towing the line; i.e., not wanting to be held accountable for their medical decisions which adversely affect patient care."

I have here an endorsement from Physicians for Reproduced Choice in Health Care. This organization is especially pleased that H.R. 2723 would ensure that medical judgments are based solely by health care providers. This is particularly important in that women should have direct access to women specialists."

We have the National Patient Advocate Foundation endorsing this bill. They go on and say in this endorsement, "Please note our strong endorsement of the bipartisan consensus Managed Care Improvement Act of 1997, our endorsement for each of the cosponsors of this legislation, and for each member of our United States House of Representatives who has contributed to this debate and to this resulting legislation in the last 3 years."

They say, "As one whose companion organization, the Patient Advocate Foundation, served over 6,000 patients last year who confronted insurance denials, of which more than 50 percent involved employer plans, our cases reflect an urgent need for a timely resolution and remedy for ERISA enrollees."

Then we have an endorsement from the Patient Access Coalition. This includes a lot of groups. I cannot name all 128 of the groups under this umbrella organization, but I want to just go through some of them, because this organization encompasses a lot of patient advocacy groups, groups that work for patients, for instance, that have multiple sclerosis or arthritis.

Some of these organizations are the Digestive Disease National Coalition, the Epilepsy Foundation. Remember, these organizations which I am reading are endorsing organizations for H.R. 2723.

There is the Guillain-Barre Foundation, the Huntington's Disease Society of America, the Infectious Disease Society of America, the Lupus Foundation, the National Committee to Preserve Social Security and Medicare, the National Hemophilia Foundation, the National Multiple Sclerosis Society, the National Psoriasis Foundation, the Paget Foundation for Paget's Disease, the Pain Care Coalition, the Patient Advocates for Skin Disease Research, Scoliosis Research Society, the Society for Excellence in Eye Care, United Ostomy Association. The American Heart Association is an endorsing organization. The American Liver Association is, the American Lung Association. These are all organizations that have endorsed the bipartisan Managed Care Reform Act.

Continuing, there is the Amputee Coalition of America, the Arthritis Founda-

tion, the Asthma and Allergy Foundation, the Cooley's Anemia Foundation, the Crohn's and Colitis Foundation, the American Diabetes Association.

□ 2130

These are just a few of the 128 organizations in this one umbrella organization that has endorsed the Bipartisan Consensus Managed Care Reform Bill.

Why are these patient advocacy groups endorsing this bill? One of the main things that they are interested in, the American Cancer Society, the American Heart Association, the American Lung Association, the American Liver Association is because there is a provision in this bill that says, if a patient is getting standard treatment, and it is not working, the patient is out of luck, that that patient should be able to qualify for an experimental study; that the HMO would not incur the cost of the special treatment in that study, but that the HMO should be liable for standard care.

I am going to give my colleagues a personal example. Over the August recess, my father was in the hospital for 3 weeks with congestive heart failure. He had to receive intravenous medication in order to keep his heart pumping strong enough so that his kidneys would work. He could not get out of the hospital. Well, an HMO could have said, "Well, his time is up. We are not going to authorize any payments for any treatment related to a clinical trial."

Fortunately, my dad is not in an HMO like most Americans are, so he was able to qualify for an experimental study in which a special type of cardiac pace maker was inserted into both sides of his heart which, when it was turned on, gave his heart enough boost so that, within about 24 hours, he made a remarkable recovery; and he is now out of the hospital, and he is walking in the malls.

A lot of HMOs would say, "Well, that is experimental treatment. We are not going to even cover the cost of the hospital room." But our bill says that, if a patient has no other options, then the HMO has to pick up routine costs, not the costs of the device or the medicine, but the ancillary things like the cost of the hospitalization or the cost of the blood work. That is fair and reasonable. But HMOs, they look at the bottom line.

I had a pediatrician once who worked just outside of Washington come into my office. She is now working in the National Institutes of Health. She had managed a pediatric intensive care unit.

I said, "Why did you decide to go back into academic medicine?" She said, "I just could not put up with the HMO bureaucracies anymore. Let me give you an example. A few years ago, we had a little boy come into our in-

tensive care unit. He had drowned. He was still alive, but he was a victim of drowning. We had him on the ventilator. We had the IVs running. We were giving him special medication. And the doctors and the parents and the family were standing around the bed praying for signs of life. He had only been in the hospital like 4 hours, and the phone rings in the ICU, and it is some bureaucrat in an HMO saying, 'Well, how is this little boy doing?' 'Well, he is on the ventilator. Chances, you know, are he is not going to do too good.' Well, the answer came over the telephone, 'If he is on the ventilator and his prognosis is poor, why do you not just send him home on a ventilator?'"

Now think about that for a minute. One is a mom and dad, and one's little boy is drowned. He is now in the hospital. He has been there a few hours. People are fighting to save his life, and an HMO bureaucrat is saying, well, his prognosis is not good just send him home. Our bill would prevent that type of abuse.

Here we have another letter of endorsement from the Paralysis Society of America. They represent 20,000 people with spinal cord injury and disease. This letter says, "Particular attention is given to those portions of the legislation covering freedom of choice, specialists, and clinical trials." Very important issue for them.

Here I have a letter of endorsement from the American Cancer Society, and it is a good letter. I would like to read all of it for my colleagues, but I do not have the time. "On behalf of the American Cancer Society and its 2 million volunteers, 2 million volunteers, I commend you for sponsoring H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999. More than 140 million insured Americans are in some kind of managed care. This includes many of the approximately 1.23 million people diagnosed with cancer each year. In addition, the National Cancer Institute estimates that 8 million Americans today have a history of cancer. Your legislation adequately addresses our concerns in a way that will help individuals affected or potentially affected by cancer be assured access to the care that they need." That is their endorsement.

Here I have an endorsement from the National Association of Mental Illness. "On behalf of the 208,000 members and 1,200 affiliates for the National Alliance of the Mentally Ill, I am writing to express our support for your legislation, the Bipartisan Consensus Managed Care Improvement Act." "This protection," this letter says, "is critically important for people with serious brain disorders such as schizophrenia and manic-depressive illness who depend on newer medications as their best hope for recovery."

Here I have a letter of endorsement from the American Federation of

Teachers. This is from Charlotte Fraas, Director of Federal Legislation. "I am writing on behalf of over 1 million members of the American Federation of Teachers to urge you to support H.R. 2723, the Bipartisan Consensus Managed Care Empowerment Act of 1999. The AFT is proud to represent over 53,000 health care professionals who know such protections for patient advocacy are essential for quality health care."

I have a letter of endorsement from the Service Employees International Union. "On behalf of the 1.3 million members of Service Employees International Union, I am writing in support of the Bipartisan Consensus Managed Care Improvement Act of 1999, H.R. 2723.

"As a union representing over 600,000 frontline health care workers, we know how important it is to protect health care workers who speak out against patient care deficiencies. Employers should be prohibited from firing or retaliating against such workers if we are going to encourage health professionals to report patient care problems."

I mean, do my colleagues want their nurse or their health care professional gagged? This bill will help prevent that.

Here I have a letter of endorsement from the American Federation of State, County and Municipal Employees, AFSCME. "On behalf of the 1.3 million members" we thank you for your leadership on the Bipartisan Consensus Managed Care Improvement Act. They are endorsing this bill.

I have a letter here of endorsement from the Center for Patient Advocacy. "Since our founding in 1995, the Center for Patient Advocacy has been a leading supporter of strong enforceable managed care reform legislation. Every day we work with patients across the country who have experienced problems with managed care. We know firsthand the barriers to care that patients face, including limits on access to and coverage for specialty care, emergency room care, arbitrary medical decisions based on cost rather than a patient's specific medical need and the lack of a timely independent and fair appeals process. Most alarming, however, is that managed care plans, not patients and their doctors, continue to make medical decisions without being held accountable for their decisions that harm patients."

I have here a letter of endorsement from the Friends Committee on National Legislation. This is a Quaker lobby in the public interest. This letter from Florence Kimball says, "I am writing on behalf of the Friends Committee on National Legislation to express our strong support for the Bipartisan Consensus Managed Care Improvement Act of 1999.

"The Friends Committee on National Legislation supports a health care sys-

tem whose primary goal is improving health in the population. In recent years, managed care has taken over as a dominant health care delivery system. Managed care organizations are under strong pressure to keep costs down. They operate on a for-profit basis. We are sensitive to the economic issues in health care, but we believe that reform and regulation are necessary in order to ensure that managed care organizations hold the interests of patients as their prime focus." I would add to that not, necessarily the bottom line.

I have here a letter of endorsement from the United Church of Christ. This is a letter to the gentleman from Georgia (Mr. NORWOOD). "I am writing to thank you for your leadership in sponsoring the Bipartisan Consensus Managed Care Improvement Act of 1999.

"The United Church of Christ, Office for Church in Society, endorses the bill as written." This is important, and I appreciate Dr. Pat Conover's letter here from the United Church of Christ. He says that, "In the event that the bill is weakened, or if 'poison pill' amendments are added, such as Medical Savings Accounts, it is likely that we would then oppose the bill."

This speaks to the fact that we need to pass a clean patient protection bill, not something that has untried ideas such as Healthmarts or association health plan extensions of Federal law that would enable more people to escape quality oversight by their State insurance commissioners.

I think that we could add, for instance, a provision to this bill that would improve the tax status for purchasing one's insurance. I think we could get bipartisan support for that. But if we start adding a lot of extraneous items, then I think we weaken the bill.

I have here a letter of endorsement from Network. This is a National Catholic Social Justice lobby. It is a letter to the gentleman from Georgia (Mr. NORWOOD). "A National Catholic Social Justice Lobby supports the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723). Having participated in the lobbying for patient protections over the past 2 years, Network applauds your efforts and those of Representative Dingell" and myself "and the cadre of Republican physicians in facing down the serious opposition from the House GOP leadership. You have stood firm against this and other daunting forces mobilized against you. We commend you for your efforts."

Network affirms the Catholic social teaching and the UN Declaration of Human Rights that health care is a basic right. We support H.R. 2723, and we wish you luck.

I have here a letter of endorsement from the National Partnership for Women and Families. This is from the

letter: "For women and families, few issues resonate as profoundly and pervasively as the need for quality health care. Survey after survey shows Americans' growing dissatisfaction with the current health care system. Many feel the system is in crisis. We need common-sense patient protections to restore consumer confidence and tip the balance back in favor of patients and the health care providers they rely on."

That is an endorsement by the National Partnership, and I want to build on that statement. None of us who are sponsoring this organization want to see the demise of HMOs. Some HMOs are providing good care for their families. I think people ought to have a choice. It may be that an HMO is a good choice for that family. But because of this past Federal law that was past 25 years ago, really for pensions but then expanded into health plans, we have a situation where the regulatory oversight was taken away from the States, and nothing was put in its place at the Federal level. This has enabled a few bad actors to do some truly horrible things to their patients like the decision that cost little Jimmy Adams his hands and his feet, for instance.

So I think that, actually, contrary to what the HMO lobby says about this legislation, I see this legislation as improving patients' choices. People will feel more comfortable with a managed care company knowing that there are some guidelines that apply to it and that that managed care company cannot just arbitrarily deny them the kind of care that they deserve.

I have here a letter of endorsement from the National Association of School Psychologists. "The National Association of School Psychologists is an organization that represents 21,500 psychologists. If H.R. 2327 is passed, this provision will have an important positive impact on health care provided to adults with severe mental health illness, children with serious emotional disturbances, and other people with significant mental disorders who are increasingly being served in managed care settings."

Here is a letter of endorsement from the organization Alliance for Children and Families. The Alliance and International Nonprofit Association representing child and family serving organizations supports this important legislation. Alliance members serve more than 5 million individual each year in more than 2,000 communities. We support your bill because it includes needed patient protections, strong reforms in managed care, and due process protections.

□ 2145

I have here a letter of endorsement from an organization called Patients Who Care. This letter says: "We support the Bipartisan Consensus Managed

Care Improvement Act of 1999. We strongly feel it ensures fairness and accountability. These qualities have been lacking in what the House and Senate have passed in previous legislation.”

I have here a letter of endorsement from Families USA, the Voice for Health Care Consumers: “Dear Congressman Norwood: Congratulations on the introduction of the Bipartisan Consensus Managed Care Improvement Act. We are well aware of the efforts you and others have made to make this bill a reality. As you know, the American public is losing faith in our health care delivery system. Managed care companies that began with a promise of providing high quality care at an affordable price are not always delivering on that promise. Unfortunately, this has resulted in consumers being worried that they will not get the care they need even though they are covered with health insurance.”

And I would add to this letter that everyone here, either through deductions in their salary or just out-of-pocket, is paying a lot of money to those HMOs. Now, that is fine as long as we and our family members stay healthy. But what happens if we become sick? We may have an experience like Helen Hunt did in the movie “As Good As It Gets”, where she describes to a physician the abysmal care an HMO has given to her son with asthma. I cannot repeat on the floor the words she used, but those who have seen the movie can remember that line very well because it got a standing ovation from most of the audience.

I have here a letter from the National Black Women’s Health Project: “We are strong supporters of your legislation. It offers significant protections for all Americans. Of great import is the improvement of patient access to medical treatment and therapies, including clinical trials, and this is highly significant for women of color.”

I have here an endorsement of our bill from the American Association of University Women. They say in this letter: “H.R. 2723 is particularly important to women because it ensures that women have direct access to OB-GYN services. It ensures that pregnant women can continue to see the same health care provider throughout their pregnancy if their provider leaves the plan. It ensures access to specialists when appropriate, specialists outside a network’s plan. It ensures access to clinical trials for new treatment options that may save women’s lives.”

I have here a letter of endorsement from the National Breast Cancer Coalition: “On behalf of the National Breast Cancer Coalition and the 2.6 million women living with breast cancer, I am writing to thank you for your leadership in offering H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999.” This was sent

to the gentleman from Georgia (Mr. NORWOOD) and the gentleman from Michigan (Mr. DINGELL). “The National Breast Cancer Coalition is a grass roots advocacy organization made up of more than 500 member organizations and 60,000 individual members dedicated to the eradication of breast cancer through advocacy and action. One of our top concerns has been access to clinical trials, and your bill has that in it.”

I have here a letter of endorsement from the American Lung Association: “Health consumers deserve quality health insurance. Far too often we hear of cases where health insurers have obstructed or denied insured patients the care they need. Your legislation will help end many of the abuses.”

Well, Mr. Speaker, I have gone through just some of the letters of endorsement that I have received and others have received in endorsing H.R. 2723, the bipartisan patient protection legislation. But the hour is getting late. We have another speaker who has come to do a special order, so I will just close with this comment to my colleagues on both sides of the aisle.

It is now September. The Speaker of the House, the gentleman from Illinois (Mr. HASTERT), indicated back in July that we would see a full and fair debate on this floor in July. It did not happen. We have had our August recess. The Speaker has said now that he expects we will see a full managed care debate on this floor in September. Those are the words of the Speaker of the House. I think we should hold the Speaker to his promise.

This is an important issue. There are lots of patients out there at this very moment that may not be getting the type of treatment that they need to save their lives because we have not passed this legislation. Mr. Speaker, I call on my colleagues on both sides of the aisle to support a bipartisan bill that can be signed into law; that can go a long ways towards correcting the abuses we hear about from our constituents.

Mr. Speaker, I include for the RECORD the letters and other documents I referred to earlier.

GROUPS ENDORSING H.R. 2723, THE BIPARTISAN CONSENSUS MANAGED CARE IMPROVEMENT ACT OF 1999

1. Alexandria Graham Bell Association for The Deaf, Inc.
2. Allergy and Asthma Network-Mothers of Asthmatics, Inc.
3. Alliance for Children & Families
4. American Academy of Allergy and Immunology
5. American Academy of Child & Adolescent Psychiatry
6. American Academy of Facial Plastic and Reconstructive Surgery
7. American Academy of Family Physicians
8. American Academy of Neurology
9. American Academy of Ophthalmology
10. American Academy of Otolaryngology-Head and Neck Surgery

11. American Academy of Pain Medicine
12. American Academy of Pediatrics
13. American Academy of Physical Medicine & Rehabilitation
14. American Association for Hand Surgery
15. American Association for Holistic Health
16. American Association for Marriage and Family Therapy
17. American Association for the Study of Headache
18. American Association of Clinical Endocrinologists
19. American Association of Clinical Urologists
20. American Association of Hip and Knee Surgeons
21. American Association of Neurological Surgeons
22. American Association of Oral and Maxillofacial Surgeons
23. American Association of Orthopaedic Foot and Ankle Surgeons
24. American Association of Orthopaedic Surgeons
25. American Association of Private Practice Psychiatrists
26. American Association of University Women
27. American Cancer Society
28. American College of Allergy and Immunology
29. American College of Cardiology
30. American College of Foot and Ankle Surgeons
31. American College of Gastroenterology
32. American College of Nuclear Physicians
33. American College of Obstetricians and Gynecologists
34. American College of Osteopathic Surgeons
35. American College of Physicians-American Society of Internal Medicine
36. American College of Radiation Oncology
37. American College of Radiology
38. American College of Rheumatology
39. American College of Surgeons
40. American Counseling Association
41. American Dental Association
42. American Diabetes Association
43. American EEG Society
44. American Federation of Teachers
45. American Federation State, County, and Municipal Employees
46. American Gastroenterological Association
47. American Heart Association
48. American Liver Foundation
49. American Lung Association
50. American Medical Association
51. American Medical Rehabilitation Providers Association
52. American Nurses Association
53. American Occupational Therapy Association
54. American Orthopaedic Society for Sports Medicine
55. American Osteopathic Academy of Orthopedics
56. American Osteopathic Association
57. American Osteopathic Surgeons
58. American Pain Society
59. American Physical Therapy Association
60. American Podiatric Medical Association
61. American Psychiatric Association
62. American Psychological Association
63. American Public Health Association
64. American Society for Dermatologic Surgery
65. American Society for Gastrointestinal Endoscopy
66. American Society for Surgery of the Hand

67. American Society for Therapeutic Radiology and Oncology
 68. American Society of Anesthesiology
 69. American Society of Cataract and Refractive Surgery
 70. American Society of Dermatology
 71. American Society of Dermatopathology
 72. American Society of Echocardiography
 73. American Society of Foot and Ankle Surgery
 74. American Society of General Surgeons
 75. American Society of Hand Therapists
 76. American Society of Hematology
 77. American Society of Nephrology
 78. American Society of Nuclear Cardiology
 79. American Society of Pediatric Nephrology
 80. American Society of Plastic and Reconstructive Surgeons, Inc.
 81. American Society of Transplant Surgeons
 82. American Society of Transplantation
 83. American Thoracic Society
 84. American Urological Association
 85. Amputee Coalition of America
 86. Arthritis Foundation
 87. Arthroscopy Association of North America
 88. Association of American Cancer Institutes
 89. Association of Freestanding Radiation Oncology Centers
 90. Association of Subspecialty Professors
 91. Asthma & Allergy Foundation of America
 92. California Access to Specialty Care Coalition
 93. California Congress of Dermatological Societies
 94. Center for Patient Advocacy
 95. Congress of Neurological Surgeons
 96. Cooley's Anemia Foundation
 97. Crohn's and Colitis Foundation of America
 98. Diagenetics
 99. Digestive Disease National Coalition
 100. Endocrine Society
 101. Epilepsy Foundation of America
 102. Eye Bank Association of America
 103. Families USA
 104. Federated Ambulatory Surgery Association
 105. Friends Committee on National Legislation
 106. Gullain-Barre Syndrome Foundation
 107. Huntington's Disease Society of America
 108. Infectious Disease Society of America
 109. Lupus Foundation of America, Inc.
 110. National Alliance for the Mentally Ill
 111. National Association for the Advancement of Orthotics and Prosthetics
 112. National Association of Medical Directors of Respiratory Care
 113. National Association of School Psychologists
 114. National Black Women's Health Project
 115. National Breast Cancer Coalition
 116. National Catholic Social Justice Lobby
 117. National Committee to Preserve Social Security and Medicare
 118. National Foundation for Ectodermal Dysplasias
 119. National Hemophilia Foundation
 120. National Multiple Sclerosis Society
 121. National Organization of Physicians Who Care
 122. National Partnership for Women & Families
 123. National Patient Advocate Foundation
 124. National Psoriasis Foundation
 125. National Rehabilitation Hospital
 126. North American Society of Pacing and Electrophysiology
 127. Opticians Association of America
 128. Oregon Dermatology Society
 129. Orthopaedic Trauma Association
 130. Outpatient Ophthalmic Surgery Society
 131. Paget Foundation for Paget's Disease of Bone and Related Disorders
 132. Pain Care Coalition
 133. Paralysis Society of America
 134. Patient Access Coalition (represents 129 of the groups on this list)
 135. Patient Advocates for Skin Disease Research
 136. Patients Who Care
 137. Pediatric Orthopaedic Society of North America
 138. Pediatrix Medical Group: Neonatology and Pediatric Intensive Care Specialist
 139. Physicians for Reproductive Choice and Health
 140. Physicians Who Care
 141. Pituitary Tumor Network
 142. Renal Physicians Association
 143. Scoliosis Research Society
 144. Service Employees International Union
 145. Sjogren's Syndrome Foundation Inc.
 146. Society for Cardiac Angiography and Interventions
 147. Society for Excellence in Eyecare
 148. Society for Vascular Surgery
 149. Society of Cardiovascular & Interventional Radiology
 150. Society of Critical Care Medicine
 151. Society of Gynecologic Oncologists
 152. Society of Nuclear Medicine
 153. Society of Thoracic Surgeons
 154. TMJ Associations, Ltd.
 155. United Church of Christ
 156. United Ostomy Association
- MEMBERSHIP LIST OF THE PATIENT ACCESS COALITION
- Allergy and Asthma Network—Mothers of Asthmatics, Inc.
 The Alexandria Graham Bell Association for the Deaf, Inc.
 American Academy of Allergy and Immunology
 American Academy of Child & Adolescent Psychiatry
 American Academy of Dermatology
 American Academy of Facial Plastic and Reconstructive Surgery
 American Academy of Neurology
 American Academy of Ophthalmology
 American Academy of Orthopaedic Surgeons
 American Academy of Otolaryngology—Head and Neck Surgery
 American Academy of Pain Medicine
 American Academy of Physical Medicine & Rehabilitation
 American Association for Hand Surgery
 American Association for Holistic Health
 American Association for the Study of Headache
 American Association of Clinical Endocrinologists
 American Association of Clinical Urologists
 American Association of Hip and Knee Surgeons
 American Association of Neurological Surgeons
 American Association of Oral and Maxillofacial Surgeons
 American Association of Orthopaedic Foot and Ankle Surgeons
 American Association of Private Practice Psychiatrists
 American College of Allergy and Immunology
 American College of Cardiology
 American College of Foot and Ankle Surgeons
 American College of Gastroenterology
 American College of Nuclear Physicians
 American College of Osteopathic Surgeons
 American College of Radiation Oncology
 American College of Radiology
 American College of Rheumatology
 American Dental Association
 American Diabetes Association
 American EEG Society
 American Gastroenterological Association
 American Heart Association
 American Liver Foundation
 American Lung Association
 American Medical Rehabilitation Providers Association
 American Orthopaedic Society for Sports Medicine
 American Osteopathic Academy of Orthopedics
 American Osteopathic Surgeons
 American Pain Society
 American Physical Therapy Association
 American Podiatric Medical Association
 American Psychiatric Association
 American Psychological Association
 American Sleep Disorders Association
 American Society for Dermatologic Surgery
 The American Society of Dermopathology
 American Society for Gastrointestinal Endoscopy
 American Society for Surgery of the Hand
 American Society for Therapeutic Radiology and Oncology
 American Society of Anesthesiology
 American Society of Cataract and Refractive Surgery
 American Society of Clinical Pathologists
 American Society of Colon Rectal Surgery
 American Society of Dermatology
 American Society of Echocardiography
 American Society of Foot and Ankle Surgery
 American Society of General Surgeons
 American Society of Hand Therapists
 American Society of Hematology
 American Society of Nephrology
 American Society of Pediatric Nephrology
 American Society of Plastic and Reconstructive Surgeons, Inc.
 American Society of Transplantation
 American Society of Transplant Surgeons
 American Thoracic Society
 American Urological Association
 Amputee Coalition of America
 Arthritis Foundation
 Arthroscopy Association of North America
 Association of American Cancer Institutes
 Association of Freestanding Radiation Oncology Centers
 Association of Subspecialty Professors
 Asthma & Allergy Foundation of America
 California Access to Specialty Care Coalition
 California Congress of Dermatological Societies
 College of American Pathologists
 Congress of Neurological Surgeons
 Cooley's Anemia Foundation
 Crohn's and Colitis Foundation of America
 Cystic Fibrosis Foundation
 Diagenetics
 Digestive Disease National Coalition
 The Endocrine Society
 Epilepsy Foundation of America
 Eye Bank Association of America
 Federated Ambulatory Surgery Association

Gullain-Barre Syndrome Foundation
 Huntington's Disease Society of America
 Infectious Disease Society of America
 Joint Council of Allergy, Asthma and Immunology
 Lupus Foundation of America, Inc.
 National Association for the Advancement of Orthotics and Prosthetics
 National Association of Epilepsy Centers
 National Association of Medical Directors of Respiratory Care
 National Committee to Preserve Social Security and Medicare
 National Foundation for Ectodermal Dysplasias
 National Hemophilia Foundation
 National Multiple Sclerosis Society
 National Organization of Physicians Who Care
 National Osteoporosis Foundation
 National Psoriasis Foundation
 National Rehabilitation Hospital
 National Right to Life Committee
 North American Society of Pacing and Electrophysiology
 Oregon Dermatology Society
 Orthopaedic Trauma Association
 Outpatient Ophthalmic Surgery Society
 The Paget Foundation for Paget's Disease of Bone and Related Disorders
 Pain Care Coalition
 Patient Advocates for Skin Disease Research
 Pediatric Orthopaedic Society of North America
 Pediatrix Medical Group: Neonatology and Pediatric Intensive Care Specialist
 Pituitary Tumor Network
 Renal Physicians Association
 Scoliosis Research Society
 Sjogren's Syndrome Foundation Inc.
 The Society for Cardiac Angiography and Interventions
 Society for Excellence in Eyecare
 Society for Vascular Surgery
 Society of Cardiovascular & Interventional Radiology
 Society of Critical Care Medicine
 Society of Gynecologic Oncologists
 Society of Nuclear Medicine
 Society of Surgical Oncology
 Society of Thoracic Surgeons
 The TMJ Associations, Ltd.
 United Ostomy Association

ANA ENDORSES BIPARTISAN MANAGED CARE BILL

ANA ENCOURAGES CONGRESS TO CONTINUE WORKING TOGETHER & PASS BIPARTISAN BILL
 WASHINGTON, DC.—The American Nurses Association (ANA) today applauded the introduction of a bipartisan consensus bill that would reform managed care. The bill, H.R. 2723, "The Bipartisan Consensus Patient Protection Bill of 1999," was introduced on August 8, 1999, by Rep. Charlie Norwood (R-GA). Rep. John Dingell (D-MI) is the lead co-sponsor.

"The American Nurses Association is pleased to endorse this bill and encouraged by the cooperation and compromises made to achieve real progress on managed care reform," said ANA President Beverly L. Malone, PhD, RN, FAAN. "It is heartening to see Congress working together to solve problems—this is how Congress should be working."

ANA has been a strong supporter of managed care reform legislation and believes every individual should have access to health care services along the full continuum of care and be an empowered partner in making health care decisions. Given the nursing profession's preeminent role in patient advoca-

cacy, ANA is particularly heartened by the steps proposed to protect registered nurses (RNs) and other health care professionals from retaliation when they advocate for their patients' health and safety.

"As the nation's foremost patient advocates, RNs need to be able to speak up about inappropriate or inadequate care that would harm their patients," said Malone. "Nurses at the bedside know exactly what happens when care is denied, comes too late or is so inadequate that it leads to inexcusable suffering, which is why we need to maintain strong whistleblower protection language in this bill. Nurses want to see strong, comprehensive patient protection legislation enacted this year."

AMERICAN MEDICAL ASSOCIATION,
 Chicago, IL, August 30, 1999.

Hon. CHARLIE NORWOOD,
 House of Representatives,
 Washington, DC.

DEAR CONGRESSMAN NORWOOD: The 300,000 physician and student members of the American Medical Association (AMA) strongly urge the House of Representatives to begin debate on and pass meaningful patient protection legislation.

The AMA has endorsed H.R. 2723, the "Bipartisan Consensus Managed Care Improvement Act of 1999," introduced by Representatives Charles Norwood and John Dingell, which would guarantee meaningful protections to all patients and enjoys broad bipartisan support. The AMA also continues to work with Representatives Tom Coburn and John Shadegg, who are in the process of drafting patient protection legislation. Whichever bill becomes the vehicle for reform, it must include the following key provisions, embodied in H.R. 2723, that ensure genuine patient protections.

External Appeals

All patients must be guaranteed access to an external appeals process whenever a denial of benefits involves medical judgment or concerns medical necessity. All patients deserve access to an independent external review entity if they have been improperly denied a covered medical benefit. External reviewers must also be independent from the health plan or issuer. For the external appeals system to work in a fair and unbiased manner, external reviewers must not have a conflict of interest with the plan or issuer. In addition, treatment decisions or recommendations made by physicians must be reviewed only by actively practicing physicians (MDs/DOs) of the same or similar specialty. External reviewers must be properly qualified to ensure a meaningful external review process.

External reviews must be conducted on a timely basis, not to exceed specified time periods, with shorter periods applicable under exigent circumstances. Plans and issuers cannot be permitted to intentionally delay an appeals process—or "slow-walk" enrollees who are seeking benefits to which they are entitled. The external reviewers' decisions must also be binding on the plans and issuers. Unless external review entities' decisions are binding, any right to an external review would be worthless for the patient.

Medical Necessity

Truly independent external reviewers must decide "medical necessity" according to generally accepted standards of medical practice. External appeal entities, when making "medical necessity" determinations, should not be bound by arbitrary health plan definitions. In addition, "medical necessity" de-

terminations and other decisions involving medical judgment must be made by physicians (MDs/DOs) who are independent from the plans and issuers.

Accountability

All patients, even those covered by ERISA plans, should have the right to seek legal recourse against managed care plans when the plan's negligent medical decisions result in death or injury. Health plans must be held accountable for their decisions. Employers who do not make medical treatment decisions should not be held liable.

Point Of Service

All patients must have the opportunity to choose, at their own expense, an option that allows them to seek care from outside the network of health care professionals chosen by their employers. If an employer selects a small, closed-panel HMO for its employees, the employees should be able to obtain medical treatment from a physician outside the panel and bear any additional costs.

Emergency Services

A "prudent layperson standard" must be the basis for determining when emergency medical services are appropriate and require coverage by a plan. Establishing this as a standard is not only fair, but essential for protecting patients. For instance, a patient who is suffering severe chest pain and honestly believes he or she is having a heart attack should be able to go to the nearest emergency room and be covered for treatment received.

Prohibition On Gag Clauses

Health plans and insurance issuers must be prohibited from including gag clauses within their contracts with physicians. Gag clauses seek to prevent physicians from discussing with their patients plan or treatment options or disclosing financial incentives that may affect the patient's treatment. These clauses strike at the heart of the patient-physician relationship and can create real conflicts between patients and their physicians.

Information Disclosure

Group health plans and health insurance issuers must be required to provide enrollees with important and basic information about their medical coverage. Plans and issuers should identify the benefits offered—including covered benefits, benefit limits, coverage exclusions, prior authorization rules, appeals procedures, and other basic information. Patients deserve to know exactly what they are paying for.

In conclusion, the AMA appreciates the bipartisan efforts by House members to introduce legislation that would promote fairness in managed care. We urge you to support legislation containing these essential protections for all patients and to request prompt floor action on managed care reform legislation in September.

Respectfully,

E. RATCLIFFE ANDERSON, JR., MD.

AMERICAN ACADEMY OF
 FAMILY PHYSICIANS,
 Kansas City, MO, Sept. 7, 1999.

HEALTH CARE STEPS TAKEN

PATIENT CARE REMAINS PRIORITY

WASHINGTON, D.C.—The 88,000-member American Academy of Family Physicians (AAFP) today announced its support for two major managed care reform bills that are likely to be considered by the U.S. House of Representatives this fall: H.R. 2723, The Bipartisan Consensus Managed Care Improvement Act of 1999, introduced by Representatives Charles Norwood (R-GA) and John D.

Dingell (D-MI); and for Health Care Quality and Choice Act of 1999, to be introduced by Representatives Tom Coburn (R-OK) and John Shadegg (R-AZ) when Congress reconvenes in September.

"Both bills go a long way to address the patient protections that are needed in today's health care system," said Lanny R. Copeland, M.D., president of the AAFP. "We are very appreciative of the work of the authors of these two bills and of their willingness to listen to our concerns."

Both bills contain provisions that will allow patients to get the best healthcare and physicians to provide it:

All plans: Patient protections apply to all health plans, not just ERISA plans.

Gag clauses: Both bills would prohibit contract provisions between physicians and health plans that restrict or prevent medical communication between physicians and their patients.

Patient advocacy: Both bills contain some protections for physicians who advocate on behalf of a patient within a health plan or before an external review panel.

External review: Both bills would establish external review mechanisms independent of health plans.

Medical necessity: Such external review processes would not be bound by the health plans' definition of medical necessity.

Liability: Both bills permit patients to sue in state court.

Women's health care: The Coburn/Shadegg legislation would include family physicians among those designated as qualified women's health providers. H.R. 2723 would not preclude patients from going to family physicians for their women's health needs.

Children's health care: The Coburn/Shadegg legislation includes family physicians among those designated as qualified primary care physicians for children. H.R. 2723 would not preclude patients from going to family physicians for their children's health needs.

"These legislators are being responsive to patients and to the public good," said Copeland. "We urge the House of Representatives to expeditiously pass legislation reflecting these principles."

PATIENT ACCESS COALITION,
Bethesda, MD, August 16, 1999.

Hon. GREG GANSKE,
U.S. House of Representatives, Washington, DC.

DEAR REP. GANSKE: On behalf of the 130 patient advocacy and provider organizations that comprise the Patient Access Coalition, we deeply appreciate and acknowledge your demonstrated commitment to moving strong and meaningful patient protection legislation to the House floor for consideration this year. Your support of this issue has unquestionably sparked a new level of dedication and enthusiasm amongst your colleagues for making patient protections a top legislative priority when the House reconvenes in September.

Because the health of millions of Americans is dependent upon the care provided by managed care plans, the issue of patient protections is one of national importance and urgency. It is clear that the only way to achieve passage of strong patient protection legislation this year is with the bipartisan support of Congress, and we are pleased that you are working toward that end.

The Patient Access Coalition has been working tirelessly for the past six years, in a bipartisan manner, to guarantee basic federal protections for all patients who are enrolled in managed health care plans. We believe there is now a very strong consensus in

the country and in Congress to do so, and our commitment to reach that goal remains stronger than ever.

We look forward to working with you and other members of Congress to ensure that meaningful patient protection legislation is enacted into law this year.

Sincerely,

NANCEY MCCANN,
Co-Chair.

CAMILLE S. SOROSIAK,
Co-Chair.

NETWORK, A NATIONAL CATHOLIC
SOCIAL JUSTICE LOBBY,
Washington, DC.

Hon. CHARLES NORWOOD,
House of Representatives, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: NETWORK, A National Catholic Social Justice Lobby supports the Bipartisan Consensus Managed Care Improvement Act of 1999 (HR 2723). Having participated in the lobbying for patient protections over the past two years, NETWORK applauds your efforts and those of Reps. Dingell (D-MI), Ganske (R-IA), and the cadre of Republican physicians in facing down the serious opposition from the House GOP Leadership. You have stood firm against this and the other daunting forces mobilized against you. We also commend those who bolstered your efforts.

NETWORK will lobby in support of HR 2723, hoping that the bill will be strengthened in the process. Our membership nationally has already been alerted. But we wish to stress, Representative Norwood, that NETWORK believes that the long journey toward HR 2723, and hopefully its passage, further underscores the need for a national dialogue on health care.

The prolonged debate which began with the President's Commission on Patients' Protections, the subsequent introduction of patients' protection legislation and the militancy and funding of those who championed opposition to strong protections are proof positive of the dangers we face as a nation in the commercialization of health care.

When HMO's/insurance companies and pharmaceuticals begin to shift priorities from the rights of the patient to the success of the stockholder, we have entered a dangerous zone in human rights. The situation calls for a national ethical moral debate on what constitutes an authentic health care system.

NETWORK affirms the tenet of Catholic social teaching and the U.N. Declaration of Human Rights that health care is a basic human right and that the government has an obligation to protect that right out of responsibility for the common good. Consequently, we have supported past initiatives to protect that right through legislation which would provide for all citizens access to affordable quality health care.

That those initiatives have failed is a travesty of justice, leaving us the only industrialized nation in the world without a guarantee of health care for all its citizens.

Sadly, at this point, the nation's non-system is hopelessly fragmented while the number of uninsured grows daily. As the need for patients' protections indicates, even those privately insured under a variety and complexity of health care plans—the details of which often elude them—are not guaranteed necessary, timely and quality health care.

Therefore, as we support HR 2723, we urge you to use the lessons of these two years as a launching pad toward universal access to quality, affordable health care. Universal access to affordable quality health care will be

for NETWORK and many of our allies a critical election issue.

Sincerely,

KATHY THORTON, RSM,
National Coordinator.
CATHERINE PINKERTON,
CSJ,
NETWORK Lobbyist.

NATIONAL PATIENT
ADVOCATE FOUNDATION,
Newport News, VA, August 19, 1999.

Hon. CHARLES NORWOOD,
U.S. House of Representatives, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of our patient and health care constituents, I write to commend your leadership in bringing a Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723) to the United States House of Representatives. Many members of the House of Representatives have sought to support reform that would improve patient access to care and patient autonomy in decision making with their physicians during their medical experience while assuring patients access to independent, external review and offering plan accountability for decisions made. Each member who has contributed to this debate has achieved success in the form of the Bipartisan Consensus Managed Care Improvement Act of 1999.

The Bipartisan Consensus Managed Care Improvement Act of 1999 reflects an understanding that insurance should not dictate or control health care of Americans rather it should facilitate and finance health care for Americans. Our organization strongly endorses H.R. 2723 citing specifically the following advantages:

The Bill is one of bipartisan consensus and it does reflect the health care matters that have long been debated on both sides of the aisle with resulting legislation that serves patients and medical providers fairly and equitably while supporting our managed care industry through the development of a clearly defined set of criteria that health plans must meet to conform to the federal law as defined in H.R. 2723.

The Bill affords protections to all people with employment-based insurance (including state and local government workers) and people who buy their insurance on their own which we feel affords an equitable opportunity for regulation and enforcement of industry standards for the majority of insured Americans.

The Bill establishes a uniform standard of accountability for health plans who make coverage decisions which is consistent with the level of accountability that exists for every business and industry that provides service to Americans and that becomes legally accountable for poor business practices or judgements that cause harm to our citizens. With 79 percent of our citizens in an ERISA plan that currently offers few venues of remedy for those citizens whose benefits are denied, the Bipartisan Consensus Managed Care Improvement Act of 1999 does offer improved remedy and uniform regulations. As one whose companion organization, the Patient Advocate Foundation served over 6,000 patients last year who confronted insurance denials of which more than 50 percent involved ERISA plans, our cases reflect an urgent need for timely resolution and remedy for ERISA enrollees. This Bill improves the system of clarifying responsibilities, systems of appeal and opportunity for timely remedy. Patients confronting life threatening conditions must have timely, external, independent review and closure to their cases.

The Bill assures that medical judgements are being made by medical experts and their patients.

It is our position that the provisions of this legislation that assure patient access to Clinical Trials, access to prescription drug not on the HMO's predetermined formulary when the treating physician deems the medication as needed for optimum benefit of patient care and the provision that doctors and nurses will not confront retaliation when they report quality problems all combine to assure higher standards of quality care for patients that will enhance disease survival and extend life.

Please note our strong endorsement of the Bipartisan Consensus Managed Care Improvement Act of 1999, our endorsement for each of the co-sponsors of this legislation and for each member of our United States House of Representatives who has contributed to this debate and to this resulting legislation over the course of the last three years. It was our recent pleasure to honor both you and Congressman Dingell with our National Health Care Humanitarian Award July 22, 1999 in Washington. Certainly the leadership that you both exhibit in the development, sponsorship and negotiation of this bill as you seek to position it on the floor of the House for debate is consistent with our evaluation of each of you as recipients of our award. Thank you for your noble leadership in addressing the matters embodied in this Managed Care Improvement Act. We encourage House Speaker Dennis Hastert to place this Bill on the floor of the House for debate and to allow your peers in the House of Representatives to vote their conscience in support of H.R. 273.

Respectfully submitted:

NANEY DAVENPORT-ENNIS,
Founding Executive Director.

AMERICAN COLLEGE OF SURGEONS,
Washington, DC, August 31, 1999.

Hon. CHARLIE NORWOOD,

U.S. House of Representatives, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the 62,000 Fellows of the American College of Surgeons, I am pleased to offer the College's endorsement of Bipartisan Consensus Managed Care Improvement Act of 1999, H.R. 2723. This legislation encompasses all of the provisions that the College believes are critical to ensuring that all privately insured patients have access to the most appropriate medical care. This legislation stands in stark contrast to the inadequate managed care reform legislation that the Senate passed in July.

The College believes that all patients should have timely access to appropriate specialty care. Patients should not be forced by their health plan to endure unnecessary delays in accessing specialty care nor should they be forced to receive care from a specialist who does not have the appropriate training and experience to treat their condition. We are pleased to note that H.R. 2723 requires health plans to allow patients to have timely access to specialty care and to go out-of-network for specialty care at no additional cost if an appropriate specialist is not available within the plan.

Once a patient is able to see an appropriate specialist, health plans are frequently restricting the patient's care by unilaterally determining the most appropriate medical treatment. This determination often is contrary to the advice of the patient's treating physician. It is also often formulated on the basis of cost rather than the patient's best interest. H.R. 2723 would protect patients by

requiring health plans to offer their enrollees an opportunity for independent external review of their case. The external reviewer would then produce a binding determination. The College further commends you for including a requirement that the independent external entity determine the appropriate treatment by considering the recommendations of the treating physician along with other reasonable evidence and to do so without being bound to the health plan's definition of medical necessity.

Another issue of deep concern to our Fellows is that surgeons and other physicians being forced to bear all of the liability involved in providing health care services when health plans are often restricting the services they can provide and the setting in which the care can be provided. If health plans continue to make medical determinations, then they should be held liable to at least the same degree as the treating physician. We are pleased to note that H.R. 2723 would allow patients to hold health plans liable when the plan's decisions cause personal injury or death. Additionally, the College agrees that it is reasonable to prohibit enrollees from suing their health plan for punitive damages if the health plan abides by the decision of the independent external review entity.

All of these provisions, along with the numerous other provisions included in H.R. 2723, address critical patient needs in our nation's changing health care system. Once again, the College is pleased to offer its support for the Bipartisan Managed Care Improvement Act of 1999 and we look forward to working with you, the Republican and Democratic leadership, and, in fact, all the Members of the House of Representatives to ensure that comprehensive managed care reform legislation is enacted this year.

Sincerely,

GEORGE F. SHELDON, MD, FACS,
President.

OFFICE FOR CHURCH IN SOCIETY

UNITED CHURCH OF CHRIST,

WASHINGTON, DC, AUGUST 10, 1999.

Hon. CHARLIE NORWOOD,

U.S. House of Representatives, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: I am writing to thank you for your leadership in sponsoring the Bipartisan Consensus Managed Care Improvement Act of 1999.

The United Church of Christ, Office for Church in Society, endorses the bill as written.

In the event that the bill is weakened, or if "poison pill" amendments are added, such as Medical Savings Accounts it is likely that we would then oppose the bill.

Thanks again for your effort to help protect patients from inappropriate denial of care and to make sure that the services promised in managed care contracts will be fully available from competent health professionals.

Sincerely,

REV. DR. PAT CONOVER,
Policy Advocate.

AMERICAN COLLEGE OF PHYSICIANS,
AMERICAN SOCIETY OF INTERNAL
MEDICINE,

Washington, DC, August 12, 1999.

Hon. CHARLES NORWOOD,

House of Representatives,

Washington, DC.

DEAR REPRESENTATIVE NORWOOD: The American College of Physicians-American Society of Internal Medicine (ACP-ASIM) is the largest medical specialty society in the

country, representing 115,000 physicians who specialize in internal medicine and medical students. ACP-ASIM is in a unique position to evaluate patient protection legislation as our members represent the full range of internal medicine practitioners. We believe that any patient protection legislation must be comprehensive and provide patients with the necessary basic rights and protections they need.

ACP-ASIM believes that any effective patient protection legislation must:

Apply to all insured Americans, not just those in ERISA plans.

Require that physicians, rather than health plans, make determinations regarding the medical necessity and appropriateness of treatments. ACP-ASIM supports language that defines medical necessity in terms of generally accepted principles of professional medical practice, as supported by evidence on the effectiveness of different treatments when available.

Provide enrollees with timely access to a review process with an opportunity for independent review by an independent physician when a service is denied.

Offer all enrollees in managed care plans a point-of-service option that will enable them to obtain care from physicians outside the health plan's network of participating health professionals, and

Hold all health plans, including those exempt from state regulation under ERISA, accountable in a court of law for medical decisions that result in death or injury to a patient.

In addition to these protections, we also believe that it is important to address the need to ensure access to affordable health insurance coverage for all Americans. Patient protections are meaningless if patients lack health insurance coverage. ACP-ASIM calls on the Congress to guarantee the most basic right of all Americans—the right to insurance coverage—by crafting legislative solutions that will reduce, with a goal of eventually eliminating, the growing numbers of uninsured citizens.

As the U.S. House of Representatives considers this legislation, ACP-ASIM encourages the continuation of a bipartisan approach. We thank you for sponsoring the Bipartisan Consensus Managed Care Improvement Act, H.R. 2723, containing the key elements needed for effective patient protection and demonstrating the bipartisan support for such legislation in the House. ACP-ASIM looks forward to the consideration of a comprehensive bill on the floor of the House in September that will be fully capable of providing Americans in managed care and other health plans with needed protections. We stand ready to assist in this effort.

Sincerely,

ALAN R. NELSON, MD, FACP,
Associate Executive Vice President.

AMERICAN ACADEMY OF PEDIATRICS,

Washington, DC, August 9, 1999.

Hon. CHARLIE NORWOOD,

House of Representatives,

Washington, DC.

DEAR CONGRESSMAN NORWOOD: On behalf of the 55,000 general pediatrician, pediatric medical subspecialist, and pediatric surgical specialist members of the American Academy of Pediatrics, I am writing to express our strong support of your recently introduced legislation, the Bipartisan Consensus Managed Care Improvement Act of 1999 (HR 2723). We look forward to working with you and other members of Congress to ensure that strong patient protection legislation becomes law this year.

We are especially pleased that your legislation recognizes the unique need of children and addresses them appropriately. Children are not little adults. Their care should be provided by physicians who are appropriately educated in the unique physical and developmental issues surrounding the care of infants, children, adolescents and young adults. You clearly recognize this and have included access to appropriate pediatric specialists, as well as other important protections for children, as key provisions of your legislation.

Thank you for your efforts and we look forward to working with you to enact strong patient protection legislation. Please do not hesitate to contact me or Graham Henson of our Washington office if we can be of assistance.

Sincerely,

JOEL J. ALPERT, MD, FAAP,

President.

AMERICAN PSYCHOLOGICAL

ASSOCIATION,

Washington, DC, August 10, 1999.

Hon. CHARLIE NORWOOD,
House of Representatives,
Washington, DC.

DEAR DR. NORWOOD: On behalf of the 159,000 members and affiliates of the American Psychological Association (APA), I am writing to express our strong support for the bipartisan Consensus Managed Care Improvement Act (H.R. 2723), which you have introduced with Representative John D. Dingell.

Broad bipartisan support for this new legislation represents a major breakthrough on behalf of patients' rights. Your bill covers all persons with private insurance and includes much needed patient protections, strong reforms of the managed care industry and due process protections for providers. APA is especially grateful that you have continued to champion our top legislative priority, removing the ERISA shield from health plan legal accountability. As in your previous bills that APA has endorsed since 1996, H.R. 2723 permits persons who have been injured by decisions of health plans that delay or deny care to hold them legally accountable. We believe that removal of this special exemption will be a strong incentive for health plans to deliver clinically necessary care, obviating the need for lawsuits.

Improvements to an appeals process without legal accountability clearly would not be sufficient. A new analysis of the Senate-passed bill, S. 1344, shows that the insurance and managed care industry could generate interest income of \$280 million for every one percent of claims that are delayed for the full 377 days permitted. This PricewaterhouseCoopers analysis helps refocus the debate on the need for incentives to ensure that correct decisions are made by health plans to begin with and that health plans do not abuse an appeals process.

H.R. 2723 also includes the requirements that those in closed panel health plans be offered a point of service plan at the time of enrollment, enabling care outside of a network. The bill reflects a procompetitive provision banning health plans from excluding a class of providers based solely on licensure. Medical necessity decisions would be made by clinical peers in a fair and independent appeals process, moving the system away from some of its worst abuses.

APA appreciates your continued leadership on these vital issues and will continue to work with you to win enactment of comprehensive managed care quality legislation.

Sincerely,

RUSS NEWMAN, Ph.D., J.D.

SERVICE EMPLOYEES

INTERNATIONAL UNION,

Washington, DC, August 19, 1999.

Hon. CHARLIE NORWOOD,

House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the 1.3 million members of the Service Employees International Union, I am writing in support of the Bipartisan Consensus Managed Care Improvement Act of 1999, H.R. 2723.

We are very pleased that a truly comprehensive bipartisan patient protection bill has been introduced. This is a bill that addresses the concerns that many working families have about the failure of managed care plans to ensure access to quality health care and puts medical decisions in the hands of medical experts not insurance company bureaucrats. Unlike the Senate bill, H.R. 2723 would:

Cover all Americans who have private insurance's.

Provide true access to emergency services, specialists, continuity of care, and clinical trials

Provide for an internal and an independent external appeals process that ensures a timely process for consumers for whom health care is denied or withheld

Hold health plans accountable for treatment decisions that result in injury or death.

Additionally, H.R. 2723 includes a vitally important patient advocacy/whistleblower provision. As a union representing over 600,000 frontline health care workers, we know how important it is to protect health care workers who speak out against patient care deficiencies. Employers must be prohibited from firing or retaliating against such workers if we are going to encourage health professionals to report patient care problems.

We commend you and your leadership in putting forward a bill that provides real patient protections. SEIU looks forward to working with you to pass H.R. 2723.

Sincerely,

ANDREW L. STERN,

International President.

THE AMERICAN COLLEGE OF
OBSTETRICIANS AND GYNECOLOGISTS

Washington, DC, August 11, 1999.

Hon. CHARLES NORWOOD,

Longworth House Office Building,
5 Washington, DC.

DEAR CONGRESSMAN NORWOOD, The American College of Obstetricians and Gynecologists (ACOG) is pleased to offer its support for the Bipartisan Consensus Managed Care Improvement Act of 1999. This legislation would guarantee direct access to ob-gyn care for women enrolled in managed care.

Women need the assurance that they can receive care for their women's health needs from their ob-gyns without the added time, expense, and inconvenience of first having to get permission from their primary care physicians. Your legislation would ensure this fundamental patient protection to all women in managed care plans.

Today, many managed care plans require women—even pregnant women—to get permission slips from their primary care physicians before they can see their ob-gyns. Sixty percent of ob-gyns in managed care plans report that their gynecologic patients are either limited or barred from seeing their ob-gyns without first getting permission from another physician. An astounding 28% report that their pregnant patients must

first receive another physician's permission before seeing their ob-gyns. To make matters worse, nearly 75% of ob-gyns report that their patients have to return to their primary care physicians for permission before their ob-gyn can provide necessary follow-up care.

Direct access to ob-gyns for all covered obstetric and gynecological follow-up care, as under your plan, will help to ensure quality health for women, including pregnant women and their infants. Thank you for your leadership and commitment to these vital goals. We look forward to working closely with you as this legislation moves toward enactment.

Sincerely,

RALPH W. HALE, M.D.,

Executive Vice President.

CENTER FOR PATIENT ADVOCACY,

McLean, VA, August 9, 1999.

Hon. CHARLIE NORWOOD,

Longworth House Office Bldg.,
Washington, DC.

DEAR CONGRESSMAN NORWOOD: The Center for Patient Advocacy is pleased to support the "Bipartisan Consensus Managed Care Improvement Act of 1999."

Since our founding in 1995, the Center for Patient Advocacy has been a leading supporter of strong, enforceable comprehensive managed care reform legislation. Every day the Center works with patients across the country who have experienced problems with managed care. We know first-hand the barriers to care that patients face, including limits on access to and coverage for specialty care and emergency room care, arbitrary medical decisions based on cost rather than a patient's specific medical needs, and the lack of a timely, independent and fair external appeals process to name a few. Most alarming, however, is that managed care plans—not patients and their doctors—continue to make medical decisions without being held legally accountable for their decisions that harm patients.

The Bipartisan Consensus Managed Care Improvement Act is a common-sense approach that addresses these problems. In this era where the pressure to reduce costs often comes at the expense of the patient, it is not only appropriate, but imperative that Congress act and pass legislation to protect patients from managed care abuses.

We commend your continued leadership in the managed care reform debate and your tireless efforts to secure a strong, enforceable and bipartisan solution to the problems patients across the country are facing. As we have continued to emphasize, patients are not calling on Congress to pass a Republican or Democrat bill. They are calling on Congress to pass bipartisan legislation that will truly provide them with needed protections and empower patients and their physicians with the decisions affecting their health care. And we believe that the Bipartisan Consensus Managed Care Improvement Act will do just that.

Sincerely,

TERRE MCFILLEN-HALL,

Executive Director.

AMERICAN OSTEOPATHIC ASSOCIATION,

Washington, DC, August 27, 1999.

Hon. CHARLES NORWOOD,

U.S. House of Representatives, Washington, DC.

DEAR CONGRESSMAN NORWOOD: The American Osteopathic Association (AOA) represents the nation's 43,500 osteopathic physicians. As President, I am pleased to let you know that the AOA endorses your bill, the "Bipartisan Consensus Managed Care Improvement Act of 1999" (H.R. 2723).

The AOA advocates, on behalf of patients, for Congress to enact strong, meaningful, and comprehensive protections. After six years of debate and delay, we believe that H.R. 2723 is the bipartisan legislation that will ensure the AOA's long sought principles. These include: physicians allowed to determine medical necessity; health plans held accountable for their actions; a fair and independent appeals process available to patients, and protections which apply to all Americans.

Over the last two decades, managed care has become less interested in delivering quality healthcare to patients. Instead, the focus seems entirely on the bottom line. It is time to bring the focus back to our patients and away from HMO profits. Employers and patients are tired of not receiving the care they are promised, pay for and deserve. H.R. 2723 will help bring the quality back into healthcare and allow osteopathic physicians to care for our patients in accordance with the high principles guiding our profession.

Again, thank you for your leadership on this critical issue. We are encouraged by the broad bipartisan support your legislation has received. The AOA pledges to work with you and all Members of Congress to ensure swift enactment of H.R. 2723. Please feel free to contact Michael Mayers, AOA Assistant Director of Congressional Affairs, in our Washington office with any further comments or questions.

Sincerely,

EUGENE A. OLIVERI, D.O.,
President.

AMERICAN DENTAL ASSOCIATION,
Washington, DC, August 13, 1999.

Hon. CHARLIE NORWOOD,
1707 Longworth House Office Building, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the 144,000 members of the American Dental Association, we wish to endorse H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999. This is the first truly bipartisan, comprehensive patient protection bill in the 106th Congress. By joining forces with Representative Dingell, you have breathed new life into the movement to establish a few basic rules to protect all insured Americans from unfair and unreasonable delays and denials of care.

We recognize that the powerful groups that oppose managed care reform will continue spending millions of dollars in their relentless efforts to scare the public and badger lawmakers who attempt to improve the health care system. However, we will do all we can to make sure that all of our members know of your courageous efforts on behalf of them and their patients.

Patient protection is a genuine grassroots issue that cuts across geographic, economic and political boundaries. We believe that only bipartisan action will solve the problems in the health care system, and your bill represents a major, positive step in the right direction.

Sincerely,

S. TIMOTHY ROSE, D.D.S., M.S.,
President.
JOHN S. ZAPP, D.D.S.,
Executive Director.

PHYSICIANS FOR REPRODUCTIVE
CHOICE AND HEALTH,
New York, NY, August 30, 1999.

Hon. CHARLES NORWOOD,
U.S. House of Representatives, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: Physicians for Reproductive Choice and Health (PRCH) is pleased to support the Bipartisan

Consensus Managed Care Improvement Act of 1999 (H.R. 2723). We applaud your leadership, as well as that of Representative Dingell and the additional supporters of the legislation. The mission of PRCH is to enable concerned physicians to take a more active and visible role in support of universal reproductive health. We represent more than 3,000 physicians and non-physician supporters from around the country. PRCH is committed to ensuring that all people have the knowledge, access to quality services, and freedom of choice to make their own reproductive health decisions, and we believe this legislation is an important step toward that goal.

The American health care system is changing rapidly. PRCH believes it is vital that those changes do not come at the expense of quality care for patients. The Bipartisan Consensus Managed Care Improvement Act includes many important patient protections. As a physician membership organization, PRCH is especially pleased that H.R. 2723 would ensure that medical judgments are rendered solely by health care providers, who are in the best position to guard the interests of their patients. Other particularly important provisions would assure that women have direct access to ob-gyn care from their choice of participating health care providers; protect health care professionals who report quality problems from retaliation by insurance plans and others; and prohibit health care plans from financially rewarding health care professionals for limiting a patient's care.

We commend your leadership in the struggle to ensure that patients' rights are established in federal law.

Sincerely,

JODI MAGEE,
Executive Director.
SEYMOUR L. ROMNEY, M.D.,
Chair.

AMERICAN CANCER SOCIETY,
August 27, 1999.

Hon. CHARLIE NORWOOD,
U.S. House of Representatives, Washington, DC.

DEAR CONGRESSMAN NORWOOD: On behalf of the American Cancer Society and its 2 million volunteers, I commend you for sponsoring H.R. 2723, the "Bipartisan Consensus Managed Care Improvement Act of 1999," legislation that meets the needs of cancer patients. As the largest voluntary health organization dedicated to improving cancer care, we urge support of such legislation that would help ensure patients, especially those affected by cancer, access to quality and appropriate medical care. Specifically, we are pleased that the provisions in your legislation will benefit all 161 million Americans in private health insurance and employer-sponsored plans and that your legislation provides patients with direct access to clinical trials.

More than 140 million insured Americans are in some kind of managed care plan and this includes many of the approximately 1.23 million people diagnosed with cancer each year. In addition, the National Cancer Institute estimates that 8 million Americans alive today have a history of cancer. While managed care has greatly improved access to needed prevention, early detection, and cancer treatment, we are concerned about some of the gaps that remain in getting quality care to the patient.

Your legislation adequately addresses some of our concerns in a way that will help ensure that individuals affected or potentially affected by cancer will be assured im-

proved access to quality care. H.R. 2723 grants patients with life threatening diseases access to specialists, including an out-of-network specialist if one is not available within their health plan; ensures continuity of care if an employer switches to a plan that does not include their physician who is providing on-going treatment or if a treating physician is no longer with the health plan; and permits for a specialist to serve as the primary care physician for a patient who is undergoing treatment for a serious or life-threatening illness.

Most importantly, your bill includes a clinical trials provision strongly supported by the American Cancer Society. H.R. 2723 recognizes that coverage of the routine patient care costs for patients enrolled in any phase of high-quality, peer-reviewed clinical trials affords people with cancer and other serious or life threatening disease the opportunity to seek the best and most appropriate care while helping to advance scientific knowledge. This access is integral to possibly extending life, reducing morbidity, and increasing medical knowledge. As you may know, in many cases, coverage for routine patient services for patients who wish to participate in a clinical trial are often denied, thereby creating a major barrier for patients who would like, or need, access to these treatments. For these patients, the clinical trial offers a critical opportunity to receive state of the art cancer treatment—therapies that may be their best and most appropriate treatment option and their only chance at survival and an improved quality of life. In addition, without sufficient enrollment in clinical trials, we as a nation lose an opportunity to collect data about the safety and efficacy of a new therapy or technology that could potentially benefit future generations of patients and save the health care system money. We firmly believe it is essential that cancer patients have access to these oftentimes lifesaving therapies that can reduce suffering and prolong life and are very supportive of the provision in H.R. 2723.

The Society commends you for sponsoring this legislation that provides access to clinical trials for all patients with serious and life threatening diseases. Due to the nature of research, life-saving treatments for one disease are often found in clinical trials of a drug aimed at treating another disease. Recently, clinical trials of Rezulin, a diabetes drug, showed that the drug may slow rapid cell growth in some cancers. Similarly, research has shown that the cancer drug, endostatin, may help heart disease. By providing broad access to clinical trials, your legislation will help advance the state of research for many diseases by allowing for the cross-pollination of research—cancer patients will benefit from clinical trials in AIDS, diabetes, etc., and vice versa.

While we are very pleased with your leadership on this issue, we are concerned that H.R. 2723 will not help patients who want to enroll in privately sponsored pharmaceutical trials—the type that is most frequently provided through the Food and Drug Administration. We would greatly appreciate your consideration of increasing access to these types of clinical trials for managed care patients.

The diagnosis of cancer is devastating—not only must patients confront an array of medical decisions, they must deal with financial and emotional burdens as well. We thank you for sponsoring legislation ensuring that cancer patients, irrespective of type of health insurance, will face fewer financial worries as they consider their treatment options. Please call Megan Gordon, Legislative

Representative, for any additional information or your staff may need.

Sincerely,

KERRIE WILSON,

National Vice President, Policy Advocacy.

AMERICAN ACADEMY OF
OPHTHALMOLOGY,

Washington, DC, August 30, 1999.

Hon. CHARLES NORWOOD,
Longworth House Office Building,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: The American Academy of Ophthalmology (AAO) would like to thank you for your introduction of H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999. Your bill contains the core patient protections the AAO supports and believes should be a part of all managed care plans.

AAO is the world's largest educational and scientific organization of eye physicians and surgeons (Eye M.D.s), representing over 26,000 members, dedicated to the treatment and diagnosis of disorders of the eye.

AAO supports H.R. 2723 on the basis that it would guarantee the following six protections to the millions of Americans enrolled in managed care plans:

1. An out-of-network (point-of-service) option at the time of enrollment;
2. Timely access to specialty care;
3. A fair and expedited independent appeals process;
4. A consumer information checklist;
5. A ban on financial incentives that result in the withholding of care or a denial of a referral; and
6. A ban on "gag clauses" which prohibit a provider from giving patients certain information, including treatment options.

We look forward to working with you to ensure passage of a strong, comprehensive and meaningful patient protections bill this Congress. Again, thank you for introducing your bill and for championing this issue in the House of Representatives.

Sincerely,

WILLIAM L. RICH, III, MD,
Secretary for Federal Affairs.

FRIENDS COMMITTEE ON
NATIONAL LEGISLATION,
Washington, DC, August 26, 1999.

Re Managed Care Improvement Act.

Representative CHARLES NORWOOD,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: I am writing on behalf of the Friends Committee on National Legislation (FCNL, a Quaker lobby in the public interest) to express our strong support for the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723).

FCNL supports a health care system whose primary goal is maintaining and improving the health of the population. In recent years, managed care has taken over as the dominant health care delivery system. The shift to managed care has reflected the belief, particularly within the business community, that managed care does a substantially better job of controlling health care costs than does traditional fee-for-service insurance. Thus, managed care organizations are under strong pressure to keep costs down. In addition, many managed care organizations operate on a for-profit basis which exerts pressures to reduce outlays. These changes in the structure of health care insurance have created an environment in which patients' interests can (and sometimes do) take a back seat. While we are sensitive to the economic

issues in health care, we also believe that reform and regulation are necessary in order to ensure that managed care organizations hold the interests of patients as a prime focus.

Following are some of the provisions of H.R. 2723 that are of particular importance to FCNL.

Scope of coverage: We support extending managed care protections to all 161 million people in the U.S. with private insurance. This would complement the protection already afforded to those in Medicaid and Medicare managed care.

Access to care: We strongly favor efforts to reduce and eliminate bureaucratic obstacles that some patients have faced as they seek access to physicians and needed health care services. For example, we support access to closest emergency room, without prior authorization and without higher costs; guaranteed access to needed health care specialists, outside the network, if needed; access to pediatric specialists; the right of women to directly access ob/gyn care and services; and access to quality clinical trials for those with no other effective option.

Protection of Doctor/Patient Relationship: We oppose limitations placed on physicians by HMOs or insurance companies that reduce their ability to treat or communicate with patients. For example, we believe that legislation should prohibit gag clauses that restrict the freedom of health care providers to discuss all treatment options with patients; limit financial incentives to withhold care; ensure continuity of care so that patients in the middle of long-term treatment plans do not suffer an abrupt transition of care if their physician or other provider is dropped from the plan; and assure that health care professionals who report deficiencies in the quality of health care services will not experience retaliation by the plan.

Accountability: We support the right of patients to timely appeals of health plan decisions and to be able to hold health plans accountable for decisions. Examples of such rights include access to internal and independent external appeals processes that are fair, unbiased, and timely; and a mechanism that holds health plans legally accountable when their decisions harm patients.

FCNL applauds your efforts and the efforts of your colleagues to pass legislation that would provide these and other related protections to patients in managed care plans.

Sincerely,

FLORENCE C. KIMBALL,
Legislative Education Secretary.

AMERICAN FEDERATION OF TEACHERS,
Washington, DC, August 20, 1999.
U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: I am writing on behalf of the over one million members of the AFT to urge your support for bipartisan patients rights legislation, H.R. 2723, the Bipartisan Consensus Managed Care Empowerment Act of 1999. Hopefully, when Congress returns from its August recess, the House of Representatives will have the opportunity to vote on this important bill.

This bipartisan measure, introduced by Representatives Charles Norwood (R-GA) and John Dingell (D-MI), is compromise patients' rights legislation that retains essential features of the Patients Bill of Rights, H.R. 358, that AFT has also supported.

The bipartisan bill (H.R. 2723), which applies to all 161 million Americans with health insurance coverage, has these essential features;

Ensures access to emergency care without prior authorization, following a "prudent lay person" standard;

Authorizes direct access to OB/GYNs and pediatricians to be primary care physicians; Provides access to pediatric specialties;

Provides for continuity of care when there is a change of plan or change in the provider network;

Provides for an independent external appeals process;

Authorizes patients to sue health plans in state courts, but disallows punitive damages if a plan complies with an independent external appeals decision;

Provides that doctors and nurses can report quality problems without fear of retaliation from Health Maintenance Organizations (HMOs), insurance companies and hospitals.

AFT is particularly pleased that H.R. 2723 contains protection against retaliation for health care workers acting as patient advocates. The AFT is proud to represent over 53,000 health care professionals who know such protections for patient advocacy are an essential component of quality health care.

H.R. 2723 offers the House a very real opportunity to enact legislation on a bipartisan basis that will improve the quality of managed care. The American Federation of Teachers urges you to co-sponsor and support this vital legislation.

Sincerely,

CHARLOTTE J. FRAAS,
Director of Federal Legislation,
Office of Government Relations.

AFSCME, AMERICAN FEDERATION OF
STATE, COUNTY AND MUNICIPAL
EMPLOYEES, AFL-CIO,

Washington, DC, August 18, 1999.

Honorable CHARLES NORWOOD,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the 1.3 million members of the American Federation of State, County and Municipal Employees (AFSCME), I am writing to thank you for your leadership in introducing the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723). This compromise legislation provides meaningful reform of managed care with significant and enforceable protections for consumers.

In particular, we are pleased that the bill extends patient protections to all of those who are covered by managed care plans rather than just limited segments of the insured population. Importantly, the bill holds all, rather than just some, plans accountable for treatment denials which result in the injury or death of patients. But the liability shield now enjoyed by self-funded plans is removed in a balanced way, providing that there will be no punitive damages where the plan has followed the recommendation of an external review panel. Further, the bill makes clear that employees cannot be sued unless they intervene in treatment decisions.

Of particular interest to AFSCME members who work in health care, H.R. 2723 includes important protections for physicians and nurses who raise concerns or warnings about the care of patients. Although limited, these protections will allow health care professionals to speak, without fear of reprisal, to appropriate public regulatory agencies, appropriate private accrediting bodies, plan administrators or their employers. The provision protecting patient advocacy will help accomplish the bill's overall goal of improving the quality of care for patients.

In sum, H.R. 2723 would accomplish reform in a meaningful, yet balanced way. We thank

you for co-sponsoring this important legislation.

Sincerely,

GERALD W. MCENTEE,
International President.

AMERICAN THORACIC SOCIETY
AND THE AMERICAN LUNG ASSOCIATION,
Washington, DC, August 24, 1999.

Hon. CHARLES NORWOOD,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the American Lung Association and its medical section, the American Thoracic Society, I want to congratulate you for introducing the Bi-Partisan Patient Protection legislation (H.R. 2723). The ALA/ATS strongly support this important legislation.

American consumers deserve quality health insurance. Far too often we hear of cases where health insurers have either obstructed or completely denied insured patients access to the care they need. Insurers, by design or default, are preventing patients from getting the care they need.

Your legislation will help end many of the abuses in our nation's health insurance system. Your legislation will give all of our nation's insured individuals access to specialists, a swift appeals process and legal recourse for denied care, and will ensure physicians—not insurers—determine medical necessity. These important patient protections are needed to restore confidence to our nation's health care system.

The American Lung Association and the American Thoracic Society are ready to work with you and other Members of Congress to quickly enact this important legislation. Again, thank you for your leadership on this important issue.

Sincerely,

FRAN DUMELLE,
Deputy, Managing Director.

NATIONAL BREAST CANCER COALITION,
Washington, DC, August 24, 1999.

Representative JOHN DINGELL,
Representative CHARLES NORWOOD,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVES: On behalf of the National Breast Cancer Coalition (NBCC) and the 2.6 million women living with breast cancer, I am writing to thank you for your leadership in offering H.R. 2723, The Bipartisan Consensus Managed Care Improvement Act of 1999. Passage of this legislation would ensure that patients in private health plans have access to legitimate patient protections.

The National Breast Cancer Coalition is a grassroots advocacy organization made up of more than 500 member organizations and 60,000 individual members dedicated to the eradication of breast cancer through advocacy and action. We have long been committed to working with Members of Congress to enact meaningful healthcare reform. While many versions of "patient protection" legislation have been discussed in the past, we appreciate your leadership on introducing strong and comprehensive bipartisan legislation that brings us one step closer to achieving our goal.

One of NBCC's top concerns is breast cancer patients' access to clinical trials. Women with breast cancer often seek participation in clinical research studies as their best treatment option. It is unconscionable that their health plans would deny payment for even routine patient care cost like physician and hospital charges merely because patients

are receiving treatment in the context of a clinical trial versus standard therapy. H.R. 2723, which would require health plans to cover routine patient care costs for cancer patients enrolled in approved clinical trials, is a critical step in including greater participation in clinical trials.

We also want to thank you for including access to specialty care in the Bipartisan Consensus legislation. This provision is extremely important to ensure that individuals in private health plans have access to the specialty care they need—an essential component of a meaningful patients' bill of rights. We are pleased that this legislation would allow breast cancer patients to go straight to their oncologists should that be medically appropriate.

Finally, NBCC appreciates your recognition that a right without strong enforcement is no right at all. By holding plans accountable when their decisions to withhold or limit care injures patients, H.R. 2723 ensures that insurers are subject to the same rules and legal penalties for injuries as any other industry. Strong enforcement is absolutely essential to any meaningful managed care reform, and we are pleased that the Bipartisan Consensus bill incorporates this provision.

Thank you again for your outstanding leadership. We look forward to working with you to get H.R. 2723, The Bipartisan Consensus Managed Care Improvement Act, enacted into law this year. Please do not hesitate to call me or NBCC's Government Relations Manager, Jenifer Katz if you have any questions.

Sincerely,

FRAN VISCO,
President.

AMERICAN ASSOCIATION OF
UNIVERSITY WOMEN,
Washington, DC, August 24, 1999.
PROTECT WOMEN'S HEALTH IN MANAGED CARE
REFORM

DEAR REPRESENTATIVE: On behalf of the 150,000 members of the American Association of University Women (AAUW), I urge you to support the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723), introduced by Reps. Charlie Norwood (R-GA) and John Dingell (D-MI), when the House considers managed care reform legislation. AAUW believes that H.R. 2723 will ensure accountability of managed care plans and a health care delivery system that fully meets the needs of women and families.

AAUW believes that only H.R. 2723 will significantly improve managed health care for all consumers, and especially for women. H.R. 2723 covers all 148 million privately insured Americans and addresses a broad range of issues that will provide quality, timely, and appropriate health care to all consumers; ensure patients' rights; and meet the needs of women and their families. H.R. 2723 guarantees that patients can have a health plan's decision to deny care reviewed by an independent medical expert, and holds managed care plans accountable when their decisions to withhold or limit care cause injury or death. H.R. 2723 is particularly important to women because it: Ensures that women have direct access to ob-gyn services from the participating health care professional of their choice; Ensures that pregnant women can continue to see the same health care provider throughout pregnancy if their provider leaves the plan or their employer changes plans; Ensures access to specialists, including, when appropriate, specialists outside a plan's network; and Ensures access to

clinical trials for new treatment options and that may save people's lives.

Once again, I urge you to support H.R. 2723 to ensure accountability of managed care plans and a health care delivery system that fully meets the needs of women and families. If you have any questions, please call Nancy Zirkin, Director of Government Relations, at 202/785-7720, or Lisa Levine, Government Relations Manager, at 202/785-7730.

Sincerely,

SANDY BERNARD, *President.*

NATIONAL BLACK WOMEN'S
HEALTH PROJECT,
Washington, DC, August 24, 1999.

Hon. CHARLES NORWOOD,
U.S. House of Representatives,
Washington, D.C.

DEAR CONGRESSMAN NORWOOD: The National Black Women's Health Project (NBWHP) is writing in support of the Bipartisan Consensus Managed Care Improvement Act (H.R. 2723). NBWHP is the only national organization solely dedicated to improving the health and well-being of America's 17.8 million Black women through wellness programs and services, information, and advocacy. We have been and continue to be a strong supporter of managed care reform. The proposed legislation offers significant protections for all Americans, and the specific implications for women and women of color are vitally important. Of great importance is the inclusion of patient access to medical treatments and therapies including clinical trials. This is highly significant as women of color are often under-represented in clinical trials. In addition, the inclusion of access to all prescription drugs is crucial as women would have assured access to coverage for contraceptives.

There is an urgent need for consumer protections in the health care and insurance system, and we feel that this legislation is a progressive action in this regard. We appreciate any opportunities to work with you. If you have any further questions, please feel free to telephone our office. Shelia Clark, our Public Policy Associate, is our contact person. We look forward to the passage of this legislation.

Sincerely,

JULIA SCOTT,
President and CEO.

NATIONAL ALLIANCE FOR
THE MENTALLY ILL,
Arlington, VA, August 24, 1999.

Hon. JOHN DINGELL,
Hon. CHARLES NORWOOD,
U.S. House of Representatives,
Washington, DC

DEAR REPRESENTATIVES DINGELL AND NORWOOD: On behalf of the 208,000 members and 1,200 affiliates of the National Alliance for the Mentally Ill (NAMI), I am writing to express our support for your legislation, the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723). As the nation's largest organization representing people with severe mental illnesses and their families, NAMI believes that federal standards are necessary to ensure that access to the most advanced treatment is not compromised in the name of cost savings. We support your efforts as an important step forward in protecting the interests of consumers and their families in the health care system.

In particular, NAMI is especially pleased that your legislation will address critical issues that are of great concern to people with severe mental illnesses and their families including use of restrictive prescription

drug formularies and meaningful external appeals. NAMI is grateful that your legislation will protect the ability of patients and their doctors to go beyond a health plan's limited drug formulary when it is necessary to find the most effective medication. This protection is critically important for people with serious brain disorders such as schizophrenia and manic-depressive illness who depend on newer medications as their best hope for recovery.

NAMI also strongly supports your proposal for external grievance procedures that would require that decisions of independent review panels be legally binding upon health plans and prevent health plans from being able to select the independent third-party review panel. Patients and their families should be able to take their claim of an unfair denial of treatment coverage to an unbiased process for an adjudication of their rights.

NAMI also supports key provisions in H.R. 2723 regarding access to medical specialists. Health plans should be required to provide access to covered specialty care within a plan's network and allow consumers unobstructed access to a specialist, such as a psychiatrist, over a longer period, without repeated and unnecessary pre-authorizations from their plan. Finally, NAMI would like to thank you for including in your bill strong protections for consumer access to medical treatment costs associated with clinical trials. For many people with severe mental illnesses, clinical trials on new medications are the best hope for successful treatment. Health plans should not be allowed to deny patients access to these trials by refusing to pay for routine medical care.

NAMI is grateful for your efforts on behalf of people with severe mental illnesses and their families. Your bipartisan approach to this difficult issue is an important step forward in placing the interests of consumers and families ahead of politics. NAMI looks forward to working with you to ensure passage of meaningful managed care consumer protection legislation in the 106th Congress.

Sincerely,

LAURIE FLYNN,
Executive Director.

FAMILIES USA FOUNDATION,
Washington, DC, August 11, 1999.

Hon. CHARLIE NORWOOD,
Longworth HOB, Washington, DC.

DEAR CONGRESSMAN NORWOOD: Congratulations on the introduction of the "Bipartisan Consensus Managed Care Improvement Act of 1999," H.R. 2723. We are well aware of the efforts you and others made to make this bill a reality.

As you know, the American public is losing faith in our health care delivery system. Managed care companies that began with the promise of providing high quality care at an affordable price are not always delivering on that promise. Unfortunately, this has resulted in consumers being worried that they will not get the care they need even though they are covered with health insurance. Your bill is a reasonable compromise proposal that can bring back balance to our health care system.

We look forward to working with you to make the "Bipartisan Consensus" bill the law of the land.

Sincerely,

RONALD F. POLLACK,
Executive Director.

NATIONAL ORGANIZATION OF
PHYSICIANS WHO CARE,
San Antonio, TX, August 24, 1999.

Hon. CHARLIE NORWOOD,
Longworth HOB, Washington DC.

DEAR CONGRESSMAN NORWOOD: I am president of Physicians Who Care, Inc. ("PWC"). It is a not-for-profit organization which is devoted to protecting the doctor-patient relationship and ensuring quality health care. Formed in 1985 in San Antonio, Texas the organization has approximately 4,000 members, most of them doctors in private practice. PWC believes the responsibility for medical care belongs first and foremost to physicians and patients. We affirm the right of the physician, as the provider of care, to diagnose, prescribe, test and treat patients without undue outside interference. We affirm the right of the patient, as the person most affected by care, to choose his or her own physician and help determine the type of treatment received.

On behalf of PWC and its board of directors, I am writing to you now. As you know, one of the major issues facing our country today is our health care delivery system—quality, access, delivery, accountability and fairness. We are apprised that this issue will come before the House of Representatives next month after Congress reconvenes from its summer recess.

We have reviewed H.R. 2723, the bill introduced into the House by Representatives Norwood and Dingell. It is known as the "Bipartisan Consensus Managed Care Improvement Act of 1999". We strongly support it as it insures fairness and accountability in our health care delivery system that has been lacking in what the Senate has passed and other legislation that has gone before (H.R. 2723). We ask that you vote in favor of it.

Now is the opportunity to vote on legislation that will support the ability of patients to receive proper care from their providers and provide providers with measures of confidence and comfort not known by them since managed care and managed care plans were foisted upon patients and physicians.

We are particularly impressed by the wording in H.R. 2723 relating to external appeals, the ability of patients to sue their health plans and managed care organizations like HMOs (just like they can physicians, hospitals and others who make medical decisions in patient care), excluding employers from liability unless they are involved in the same medical decision-making that presently exposes physicians, hospitals, nurses and the like.

Moreover, we are mindful that opponents of this type legislation raise costs as an issue or that employers will not be able to provide health insurance to their employees if the ERISA preemption is lifted or even that lifting this preemptive effect will cause more lawsuits. To these points, we respectfully and firmly disagree! Opponents are using emotion and "scare tactics" to avoid fact and the ability of all patients to receive proper and quality health care.

We are not against managed care; it does have a place. However, we are strongly against managed care plans not "toeing the line", i.e. not wanting to be held accountable for their medical decisions that adversely affect patient care (all over the country managed care plans are failing, 200 in California alone).

Now may be the last time that you have to provide effective relief to patients and their providers alike. If you do not, our court system may do it for you (as recent decisions in the last few years seem to strongly indicate.)

Please vote what is right, fair and just for all patients; we sincerely ask that you support H.R. 2723.

Thank you.

Sincerely,

RONALD BRONOW, M.D.,
President.

PATIENTS WHO CARE,
San Antonio, TX, August 24, 1999.

Hon. CHARLIE NORWOOD,
Longworth HOB, Washington, DC.

DEAR CONGRESSMAN NORWOOD: I am president of Patients Who Care (PtWC). It is a non-profit 501(c)3 organization of approximately 20,000 members and is dedicated to promoting through education an understanding of issues affecting access by patients to the highest quality health care possible. We believe in preserving quality medical care, affordability of care and care reimbursement plans, and preserving the doctor/patient relationship. We also feel it is the right of patients to choose their own physician and determine the type of treatment received. Finally, we try to help patients understand their rights in the health care decision-making process.

On behalf of PtWC and its board of directors, I am writing to you now. As you know, one of the major issues facing our country today is our health care delivery system—quality, access, delivery, accountability and fairness. We are apprised that this issue will come before the House of Representatives next month after Congress reconvenes from its summer recess.

We have received H.R. 2723, the bill introduced in the House of Representatives Norwood and Dingell. It is known as the "Bipartisan Consensus Managed Care Improvement Act of 1999". We strongly support it as we feel it insures fairness and accountability in our health care delivery system. These qualities have been lacking in what the House and Senate have passed in previous health care legislation. We ask that you vote in favor of H.R. 2723, and do all you can to help this bill move quickly to passage.

Now is the opportunity to vote on legislation which will support the ability of patients to receive proper care from their providers. It will also give providers a greater measure of confidence and comfort in treating their patients since managed care and the managed care plans were foisted upon patients and physicians many years ago.

We are particularly impressed by the wording in H.R. 2723 relating to external appeals, the ability of patients to sue their health plans and managed care organizations like HMOs (just like they can physicians, hospitals and others who make medical decisions in patient care), excluding employers from liability unless they are involved in the same medical decision-making that presently exposes physicians, hospitals, nurses and the life. We are also mindful that opponents of this type legislation raise "costs" as the issue, saying 'employers will not be able to provide health insurance to their employees if the ERISA preemption is lifted or even that lifting this preemptive effect will cause more lawsuits'. We feel this is a lesser concern than decisions that adversely affect patient care (all over the country managed care plans are failing—200 in California alone).

Now may be the last time you have to provide effective relief to patients and their providers. If you do not, our court system may do it for you (as recent decisions in the last few years seem to strongly indicate.)

Please vote what is right, fair and just for all patients; we sincerely ask that you support H.R. 2723.

Thank you.

Sincerely,

STEVEN C. JOHNSON, CLU, RHU,
President.

P.S. It is also our understanding that most "individual" health care plans, not currently under ERISA, will not be affected by this legislation, or be required to conform to H.R. 2723. please be vigilant of this issue which our members have raised.

ALLIANCE FOR CHILDREN AND FAMILIES,
August 24, 1999.

Hon. CHARLES NORWOOD,

U.S. House of Representatives, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: We at the Alliance for Children and Families are writing to express our support for the Bipartisan Consensus Managed Care Improvement Act (H.R. 2723), which you have introduced with Representative Dingell. The Alliance, an international nonprofit association representing over 350 child- and family-serving organizations, supports this important legislation to protect patients' rights. Alliance members serve more than 5 million individuals each year in more than 2,000 communities.

Broad bipartisan support for this new legislation represents a major breakthrough on behalf of patients' rights. This bill provides essential protections for all consumers in the private health insurance marketplace. H.R. 2723 ensures that medical decisions will be in the hands of medical experts. It permits people to hold their managed care plans accountable when plan decisions to withhold or limit care result in injury or death. We believe that holding health plans accountable will be a strong incentive for them to deliver clinically necessary care, minimizing the need for lawsuits.

We support your bill because it includes much needed patient protections, strong reforms of the managed care industry and due process protections for providers. It ensures that patients have access to a fair and independent external review for cases in which care is denied. H.R. 2723 also ensures that patients have access to specialists, including, when appropriate, specialists outside a plan's network.

Thank you for your leadership in protecting patients' rights through the Bipartisan Consensus Managed Care Improvement Act of 1999.

Yours sincerely,

CARMEN DELGADO VOTAW,
Senior Vice President, Public Policy.

PARALYSIS SOCIETY OF AMERICA,
August 23, 1999.

Hon. CHARLIE NORWOOD,

U.S. House of Representatives, Longworth Building, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the Paralysis Society of America (PSA), I am writing to voice support for H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999.

We are pleased to see that the consensus bill combines the patient protections found in the major managed care reform bills introduced in the House this year, including H.R. 216, the Quality Care Act, and H.R. 358, the Patients' Bill of Rights. We also note the importance of H.R. 2723 as a bipartisan bill. Legislators who support this bipartisan bill recognize the importance of a health care system that balances the cost of service delivery without sacrificing individual patient needs.

PSA's membership of more than 19,800 people consists of individuals with spinal cord

injury or disease, their family members and caregivers, health care professionals, and others with an interest in the disciplines of spinal cord medicine and paralysis. As you can imagine, the outcome of patient protection legislation speaks directly to the vested interest in our membership.

Particular attention is given to those portions of the legislation covering freedom of choice, specialists, and external appeals, clinical trials and privacy. Also of interest to our membership are the sections covering continued care, freedom of communication, clinical trials reform, incentives to deny care, and privacy:

PSA members want the right to freely choose and/or change their doctor and hospital;

PSA members want the right to see a specialist if they and their doctor determine the need is paramount to managing the complex health care needs of people with spinal cord dysfunction;

PSA members want the right to a second and third opinion following denial of coverage by a health plan, at no cost to the patient;

PSA members should not be forced to change doctors and hospitals while in the midst of a course of treatment for a health care problem;

Doctors must be able to talk freely with patients without fearing repercussions from health plans. Every doctor should be free to discuss anything relative to a patient's health with the patient, even if the information may be negative towards the health plan. Health plans must not be permitted to use tactics that discriminate against doctors for cooperation in patient advocacy, such as threats of firing, disciplinary action and by providing incentives to deny care;

PSA members should be able to participate in clinical trials that may maximize their independence and quality of life without undue interference from their health plan; and

PSA members are concerned about their right to privacy. No medical information on a patient should be released without the patient's approval.

The right to quality health care and patient protection is of primary importance to the members of the Paralysis Society of America. PSA offers its support, and will gladly assist you in any way we can to ensure that H.R. 2723 is enacted into law.

Sincerely,

NANCY STARNES,
Director.

NATIONAL ASSOCIATION OF
SCHOOL PSYCHOLOGISTS,
Bethesda, MD, August 24, 1999.

Hon. CHARLIE NORWOOD,
Longworth House Office Building, Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the National Association of School Psychologists, (NASP) I am writing to express our strong endorsement of H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999.

NASP is an organization that represents 21,500 school psychologists and related professionals throughout the world. NASP works to actively promote educationally and psychologically healthy environments for all children and youth. We work together with national coalitions to increase support and funding for primary prevention services and mental health programs that deter youth from delinquent activity, assist them with improved learning and provide them with ex-

periences and role models to become successful in life. In health care, our goal is to increase access and affordability of health and mental health services for which coverage is often extremely limited or denied.

Developing a balanced compromise on the most controversial of managed care reform provisions, the Bipartisan Bill would provide essential protections for consumers in the private health insurance marketplace. The Bipartisan Consensus Bill maintains a strong utilization review process to require the oversight of trained personnel, assures fair appeals, guarantees access to emergency and urgent care services and holds health plans accountable for their decisions. Furthermore, this bill requires the development of quality criteria along with performance and clinical outcome measures for at-risk individuals and people with chronic and severe illness. If H.R. 2723 is passed, this provision will have an important positive impact on the health care provided to adults with severe mental health illnesses, children with serious emotional disturbances and other people with significant mental disorders who are increasingly being served in managed care settings.

Our efforts to improve mental health service delivery must include the elimination of insurance discrimination against people with mental disorders and the serious problems associated with the delivery of mental health care by HMOs. It is time to move beyond the impasse in this effort. The Bipartisan Bill creates a new "Patients' Bill of rights" which should pass the House with minimal dissension. Thank you for your commitment to reaching a workable compromise to finally provide consumers with the opportunity to appeal instances of discrimination or denial of care.

Sincerely,

SUSAN GORIN, CAE,
Executive Director.

AMERICAN ASSOCIATION OF ORAL,
AND MAXILLOFACIAL SURGEONS,
Rosemont, IL, August 26, 1999

Hon. CHARLIE NORWOOD,

U.S. House of Representatives, Washington, DC

DEAR REPRESENTATIVE NORWOOD: On behalf of the American Association of Oral and maxillofacial surgeons (AAOMS), which represents the nation's approximately 6,000 oral and maxillofacial surgeons, I thank you for supporting provider nondiscrimination language as stated in Section 133(a) of the bipartisan "Consensus on Managed Care Improvement Act of 1999".

We feel that this bill has the strongest chance of being enacted, as it is a bi-partisan effort and is endorsed by President Clinton. AAOMS lends its strong support for the Consensus on Managed Care Improvement Act of 1999, and hopes that it is enacted into law.

Oral and maxillofacial surgeons in your district and across the nation believe that provider nondiscrimination is a key component of managed care reform. It is the top legislative priority of the AAOMS.

Thank you again for all your help in making sure that provider nondiscrimination language was included in this important piece of legislation.

Sincerely,

DAVID A. BUSSARD, DDS, MS,
President.

AMERICAN PODIATRIC
MEDICAL ASSOCIATION, INC.,
Bethesda, MD, August 31, 1999

Hon. CHARLIE NORWOOD,

U.S. House of Representatives, Washington, DC.

DEAR MR. NORWOOD: With regard to HR 2723, the Bipartisan Consensus Managed Care

Improvement Act of 1999, I am pleased to announce our unqualified support of the proposal. Embodying every principle the association has embraced as essential for meaningful managed care reform, we are convinced its enactment is in the best interest of all Americans.

The strong bipartisan support your measure has heretofore generated is compelling evidence that, given a fair hearing by the full House, a comprehensive patient oriented reform package can prevail. To this end we offer our understanding and enthusiastic support.

Best regards!

Sincerely Yours,

RONALD S. LEPOW, DPM,
President.

OPTICIANS ASSOCIATION OF AMERICA,
Fairfax, VA, August 24, 1999.

Hon. CHARLIE NORWOOD,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the Board of Directors and the members of the Opticians Association of America, I am writing to thank you for sponsoring H.R. 2723, the bipartisan managed care improvement bill.

This bill would give basic, common-sense protections to millions of Americans in managed care plans, and it is certainly refreshing to see the bipartisan way in which it was approached!

In addition, we are pleased to see that the bill contains a point-of-service option and anti-discrimination language which guarantee consumers the widest possible choice of providers.

We look forward to continued collaboration in the interest of America's health care consumers.

Sincerely,

JACQUELINE E. FAIRBARN,
Assistant Executive Director for Government Relations.

AMERICAN OSTEOPATHIC ASSOCIATION,
Washington, DC, August 27, 1999.

Hon. CHARLES NORWOOD,
U.S. House of Representatives,
Washington, DC.

DEAR CONGRESSMAN NORWOOD: The American Osteopathic Association (AOA) represents the nation's 43,500 osteopathic physicians. As President, I am pleased to let you know that the AOA endorses your bill, the "Bipartisan Consensus Managed Care Improvement Act of 1999" (H.R. 2723).

The AOA advocates, on behalf of patients, for Congress to enact strong, meaningful, and comprehensive protections. After six years of debate and delay, we believe that H.R. 2723 is the bipartisan legislation that will ensure the AOA's long sought principles. These include: physicians allowed to determine medical necessity; health plans held accountable for their actions; a fair and independent appeals process available to patients, and protections which apply to all Americans.

Over the last two decades, managed care has become less interested in delivering quality healthcare to patients. Instead, the focus seems entirely on the bottom line. It is time to bring the focus back to our patients and away from HMO profits. Employers and patients are tired of not receiving the care they are promised, pay for, and deserve. H.R. 2723 will help bring the quality back into healthcare and allow osteopathic physicians to care for our patients in accordance with the high principles guiding our profession.

Again, thank you for your leadership on this critical issue. We are encouraged by the

broad bipartisan support your legislation has received. The AOA pledges to work with you and all Members of Congress to ensure swift enactment of H.R. 2723. Please feel free to contact Michael Mayers, AOA Assistant Director of Congressional Affairs, in our Washington office at 202-414-0148 with any further comments or questions.

Sincerely,

EUGENE A. OLIVERI, D.O.,
President, American Osteopathic Association.

AMERICAN COUNSELING ASSOCIATION,
Alexandria, VA, August 27, 1999.

Hon. CHARLES NORWOOD,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: I am writing on behalf of the more than 51,000 members of the American Counseling Association to express our strong support for your legislation H.R. 2723, the Bipartisan Consensus Managed Care Improvement Act of 1999. This bipartisan patient protection legislation will afford health care consumers the essential protections necessary to ensure the delivery of quality health care services.

H.R. 2723 provides a wide array of consumer protections including several key components for mental health providers and their clients, such as putting medical decisions in the hands of medical experts, not the insurance company bureaucrats; the ability to hold health plans liable when their decisions to withhold or deny care result in injury or death; adequate access to specialists; a continuity of care clause, and a provision to prohibit nondiscrimination against providers based on their type of license. In addition these protections would apply to all privately insured individuals, unlike other managed care legislation considered in Congress.

Representatives Norwood, we thank you for your continued advocacy on behalf of health care consumers. This legislation will make a difference to the millions of Americans with private health insurance. Please let us know if we can be of any assistance in your work.

Sincerely,

DONNA FORD, MS, NCC,
President, American Counseling Association.

AMERICAN PUBLIC
HEALTH ASSOCIATION,
Washington, DC, August 10, 1999.

Hon. CHARLES NORWOOD,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: On behalf of the American Public Health Association, which represents more than 50,000 public health professionals around the country, I am writing to express our support for your new bi-partisan managed care reform bill, H.R. 2723.

This bill will provide patients with real, enforceable assurances that they will receive the care they need and have purchased from managed care companies. If passed by Congress, this bill will: improve access to emergency services; allow more people to enter clinical trials; provide patients with a fair appeals process for denied claims; lift barriers to specialists; and hold plans responsible for the medical decisions they make.

Furthermore, the bill's broad bi-partisan cosponsorship—and announced support from President Clinton—makes it Congress' best chance to complete action on this important issue this year.

We understand that some within the managed care industry oppose any government regulation, but this issue is a very important

one for consumers, health care providers, and the public health community. Your steadfast commitment to reform and your strong leadership throughout this debate are commendable. H.R. 2723 is a significant and welcome step toward achieving new protections for managed care patients. We look forward to continuing work with you toward achievement of that mutual goal.

Sincerely,

RICHARD A. LEVINSON, MD, DPA,
Associate Executive Director,
Programs and Policy.

NATIONAL PARTNERSHIP
FOR WOMEN & FAMILIES,
Washington, DC, August 13, 1999.

Hon. CHARLES NORWOOD,
U.S. House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE NORWOOD: The National Partnership is pleased to endorse the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723). This is strong, bipartisan patient protection legislation, and thanks to your hard work, we believe it can—and will—pass the House of Representatives.

For women and families, few issues resonate as profoundly and pervasively as the need for quality health care. Survey after survey reveals Americans' growing dissatisfaction with the current health care system, and many feel the system is in crisis. We need common-sense patient protections that will restore consumer confidence and tip the balance back in favor of patients and the health care providers they rely on.

There are many features of this bill that are especially important. First and foremost, this bill ensures that medical judgments will be in the hands of medical experts, not insurance bureaucrats looking at the bottom line. This bill:

Ensures that patients have recourse to a genuinely independent external review when care is denied.

Allows patients to hold their managed care plan accountable when plan decisions to withhold or limit care result in injury or death.

Ensures that women have direct access to ob-gyn services from the participating health care professional of their choice.

Ensures that doctors and nurses can report quality problems without retaliation from HMOs, insurance companies, and hospitals.

Ensures access to specialists, including, when appropriate, specialists outside a plan's network.

Ensures access to clinical trials that may save people's lives.

The House of Representatives faces a historic opportunity to provide patients the protections they need. We look forward to working with you to ensure passage of this important legislation.

Sincerely,

JUDITH L. LICHTMAN,
President.

DEBRA L. NESS,
Executive Vice President.

JOANNE L. HUSTEAD,
Director of Legal and Public Policy.

THE AMERICAN OCCUPATIONAL
THERAPY ASSOCIATION, INC.
Bethesda, MD, September 1, 1999.

Hon. CHARLES NORWOOD,
U.S. House of Representatives,
Washington, DC

DEAR REPRESENTATIVE NORWOOD: On behalf of the 60,000 members of the American Occupational Therapy Association, Inc. (AOTA), I

would like to express our endorsement for the Bipartisan Consensus Managed Care Improvement Act of 1999, H.R. 2723. We appreciate your leadership, along with Representative John Dingell, in continuing to pursue strong managed care legislation with real patient protections through bipartisan efforts.

H.R. 2723 contains many critical patient protections that the members of AOTA believe are necessary to ensure patients receive the care that they need. Federal legislation should: guarantee patients' access to all medically necessary specialty care using appropriate utilization review standards; protect patients' right to choose a health care plan allowing out-of-network care; prohibit the restriction of importance medical communications and require information disclosure standards; prohibit discriminatory practices against health care professionals; require timely, independent due process procedures; and hold health plans accountable for their medical decisions.

H.R. 2723 is considerably more comprehensive than legislation passed by the Senate in July. It is important that these protections are available to all Americans enrolled in private health care plans.

Over the August recess we have notified our members, asking them to talk to their legislators. Please let us know how we can continue to assist you in your efforts to have comprehensive managed care legislation addressed on the House floor.

Again, we thank you for your leadership and hard work on this issue. We look forward to continuing to work with you to pursue passage of comprehensive managed care legislation.

Sincerely,

KATHRYN M. PONTZER,
Senior Legislative Counsel,
Federal Affairs Department.

AMERICAN ASSOCIATION FOR
MARRIAGE AND FAMILY THERAPY,
Washington, DC, August 23, 1999.

Hon. CHARLES NORWOOD,
House of Representatives,
Washington, DC

RE: *Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2823)*

DEAR DR. NORWOOD: The American Association for Marriage and Family Therapy is writing to express our strong support for the Bipartisan Consensus Managed Care Improvement Act of 1999 (H.R. 2723). On behalf of the 46,000 marriage and family therapists throughout the United States, we want to applaud you and Rep. Dingell for your effort to provide Americans with comprehensive patient protections.

Your bill offers several safeguards that are integral to our members, as well as the public at large. One provision, the prohibition on discrimination against providers, has particular significance. It expands consumer access to qualified practitioners who are regulated by the states. Without this protection, insurers and plans can continue to discriminate against many licensed health care professionals. Additionally, the provision will foster competition among providers and expand the pool of trained practitioners.

The ability to access specialty care is also a positive component of this legislation. Patients with ongoing healthcare conditions will greatly benefit from the opportunity to access specialists who are trained in the treatment of their special conditions. Moreover, removing the requirement of a primary care referral will reduce costs and delays that burden health care delivery.

Other provisions of significance to our organization include: an independent review process for determination of medical necessity decisions; the ability of people with special health care needs and chronic conditions to continue to access their health care professionals after employers change plans; the ability to hold managed care plans accountable for decisions to deny care; and guaranteed access to emergency care services.

These protections are a superb example of how Members from both sides of the aisle can work together to improve the quality of medical care for all employees. Your leadership in this effort is truly outstanding and appreciated. If there is any role our organization can play in passage of this legislation, please contact our Government Affairs Manager, David Bergman, at (202) 467-5015. Its time to ensure that all American are provided with the security of a comprehensive health care system.

Sincerely,

MICHAEL BOWERS,
Executive Director, American Association
for Marriage and Family Therapy.

AMERICAN PUBLIC PLACES EDUCATION AS A TOP PRIORITY

The SPEAKER pro tempore (Mr. TERRY). Under the Speaker's announced policy of January 6, 1999, the gentleman from New York (Mr. OWENS) is recognized for 60 minutes as the designee of the minority leader.

Mr. OWENS. Mr. Speaker, we have just returned from recess and we are about to enter the closing chapters of the first session of the 106th Congress. The end of the first session will only take us halfway. We can continue, and there are probably some things that will continue, but we have a full plate here.

There is a great deal of speculation about exactly what is going to happen with the appropriations bills and the fiscal plan which now is made more exciting by the fact that there is a surplus. After we lock the box and keep the Social Security funds in place, we still have a projection of a 10-year period of a trillion dollar surplus, and that has led to some radical proposals by the Republicans with respect to tax cuts, and that has certainly charged the atmosphere.

I am interested in continuing the dialogue on education. I think that we are in danger of making a great blunder if we do not use this great window of opportunity to do something dramatic to improve education in America. There is a need for a greater commitment from the Federal Government which now only is responsible for about 8 percent of the total expenditure on education. We need more federal support for education.

There are a lot of things that have to happen to improve education in America, but one of the things that has to happen is that we must have more federal support. The Federal Government is where the money is. The Federal Government's money is not made here in Washington; it all came from the

local level, so it belongs to the people out there in the States and in the localities. This is no reason why we cannot resolve to use funds from the Federal Government to help solve and resolve some of the overwhelming problems that we are facing in education.

We can still win the war for education support. The status of legislation here at this point does not preclude some major development taking place either before we end this session, or certainly before we end the 106th Congress in the fall of the year 2000.

Let us take a look at where we are at this point. As far as education funding is concerned, we are in bad shape. A number of appropriations bills have been stalled, and we have only passed two; but the education appropriations bill, the Labor-HHS appropriation is further behind than any of the other appropriations in the process. It has not even gotten out of the subcommittee yet. The appropriations bill for education, it seems, is being used as a scapegoat; and it will be the last one out there, and it will have the greatest amount of reductions.

I am not on the Committee on Appropriations, but the rumors are that for the overall Labor, Health and Human Services and Education appropriations, the cut may range as high as 35 or 40 percent. And certainly education is in danger of a 15 to 20 percent cut if we follow the present process whereby there are budget caps. But they are not following budget caps on some appropriations bills. They are leaving the last ones to take most of the burden of the cuts. So education is in deep trouble at this moment in history. But I think we can still win the war.

What I want to talk about tonight is how the American public and public opinion, the common sense of the voters, still is a determining factor here. We need to hear that and know that. All of the polls still continue to show that the American people place education as one of the top priorities, either priority number one or priority number two, in terms of federal assistance, or the use of federal resources to help solve problems. They expect us to do something. They are concerned. And their common sense is correct. Their common sense is on target. But what they need to know is that there are a set of rules being followed and a set of maneuvers underway that will lead to inevitable cuts in education if those rules are followed.

The President is right when he says that not only do we face cuts in this present year, in the present appropriation, but in the bigger scenario that the Republicans have staked out, if they go ahead with a gigantic tax cut of \$790 some billion dollars over a 10-year period, then the mechanics of that tax cut dictate that there must be increasing cuts, escalating cuts in education. It would be the greatest blunder this Nation has made since it was